

**Ontario SPCA PetCare Gift of Insurance
Product Coverage Chart**

Insuring Agreement

This is a veterinary expense reimbursement policy. Please read it carefully.

Subject to your policy Terms and Conditions, we will reimburse you for the actual cost, to a maximum of **\$1,000 per policy**, after applicable Deductible payment, for any combination of the eligible Accidents, Illnesses and Additional Benefits defined below. The policy must be in force at time of treatment; Coverage Effective Date is listed on the Document of Insurance.

Schedule of Coverage	Description of Coverage	Maximum Benefit Amount
Foreign Body Ingestion Removal	Surgical or Endoscopic removal of an ingested foreign body.	\$750 Total Coverage per Policy Term
Motor Vehicle Accident	Veterinary treatment associated with an accident involving a motor vehicle.	
Lacerations	Veterinary treatment associated with an accidental laceration.	
Insect Bites / Stings	Veterinary treatment associated with an insect bite or sting (excluding fleas and ticks).	
Defined Poison Ingestion	Veterinary treatment associated with the ingestion of a defined poison. Visual identification of the toxin, toxin ingestion, toxin-specific clinical signs or resolution, only after the toxin-specific treatment, is required.	
Bone Fracture	Veterinary treatment associated with an accidental bone fracture (excluding teeth).	
Ear Illnesses	Veterinary treatment associated with Ear Illnesses including any Illness within, or affecting all or part of the ears or the ear area such as Otitis Externa, Otitis Media, Otitis Interna and Aural Hematomas caused by the ear infection.	
Eye Illnesses	Veterinary treatment associated with Eye Illnesses.	
Flea Allergy Dermatitis	Veterinary treatment associated with Flea Allergy Dermatitis. Only one occurrence of a newly symptomatic or diagnosed preventable Illness such as Flea Allergy Dermatitis will be paid.	
Intestinal Parasites	Veterinary treatment associated with intestinal parasites positively diagnosed by a fecal test. Includes Roundworms, Hookworms, Whipworms, Tapeworms, Coccidia, Giardia and Toxoplasma.	
Urinary Tract Infections	Veterinary treatment associated with a urinary tract infection including Feline Lower Urinary Tract Disease.	
Mange / Mites / Ringworm	Veterinary treatment associated with definitively diagnosed sarcoptic and demodectic mange / mite and ringworm infection. Positive skin scraping/ skin testing is required.	
Parvovirus / Feline Panleukopenia	Veterinary treatment associated with Parvovirus / Feline Panleukopenia. Positive testing is required.	
Tick-Borne Diseases	Veterinary treatment associated with definitively diagnosed Tick-Borne Disease. Positive testing is required. Includes Lyme Disease, Ehrlichiosis and Coccidiomycosis (Valley Fever).	
Heartworm Disease	Veterinary treatment associated with definitively diagnosed Heartworm Disease. Positive testing is required.	
Additional Benefit		
Recovery Costs	Actual costs related to finding a lost Pet, via advertising and reward.	\$250 Total Benefit per Policy Term

A \$100 Deductible applies per Policy Term

How to File a Claim:

Submit your claim quickly and easily online at www.MyPethealth.com

Review benefits above for eligibility. Medical records will be required to process any claim.

Refer to your policy Terms and Conditions and Document of Insurance for details and definitions.

Ontario SPCA Pet Insurance Programs 30-Day PetCare Gift Policy Terms & Conditions

Applicable as per the Product Coverage Chart, attached to Your Document of Insurance
Underwritten by Northbridge General Insurance Corporation

Definitions

ACCIDENT

An unforeseen, unexpected event that may result in damage or harm. Eligible Named Perils are reimbursable up to the limit indicated on Your Document of Insurance and Product Coverage Chart.

ACCIDENTAL BONE FRACTURE

A condition in which a bone is cracked or broken unexpectedly.

BILATERAL CONDITION

A Condition, which may affect both sides of the body (example: cruciate ligaments, eyes, ears, limbs, lameness).

