

**Liberty Mutual Policy Holders  
For California Residents Only  
Disclosure of Important Policy Provisions**

Companion Protect” is a licensed insurance agency known as Companion Protect Agency, LLC; Iowa license #1002314428; in California, CP Pet Insurance Services, LLC, CA license #0N14138. It is located at 10950 El Monte, Ste. 120, Overland Park, KS 66211. Companion Protect receives a commission on policies underwritten in this program. Premium is paid monthly in advance of coverage. A service or payment fee may also apply if premium paid by credit/debit card. (See your billing statement.) A deductible and co-pay are applied to claims. There is a lifetime coverage benefit of \$100,000. (In Illinois, coverage is limited to \$20,000 per year). You can cancel coverage at any time; pro-rated refund may apply. For a copy of the Companion Protect privacy policy, click here [or visit [companionprotect.com](http://companionprotect.com), if in print].

This description of the pet insurance coverage provided by LIUI or its affiliate is for informational purposes only. No representation is made with respect to coverage in any specific fact, situation, or circumstance. LIUI’s pet insurance program is administered by Companion Protect. Companion Protect underwrites and adjusts claims under this program. LIUI’s program with Companion Protect is not offered by or sponsored by Companion Life Insurance Company or its affiliated companies.

**Exclusions**

This Policy excludes from coverage Pre-existing Conditions as described below:

1. Treatment or other services for any Pre-existing Condition listed in Item 6 of the Declarations.
2. Treatment or other services for any Illness or Injury that has the same diagnosis or symptoms as any Pre-existing Condition listed in Item 6 in the Declarations.
3. Treatment or other services for any Illness or Injury that is caused by, relates to, or results from any Pre-existing Condition listed in Item 6 in the Declarations.

Pre-existing Condition means any condition for which a Qualified Veterinarian or Qualified Staff provided medical advice, the pet received treatment for, or the pet displayed signs and symptoms consistent with the stated condition prior to the Effective Date of this Policy, identified in Item 6 in the Declarations.

Qualified Staff means an employee or volunteer of an animal shelter who has the training, experience, and authority to provide medical care.

Qualified Veterinarian means a veterinarian appropriately licensed and in good standing in the state in which the veterinary services are provided to the Covered Pet.

Other exclusions may apply. Please refer to the exclusions section of the Policy for more information.

Claims history **will not** cause an increase in premiums or a decrease in coverage under the Policy.

### **Coverage Limitations**

This Policy **does not** limit coverage through a waiting or affiliation period.

This Policy imposes the following limitations on coverage:

1. Deductible:

|                 |       |
|-----------------|-------|
| In-Network:     | \$100 |
| Out-of-Network: | \$100 |

2. Co-Payment:

|                           |     |
|---------------------------|-----|
| In-Network:               | 10% |
| Out-of-Network:           | 10% |
| Prescription Medications: | 10% |
| Prescription Food:        | 50% |

3. Lifetime Benefit Limit: \$100,000

The deductible must be paid for each covered Injury or Illness incurred by a Covered Pet.

A \$100 deductible applies to an after-hours visit to an In-Network emergency clinic. A \$200 deductible applies to an after-hours visit to an Out-of-Network emergency clinic.

A \$200 deductible applies to surgery received In-Network or Out-of-Network.

No deductible will be charged for prescription medication. However, when a generic version of a prescription medication is available and a brand name version is used, the insurer reserves the right to limit the amount paid to the cost of the generic version. You will be responsible for any amount in excess of the amount paid.

No co-payment or deductible will be charged for covered wellness exams at an In-Network or Out-of-Network Veterinarian.

### **Claim Payment Basis**

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Claim payments **are not** based on a benefit schedule or the prevailing veterinary service provider charges in a geographic region. For In-Network claims, the Veterinarian will be paid directly for the cost of covered services in excess of the applicable deductible and co-payment, subject to the Lifetime Benefit Limit. For Out-of-Network claims, you will be reimbursed for the standard fees or costs the Veterinarian would charge regardless whether the customer has insurance coverage in excess of the applicable deductible and co-payment, subject to the Lifetime Benefit Limit. The obligation to reimburse you for covered services from an Out-of-Network Veterinarian commences after you have paid the Out-of-Network Veterinarian the total cost of covered services and properly submitted all paperwork as required under the terms of the Policy.

### **Sample Claims Payment Calculation**

The applicable deductible is applied to the covered amount. The applicable co-payment percentage is applied to the covered amount of services and together, the deductible and copay comprise the total amount due from the customer.

