

CFA PET HEALTHCARE PLAN  
NATIONAL SPECIALTY INSURANCE COMPANY

SAMPLE

*ALL INQUIRIES TO:*

CFA PET HEALTHCARE PLAN  
P O Box 37940, Raleigh NC 27627-7940  
1-877-232-4441

**IMPORTANT NOTICE**

**TO OBTAIN INFORMATION OR MAKE A COMPLAINT;**

**YOU MAY CALL THE CFA PET HEALTHCARE PLAN TOLL-FREE NUMBER  
AT**

**1-877-232-4441**

**YOU MAY ALSO WRITE TO US AT:**

**CFA Pet Healthcare Plan  
P.O. Box 37940  
Raleigh, NC 27627-7940**

**YOU MAY CONTACT THE TEXAS DEPARTMENT OF INSURANCE TO  
OBTAIN INFORMATION ON COMPANIES, COVERAGES, RIGHTS OR  
COMPLAINTS AT**

**1-800-252-3439**

**You may write the Texas Department of Insurance**

**PO Box 149104  
Austin, TX 78714-9104  
Fax # (512) 475-1771**

**PREMIUM OR CLAIM DISPUTES Should you have a dispute concerning  
your premium or about a claim, you should contact CFA Pet Healthcare  
Plan first. If the dispute is not resolved, you may contact the Texas  
Department of Insurance.**

**ATTACH THIS NOTICE TO THE POLICY. This notice is for information only  
and does not become a part or condition of the attached document.**

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CFA PET HEALTHCARE INSURANCE PLAN  
NATIONAL SPECIALTY INSURANCE COMPANY  
A STOCK COMPANY

In return for having accepted **your** application for coverage and **your** premium **we** will provide insurance as described in this **policy**, including any endorsements referred to in **your certificate page**.

Various provisions in this **policy** restrict coverage. Read the entire **policy** carefully to determine rights, duties and what is and is not covered.

#### I. IMPORTANT TERMS AND DEFINITIONS

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this **policy**. For ease of reading the definitions are highlighted by the use of bold print.

**Accident** is an unforeseen, unpreventable occurrence that causes injury to **your pet**.

**Certificate Page** is the page sent to **you** as the **certificate holder** bearing specific information about the **policy** such as, effective date, expiration date and the amount of **deductible** and **co-insurance**.

**Congenital condition** means an **illness**, disease or anomaly that existed at or dated from the birth of **your pet**. **Congenital conditions** are considered **pre-existing**.

**Co-insurance** means **your** share of the claim which **you** are responsible for after meeting the **deductible**. The **policy** is issued on a **co-insurance** basis.

**Deductible** is the portion of a covered loss **you** pay before **we** become responsible for benefits under the **policy**. The amount and frequency of the **deductible** is shown on the **certificate page**.

**Illness** means physical disease, sickness, infection or failure which is not caused by **injury**.

**Incident** means a specifically identifiable **accident, injury**, disease or condition. Recurring and/or chronic conditions shall be considered as one **incident**.

**Injury** means physical damage or trauma caused by an **accident**.

**Period of insurance (policy period)** means the time period specified on the **certificate page** beginning on the effective date and ending on the expiration date. All effective and expiration dates are as of 12:01 AM in the time zone of the **certificate holder**.

**Pet** refers to the animal listed on the **certificate page**.

**Policy** means the plan benefits and most recent **certificate page** which includes any endorsements that apply.

**Pre-existing condition** means any disease, **illness** or **injury** which occurred or existed prior to the original effective date of the **policy**.

**Preventive care** means **treatment** intended for the prevention of an **illness** or disease as opposed to **treatment** of a specifically identifiable **accident, injury**, disease or condition which occurs during the **period of insurance**.

**Reasonable and customary** charges mean the typical fees charged by veterinarians for a particular **treatment**, service or product in the general geographic area where **your pet** received **treatment**.

**Terrorism (a.k.a. Certified Act of Terrorism)** means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the Federal Terrorism Risk Insurance Act of 2002.

**Treatment** means any examination, consultation, advice, diets, tests, x-rays, medication (prescribed or not prescribed), surgery, nursing and care provided or prescribed by a licensed veterinarian.

**We/us/our/ Insurer** means the company administering the insurance.

**You, your** (also **certificate holder**) refers to the individual named as the **certificate holder** on the **certificate page**.