CHRONIC CONDITION

A Chronic Condition is a Condition that is likely to reappear, and is unlikely to be cured or may continue for some time.

CONDITION

A Condition is defined as all signs and symptoms that result in a diagnosis of one illness or accident regardless of the number of occurrences and body parts affected. All Conditions are considered to be Bilateral unless otherwise noted.

DEDUCTIBLE

A Deductible is the stated dollar amount of each payable claim for which the insured is responsible.

DEFINED POISON INGESTION

Unexpected, unforeseen event in which a defined poison is ingested. Visual identification of the toxin, toxin ingestion, toxin-specific clinical signs or resolution, only after the toxin-specific treatment, is required.

DOCUMENT OF INSURANCE

A written document provided to the Insured by the Insurer confirming the effective date of coverage for their Pet as well as the available coverage, subject to the Maximum Benefits, stated within the document including indicated attachments and Endorsements.

EXCESS

The amount of a claim that is not payable due to the limits, as shown in the Terms and Conditions of the policy.

EXCLUSION

A provision within this insurance Policy that eliminates or restricts Coverage.

ILLNESS CONDITION

An Illness Condition is defined as all signs and symptoms that result in a diagnosis of an illness regardless of the number of occurrences and body parts affected. All Illness Conditions are considered to be Bilateral unless otherwise noted. Eligible Named Perils are reimbursable up to the limit indicated on Your Document of Insurance and Product Coverage Chart.

INSURED

The person named on the Document of Insurance.

INSURER

Northbridge General Insurance Corporation as is named on the Document of Insurance.

MAXIMUM BENEFIT

Maximum Benefits are the most that the Insurer will pay as described in the Document of Insurance.

MOTOR VEHICLE ACCIDENT

An unforeseen, unexpected event with a motorized vehicle that may result in damage or harm.

NAMED PERIL COVERAGE

This policy provides coverage for losses due to Accident and Illness perils specifically named in the policy.

ONSET DATE

The date of the start and/or first appearance of the Clinical Symptoms/Clinical Signs of an Accident or Illness Medical Condition as known by You. This is not the date of diagnosis.

PERMANENT EXCLUSION

A type of exclusion for a Condition for which the Insurer will not be held liable for the lifetime of the Pet.

PET

The insured Pet, a domestic cat or dog owned for companionship by You, whose name and details are given on the Document of Insurance.

POLICY

The Terms and Conditions, the most recent Document of Insurance, Product Coverage Chart and any additional forms that apply.

PRE-EXISTING CONDITION

Any Condition or complication directly resulting from a Condition which first occurred, manifested, displayed signs and/or symptoms of, was treated, diagnosed or has been known by You, a custodian and/or Your Veterinarian prior to Your Pet's Coverage Effective Date, as stated on

Your Document of Insurance, or during an applicable waiting period, and any subsequent time period during which a lapse of Coverage occurs. Some conditions may be permanently excluded from coverage while others may be temporarily excluded.

RECOVERY COSTS

Actual costs related to finding a lost Pet, via advertising and reward, reimbursable up to the limit indicated on Your Document of Insurance and Product Coverage Chart.

RECURRING CONDITION

A Recurring Condition is a curable Condition but may reappear for a number of reasons.

TEMPORARY EXCLUSION

A type of exclusion for a Condition for which the Insurer will not be held liable for a time of no less than twelve months.

TERM

A term is for 30 days starting on the effective date as shown on the Document of Insurance

TREATMENT

The examination, consultation, tests, radiographs, prescribed medication, hospitalization, surgery, and nursing provided or prescribed by Your Pets licensed Veterinarian.

TREATMENT DATE

The date Treatment is provided by a licensed Veterinarian.

US, WE, OUR:

PTZ Insurance Services Ltd. on behalf of the Insurer.

VETERINARIAN

A properly licensed and registered Veterinarian in active practice in the area where Your Pet is treated or examined.

INSURING AGREEMENT

We provide the Coverage described in the Policy for a term of 30-days. This Policy is a reimbursement Policy. We will reimburse You for eligible covered Benefits falling within and subject to the Terms and Conditions and Limits of this Policy. This Policy insures You for the Pet which is named and described on Your Document of Insurance.