For example, the claim payment for a \$1,000 covered amount at an Out of Network Veterinarian to which a 10% co-payment applies and a \$100 deductible would be calculated as follows:

\$100 Deductible  
+\$100 Copay ( $\$1000 \times 10\%$ )

Total = \$200 Due from Customer, \$800 Due from Companion Protect

### **Cancellation**

Within the first thirty (30) days after receipt of the Policy, you may cancel the Policy by delivering or mailing the Policy to Companion Protect Agency, LLC. Such cancellation by you will void the Policy from its Effective Date and any premium paid will be refunded within thirty (30) days from the date you provide notice, provided no claims have been paid and you have not been advised that a claim will be paid under the Policy.

**Aspen Policy Holders  
For California Residents Only  
Disclosure of Important Policy Provisions**

Program administered by Companion Protect Agency, LLC; in California, CP Pet Insurance Services, LLC, CA Lic. #0N14138. This description of insurance coverage under the Companion Protect product is for informational purposes only. Coverage may not be available in all jurisdictions and is subject to actual policy language as issued. No representation is made with respect to coverage in any specific fact, situation or circumstance. All products are written by Aspen American Insurance Company, an insurance company affiliate of Aspen Insurance Holdings Limited.

**Exclusions**

This Policy excludes from coverage Pre-existing Conditions as described below:

4. Treatment or other services for any Pre-existing Condition listed in Item 6 of the Declarations.
5. Treatment or other services for any Illness or Injury that has the same diagnosis or symptoms as any Pre-existing Condition listed in Item 6 in the Declarations.
6. Treatment or other services for any Illness or Injury that is caused by, relates to, or results from any Pre-existing Condition listed in Item 6 in the Declarations.

Pre-existing Condition means any condition for which a Qualified Veterinarian or Qualified Staff provided medical advice, the pet received treatment for, or the pet displayed signs and symptoms consistent with the stated condition prior to the Effective Date of this Policy, identified in Item 6 in the Declarations.

Qualified Staff means an employee or volunteer of an animal shelter who has the training, experience, and authority to provide medical care.

Qualified Veterinarian means a veterinarian appropriately licensed and in good standing in the state in which the veterinary services are provided to the Covered Pet.

Other exclusions may apply. Please refer to the exclusions section of the Policy for more information.

Claims history **will not** cause an increase in premiums or a decrease in coverage under the Policy.

**Coverage Limitations**

This Policy **does not** limit coverage through a waiting or affiliation period.

This Policy imposes the following limitations on coverage:

4. Deductible:

|                 |       |
|-----------------|-------|
| In-Network:     | \$50  |
| Out-of-Network: | \$100 |

5. Co-Payment:

|                           |     |
|---------------------------|-----|
| In-Network:               | 10% |
| Out-of-Network:           | 20% |
| Prescription Medications: | 10% |
| Prescription Food:        | 50% |

6. Lifetime Benefit Limit: \$100,000

The deductible must be paid for each covered Injury or Illness incurred by a Covered Pet.

A \$100 deductible applies to an after-hours visit to an In-Network emergency clinic. A \$200 deductible applies to an after-hours visit to an Out-of-Network emergency clinic.

A \$200 deductible applies to surgery received In-Network or Out-of-Network.

No deductible will be charged for prescription medication. However, when a generic version of a prescription medication is available and a brand name version is used, the insurer reserves the right to limit the amount paid to the cost of the generic version. You will be responsible for any amount in excess of the amount paid.

No co-payment or deductible will be charged for covered wellness exams at an In-Network Veterinarian.

### **Claim Payment Basis**

Claim payments **are not** based on a benefit schedule or the prevailing veterinary service provider charges in a geographic region. For In-Network claims, the Veterinarian will be paid directly for the cost of covered services in excess of the applicable deductible and co-payment, subject to the Lifetime Benefit Limit. For Out-of-Network claims, you will be reimbursed for the standard fees or costs the Veterinarian would charge regardless whether the customer has insurance coverage in excess of the applicable deductible and co-payment, subject to the Lifetime Benefit Limit. The obligation to reimburse you for covered services from an Out-of-Network Veterinarian commences after you have paid the Out-of-Network Veterinarian the total cost of covered services and properly submitted all paperwork as required under the terms of the Policy.

## **Sample Claims Payment Calculation**

The applicable deductible is subtracted from the covered amount. The applicable co-payment percentage is applied to the covered amount of services and together, the deductible and copay comprise the total amount due from the customer.

For example, the claim payment for a \$1,000 covered amount at an Out of Network Veterinarian to which a 20% co-payment applies and a \$100 deductible would be calculated as follows:

\$100 Deductible  
+\$200 Copay ( $\$1000 \times 20\%$ )

Total = \$300 Due from Customer, \$700 Due from Companion Protect

## **Cancellation**

Within the first thirty (30) days after receipt of the Policy, you may cancel the Policy by delivering or mailing the Policy to Companion Protect Agency, LLC. Such cancellation by you will void the Policy from its Effective Date and any premium paid will be refunded within thirty (30) days from the date you provide notice, provided no claims have been paid and you have not been advised that a claim will be paid under the Policy.