## II. COVERAGE LIMITS

Coverage is provided for **accidents** and **illnesses** occurring to **your pet** during the **period of insurance**. The most **we** shall pay for one **illness** or **injury** shall not exceed the amount shown on the **certificate page** as limit per **illness** or **injury**. The most **we** shall pay during the **policy period** for all covered costs that result from covered **illnesses** or **injuries** shall not exceed the amount shown on the **certificate page** as **policy limit**.

## III. COVERAGES (what is covered)

Unless excluded elsewhere in this **policy**, **we** will allow for the **reasonable and customary** costs **you** incur for veterinary fees that result from a covered **illness** or **injury**, to **your** listed **pet** that occurs and is treated during the **period of insurance**. In the case of ongoing treatment, at certificate renewal, covered services will be processed subject to the **co-insurance** and per-**incident** maximums of the **policy** in effect at onset of **incident**.

### A. We will cover

1. **Veterinary treatment:**  
Medically necessary procedures required to treat a covered **illness** or **injury**.
2. **Veterinarian prescribed medications:**  
Medically necessary medications as prescribed by a veterinarian to treat a covered **illness** or **injury**.
3. **Diagnostic procedures:**  
X-rays, laboratory tests and procedures necessary to diagnose a current **illness** or **injury** that is showing symptoms.
4. **Surgical treatment:**  
Medically necessary surgical **treatment** for an existing covered **illness** or **injury** including the costs to spay or neuter **your pet** if prescribed as medically necessary.
5. **Emergency dental service:**  
Services associated with abscessed, diseased or broken permanent teeth.
6. **Hospitalization/Confinement:**  
Necessary confinement of **your pet** at a veterinarian's premises or hospital while **your pet** is receiving **treatment** for a covered **illness** or **injury**.
7. **Euthanasia:**  
Fees incurred for putting **your pet** to sleep (euthanasia) as long as that is recommended by a veterinarian as a result of a covered **injury** or **illness**.
8. **Preventative Care:** Veterinarian fees incurred for the following **treatments** intended to maintain a healthy pet:
  - a) One annual physical exam;
  - b) One dental prophylaxis (cleaning);
  - c) Prescribed flea treatment (limited to 12 month supply per policy period);
  - d) One fecal exam;
  - e) Heartworm testing and prescribed **preventative** medication (limited to 12 month supply per policy period);

- f) Prescribed annual vaccinations and boosters including: Adenovirus, Bordetella, Canine Distemper, Chlamydia, Coronavirus, Leptospirosis, Lyme, Parainfluenza, Parvovirus and Rabies in the case of dogs and Feline Infectious Enteritis, Feline Influenza, Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydiosis and Rabies in the case of cats.

#### **IV. EXCLUSIONS (what is not covered)**

##### **A. We will not cover**

1. Veterinary or any other fees to treat an **illness** that occurs during the first 30 days of the **policy period** (30 day waiting period).
2. Veterinary or any other fees to treat any **pre-existing illness, injury** or condition which existed prior to the original **period of insurance**.
3. Fees or expenses resulting from an **injury** or **illness** specifically excluded and/or noted on the insurance **certificate page**.
4. Fees or expenses resulting from a non-covered procedure, **injury** or **illness** excluded by the **policy**.
5. Intentional or neglectful acts by **you** or a member of **your** household that causes **injury** or **illness** to **your pet**.
6. The cost of any elective **treatment**, including but not limited to; vaccine titers, cosmetic dentistry, docking of tails, cropping of ears, microchips, removal of dewclaws, removal of eyelashes, declawing, or tenectomy that **you** choose to carry out that is not directly related to a covered **injury** or **illness**.
7. Veterinarian fees to treat any **illness** or **injury** related to breeding **your pet, your pet** being pregnant, whelping or kitting, nursing puppies or kittens or any **treatment** in connection with pregnancy or giving birth.
8. Grooming or nail clipping expenses and any **injuries** or **illnesses** arising as a result of these procedures.
9. Conditions always excluded: **congenital**/inherited conditions; eye conditions including aberrant cilia, dermoid distichiasis, entropion/ectropion etc., CDRM (German Shepherd Dog Syndrome), chronic renal (kidney) failure, deciduous teeth (illness, disease or trauma), diabetes (insipidus or mellitus), elbow dysplasia (OCD, FCP, UAP), hemophilia, congenital heart problems including murmurs, failure, cardiomegaly (enlargement of the heart), hip dysplasia, congenital liver conditions, obesity (not due to an underlying medical condition), OCD (including but not limited to the hock, elbow, carpus and shoulder), osteoarthritis, congenital shunts to include portostymic shunt, soft palate resection, stenoic nares, spondylosis, Von Willebrand's disease, luxating patella, umbilical hernia.
10. House calls, hospitalization or ambulance charges, unless the veterinarian confirms that they are medically necessary for **your pet's** health.
11. Prescribed diets, vitamins and nutritional supplements.
12. Fees for alternative medicine including holistic, herbal, homeopathic, acupuncture or chiropractic **treatments**.
13. Any fee charged by **your** veterinarian to complete a claim form.
14. Traveling expenses incurred either by **you** or **your** veterinarian.
15. **Treatments** associated with behavioral problems whether or not the direct result of a covered **incident**.
16. Dental procedures except as directed by a veterinarian to treat abscessed, diseased or broken permanent teeth, or the one allowed annual dental cleaning. Abscessed refers to a solid tooth with an infection in one or more roots. Diseased refers to a tooth with surface erosions or a cavity in the crown or root. Broken, refers to a tooth that has a nerve exposure. Gingivitis and progressive periodontal disease caused by the accumulation of tartar is not a covered expense. Root canals, caps and crowns, although viable options in veterinary medicine today, are not covered.
17. Any medical procedure that is characterized as experimental or investigational.