This Policy only applies to covered costs, expenses, and other reimbursable amounts incurred during the Policy Term. All claims are to be submitted to Us as soon as practicable, and in accordance with the Terms and Conditions as outlined in this document. Treatment must occur during the coverage period. The claim form must be submitted no later than sixty (60) days after the expiry of the Policy Term.

COVERAGE

Please refer to Your Document of Insurance and/or Your Product Coverage Chart for the level of Coverage provided. Benefits are subject to the Terms, Conditions, Limitations, Exclusions of this Policy and to Your responsibility for Deductible. Coverage is in effect at the date and time shown on Your Document of Insurance, subject to applicable waiting periods as stated on Your Product Coverage Chart.

Review Your Document of Insurance and/or Your Product Coverage Chart to see which benefits and Maximum Benefit levels apply to Your Policy.

Not all benefits are available on every Policy. We cannot guarantee, authorize or pre-approve any claims over the telephone.

Please remember You must arrange for a Veterinarian to examine and treat Your Pet as soon as possible after it has shown any signs or symptoms of an Accident or Illness. We will not be liable for claimed losses in which You did not take proper care of Your Pet. We will not be liable for claimed losses in which You did not follow the recommended advice of the Veterinarian.

Submit your claim quickly and easily online at www.MyPethealth.com

We will process all reimbursement requests – whether simple or complex – as quickly as possible once we have received all of the required documentation. You'll hear from us if there's any delay, such as needing to contact your veterinarian directly for more information.

Two of the most common problems that can delay reimbursement requests are:

- Forgetting to include all required medical documentation for your pet
- Failing to provide all eligible receipts.

FINANCIAL RESPONSIBILITY

You must pay your veterinarian first for all services and treatments, and then submit a reimbursement request to us. We will reimburse you for all eligible costs based on the specified amounts and coverage outlined in this document.

REIMBURSEMENT REQUEST FORMS

Call and speak to one of our Ontario SPCA Pet Insurance representatives at:

Phone: 1-866-600-2445

Hours: 8am-9pm ET Mon-Fri

9am-6pm ET Sat

Closed - Sun

The following fees and events are covered to the extent of the limits of coverage and subject to any and all

applicable Terms, Conditions and Exclusions as outlined in this Policy:

VETERINARY FEES - ACCIDENTS

The Insurer will reimburse the Insured for the actual cost of required veterinary treatment for all eligible Named Peril Accidents, to the extent of the limits of coverage, and subject to any and all applicable Terms, Conditions and Exclusions as outlined in this Policy.

Named Peril Accidents are categorically listed as follows; Foreign Body Ingestion requiring surgical or endoscopic removal, Motor Vehicle Accident, Accidental Bone Fractures (not including teeth), Defined Poison Ingestion, Lacerations, Insect Bites and Stings (excluding fleas and ticks).

VETERINARY FEES - ILLNESSES

The Insurer will reimburse the Insured for the actual cost of required veterinary treatment for eligible Named Peril Illnesses to the extent of the limits of coverage and subject to any and all applicable Terms, Conditions and Exclusions as outlined in this Policy.

Named Peril Illnesses categorically listed as: INTESTINAL PARASITES

The Insurer will pay the Insured for the cost of needed treatment for an Intestinal Parasite, to the Maximum Benefits of the Policy. This must be positively diagnosed by a fecal test. Intestinal parasites include Roundworms, Hookworms, Whipworms, Tapeworms, Coccidia, Giardia, Toxoplasma.

URINARY TRACT INFECTION

The Insurer will pay the Insured for the cost of needed treatment for the Pet's Urinary Tract Infection to the Maximum Benefits of the Policy. This does include Feline Lower Urinary Tract Disease.

UPPER RESPIRATORY TRACT INFECTION

The Insurer will pay the Insured for the cost of needed treatment for the Pet's Upper Respiratory Tract Infection, to the Maximum Benefits of the Policy. This includes treatment for Kennel Cough (infectious tracheobronchitis). This does not include Pneumonia or other Lower Respiratory Tract Diseases.

MANGE/ MITE/ RINGWORM INFECTION

The Insurer will pay the Insured for the cost of needed treatment for definitively diagnosed Sarcoptic and Demodectic Mange / Mite and Ringworm infection to the Maximum Benefits of the Policy. Positive skin scraping/ skin testing is required.

PARVOVIRUS/ FELINE PANLEUKOPENIA

The Insurer will pay the Insured for the cost of needed treatment for definitively diagnosed Parvovirus / feline Panleukopenia to the Maximum Benefits of the Policy. Positive testing is required.

HEARTWORM DISEASE

The Insurer will pay the Insured for the cost of needed treatment for the Pet's definitively diagnosed Heartworm Disease to the Maximum Benefits of the Policy. Positive testing is required.

TICK-BORNE DISEASE

The Insurer will pay the Insured for the cost of needed treatment for the Pet's definitively diagnosed Tick Borne Disease to the Maximum Benefits of the Policy. Tick Borne Disease includes Lyme Disease, Ehrlichiosis and Coccidiomycosis (Valley Fever). Positive testing is required.

EAR ILLNESSES

The Insurer will pay the Insured for the cost of needed treatment for the Pet's Ear Illnesses to the Maximum Benefits of the policy. This includes any illness within, or affecting all or part of the ears or the ear area such as Otitis Externa, Otitis Media, Otitis Interna and Aural Hematomas caused by ear infection.

EYE ILLNESSES

The Insurer will pay the Insured for the cost of needed treatment for the Pet's Eye Illnesses to the Maximum Benefits of the policy.

FLEA ALLERGY DERMATITIS

The Insurer will pay the Insured for the cost of needed treatment for the Pet's diagnosed Flea Allergy Dermatitis (FAD) to the Maximum Benefits of the Policy. Only one occurrence of a newly symptomatic or diagnosed preventable Illness such as Flea Allergy Dermatitis will be paid. Refer to Exclusions section, Point 19.

COVERAGE RESTRICTIONS

For cats, if Feline Immunodeficiency Virus (FIV) and/or Feline Leukemia Virus (FELV) has been noted, treated or diagnosed, prior to the coverage effective date, then no Illness Coverage is available.

For dogs, if Adult onset Demodex (after age five) has been noted, treated or diagnosed, prior to the coverage effective date, then no Illness Coverage is available.

POLICY PROVISIONS

The Insured's Pet must be in good health and have received all of the vaccines that have been advised by the Insured's veterinarian. The Pet must also be receiving or have received any tests, treatments, or course of treatments advised by the Insured's veterinarian. Proof of the above must be provided by the Insured in the form of complete medical records from all veterinary clinics that have seen the Insured's Pet.

As a condition of this insurance the Insured's Pet must have an annual physical exam and all of the vaccines as advised by the Insured's veterinarian.

Proof of the annual exam must be provided by the Insured in the form of complete medical records from all veterinary clinics that have seen the Insured's Pet.

Any costs incurred for the obtaining, copying and forwarding of these required medical transcripts/records, is not available for coverage under the Policy Terms and Conditions. The Insurer is permitted to contact the Insured's veterinarian and request any information regarding the Insured's Pet. The Insured's Pet must be cared for in accordance with Federal, Provincial and Municipal laws, in the jurisdiction in which the Insured resides.

PRODUCT UPGRADES/DOWNGRADES

In the event of the Insured opting to transfer the Insured Pet to a policy with higher benefits, the Maximum Benefit payable with respect to any Condition will be restricted to the Maximum Benefit payable under the Policy that applied during the period in which such illness(es) was first noted, diagnosed, or treated. If the level of coverage is lowered, the lower Maximum Benefits shall apply.