18. **Injuries** resulting from the use of **your pet** for guard security, organized fighting, coursing or track racing.
19. No coverage for post mortem and/or necropsy procedure(s) or cremation.
20. Any loss or damage not certified by the Federal Terrorism Risk Insurance Act of 2002 as defined in the Benefit Booklet.

## V. DEDUCTIBLE AND CO-INSURANCE

### A. *Deductible*

**You** are responsible for meeting the **deductible** (amount shown on the **certificate page**) before the allowable **co-insurance** will be applied to covered services. **Deductible** amounts have to be filed by claim with **us**. The **deductible** is applied once per **period of insurance**.

### B. *Co-insurance*

The **policy** is issued on a **co-insurance** basis, where, in the event of a covered **incident**, **your** contribution towards the cost of the allowable and covered **treatments** provided by a veterinarian will be the percentage shown on the **certificate page** as **co-insurance** after **you** have met the applicable **deductible**.

## VI. GENERAL CONDITIONS

1. Territory: This **policy** only applies to losses that occur and are treated within the United States, its territories and possessions, and Canada. No coverage exists for an **incident** or **treatment** that occurs outside of the above territories.
2. Other Insurance: If other Insurance applies to a loss covered by this **policy**, **we** will pay **our pro rata** share. This share is the proportion that **our** limit of liability bears to the total of all applicable limits of valid and collectable insurance.
3. **You** must keep **your pet** vaccinated and free of parasites as recommended by **your** veterinarian. This includes rabies, distemper, hepatitis, leptospirosis, bordatella, parvovirus, intestinal deworming, heartworm, flea and tick prevention in the case of dogs or as advised by **your** veterinarian. In the case of cats; rabies, feline infectious enteritis, feline influenza, panleukopenia, rhinotracheitis, bordatella, calicivirus, chlamydiosis, intestinal deworming, heartworm, flea and tick prevention or as advised by **your** veterinarian. All vaccinations must be administered under veterinary supervision. Homoeopathic vaccines do not fulfill this requirement. Furthermore, there is no coverage provided for these conditions in the event that the recommendations have not been carried out including any **illness** or **injury** that may occur from not spaying or neutering **your** pet as recommended by **your** veterinarian.
4. Ownership: It is warranted that **you** are the owner of **your pet**.
5. Transferability: Coverage for **your pet** will cease if ownership is transferred by agreement or law.
6. Conformity to State Statutes: If any **policy** provisions contained herein conflict with the statutes of the state in which this **policy** is issued, the provisions shall be considered amended to conform to the requirements of that State.

## VII. CANCELLATION AND NONRENEWAL

### A. *Cancellation*

1. This **policy** may be canceled only by **you** by the surrender thereof to the **us** or any of **our** authorized agents or by sending to **us** written notice stating when thereafter the cancellation shall be effective.
2. Except as provided by subsection A.3. below, the **insurer** may not cancel this **policy** after the 60<sup>th</sup> day following the date on which the **policy** was issued, or if it is a renewal or continuation of a **policy** issued by the **insurer**.

3. **We** may cancel this **policy** at any time during the term of the **policy** for the following reasons:
  - i. Fraud in obtaining coverage;
  - ii. Failure to pay premiums when due; coverage under this **policy** will terminate immediately in the event that premium is not received 10 days after the due date in which case **we** will write to **you** giving **you** at least 10 days notice that **we** intend to cancel the **policy** (cancellation will be effective the last date for which premium was paid);
  - iii. An increase in hazard within the control of the insured which would produce an increase in rate;
  - iv. Loss of the **insurer's** reinsurance covering all or part of the risk covered by the **policy**; or
  - v. An **insurer** being placed in supervision, conservatorship, or receivership, if the cancellation or nonrenewal is approved or directed by the supervisor, conservator, or receiver.
4. **We** shall deliver or mail to the insured first named in the **certificate page** written notice of cancellation, for reasons other than failure to pay premiums, at the address shown on the **policy** not less than the 10<sup>th</sup> day before the date on which the cancellation takes effect. Such written notice shall state the reason(s) for cancellation.
5. **We** may not cancel this **policy** based solely on the fact that the insured is an elected official.

#### **B. Nonrenewal**

1. **We** may refuse to renew this **policy** by delivering or mailing to the insured first named in the **certificate page** written notice of nonrenewal at the address shown on the **policy**. Such written notice shall state the reason(s) for nonrenewal. The notice must be delivered or mailed not later than the 60<sup>th</sup> day before the date on which the **policy** expires. If the notice is delivered or mailed later than the 60<sup>th</sup> day before the date on which the **policy** expires, the coverage shall remain in effect until the 61<sup>st</sup> day after the date on which the notice is delivered or mailed. Earned premium for any period of coverage that extends beyond the expiration date of the **policy** shall be computed *pro rata* based on the previous year's rates.
2. Renewal is automatic unless **you** notify **us** in writing, prior to the renewal date, of **your** wish to non-renew (automatic renewal is dependent upon updated payment information).
3. The transfer of a **certificate holder** between admitted companies within the same insurance group is not considered a refusal to renew.
4. **We** may not refuse to renew this **policy** based solely on the fact that the insured is an elected official.

#### **C. 'Free Look' Period**

1. When **you** receive the **policy** documents, if **you** are not satisfied with the **policy**, return it to **us** within 30 days of the coverage effective date. **We** will then cancel **your** insurance and refund **your** premium in full, as long as **you** have not submitted a claim. If **you** cancel the **policy** after submitting a claim or 30 days from the inception date **we** will refund **you** a portion of the premium paid in accordance with **our** short-rate premium table.

### **VIII. CLAIMS CONDITIONS**

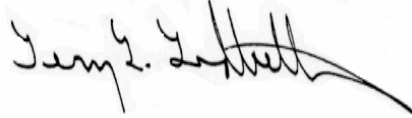
1. In the event **you** incur a loss **you** must do the following things:
  - Notify **us** by filing a complete claim form with **us** as soon as practicable and not later than 91 days after the first date of treatment. Claims filed 91 days after the first date of treatment will be denied.
  - Provide to **us** invoices from **your** treating veterinarian noting the services performed or products provided and the itemized charges for services or products.
  - Provide to **us** the name, address and signature of the treating veterinarian.
  - Provide to **us**, if requested, proof of identity of **your pet**.
  - **We** have the right to request further information either directly from a veterinarian or from **you** to adequately investigate any claim.

2. Subrogation: If, following a claim, **you** have rights to recover all or part of any payment **we** have made under this **policy**, those rights are transferred to **us**.
3. Fraudulent claims: If **you** or anyone acting on **your** behalf submits a fraudulent claim, all benefits under the **policy** will be forfeited with respect to **your certificate**.
4. Action against **us**: No action can be taken against **us** unless **you** have complied with all of the terms and conditions of this **policy** and until ninety-one (91) days after proof of loss is filed and the amount of loss is determined as provided in this **policy**. **You** will have 36 months from the date of loss to take legal action against **us** with respect to recovery of a claim under this **policy**.

IN WITNESS WHEREOF, the Company has caused this **policy** to be executed and attested, but the same shall not be binding unless countersigned on the **certificate page** by a duly authorized agent of the company.

Secretary  
Wyatt D. Blackburn

President  
Terry L. Ledbetter



SAMPLE