TIMING

Accident Coverage will be effective at 12:01 a.m. the day following enrolment of the Pet. Illness Coverage will be available 12:01 am on the third day of Coverage. The Policy Term is for a period of thirty (30) days only. **The Policy will automatically cancel after its 30-day Term.**

In order to receive the benefits for an Accident(s) Condition that has occurred during the first 24 hours of coverage, proof of the date and time will be required.

DUPLICATE COVERAGE

This Policy cannot be combined with any other veterinary Accident and Illness Insurance policy.

FRAUD

If any false or fraudulent claim is made against this Policy in any way, or the Insured fails to meet with all of the Terms and Conditions of the Policy, then the claim will be denied.

APPEAL PROCESS

In the event of any disagreement between the Insured and the Insurer, the Insured may appeal to either the Underwriting or Claims Manager and if not resolved to the Director of Administration and finally to our Veterinary Advisor, Doctor of Veterinary Medicine.

UNDERWRITING

All Policies shall be subject to any/all Deductibles.

Any Illness or Accident pre-existing to the Policy is not available for coverage. This includes illnesses that are existing, symptomatic and/or treated but not necessarily diagnosed, prior to the coverage effective date.

The Insurer has the right to place Temporary or Permanent Exclusions on a policy with respect to any Accident or Illness Condition that may have occurred prior to the Policy.

TERRITORIAL RESTRICTIONS

This coverage is valid in Canada and while travelling in the United States, provided the policy is in effect at the time of an eligible loss.

Waiver of Subrogation

In direct relation to any claim against the Insurer, the Insurer has the right to take legal action against other parties on the Insured's behalf at the cost of the Insurer.

EXCLUSIONS

The Insurer shall not be liable for:

1. Dogs and cats under eight weeks of age.
2. Non-Named Perils.
3. Preventative and elective treatments/surgeries including but not restricted to vaccinations, cosmetic treatment/surgery, spaying (including for false pregnancy), neutering (including cryptorchid neuters), or any treatment/surgery relating to breeding or pregnancy.
4. Claims arising from, or as a result of, any excluded procedure, Accident or Illness Condition.
5. Claims arising from any Accident or Illness Condition with respect to which the Insured was advised by a veterinarian to take preventative measures and did not comply.
6. Claims for dental procedures and/or dental diseases.
7. Dew claw removal, tail docking, ear cropping, de-clawing and nail trimming.
8. Non-essential boarding and/or hospitalization.
9. Behavioural problems, medications and/or consultations for this.
10. Food, prescription or otherwise.
11. Financial euthanasia.
12. Destruction of a Pet deemed "dangerous".
13. Any aftercare, such as cremation and/or the funeral expenses.
14. Costs that may result from an Accident or Illness Condition relating to the use of the Insured's Pet for occupational, professional, or business purposes.
15. All deductibles as described in the Policy.
16. All claims for an Illness Condition or Accident that arose prior to the policy.
17. Any aids, including mechanical devices or otherwise (including but not limited to monitoring machinery, carts and diapers) and/or any palliative

care. This does not include veterinary attended or clinically monitored care.

18. Any costs related from mistreatment, injury or neglect caused by the Insured, any member of the Insured's household, or anyone employed or contracted by the Insured.
19. More than one occurrence of a newly symptomatic or diagnosed preventable Illness (i.e. Flea Allergy).
20. Claims for monies over and above the Maximum Benefits of the Policy.
21. All transportation and non-essential boarding claims.
22. Claims as a result of:
 - i. Earthquake, Flood;
 - ii. Invasion, war or civil war, insurrection;
 - iii. rebellion, revolution, terrorist acts, military or usurped power or by operation of armed forces while engaged in hostilities, whether war be declared or not;
 - iv. Any nuclear incident or radioactive contamination;
 - v. Viral epidemic, viral pandemic.

RENEWAL

The policy is non-renewable.

EXPANSION OF POLICY

If the Insurer makes changes to the Policy in terms of Conditions, Exclusions or endorsements with no change or increase in premium to the Insured, this Policy will be expanded in view of that.

MISREPRESENTATION

Misrepresents or fraudulently omits to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract is void as to any property in relation to which the misrepresentation or omission is material.

CHANGE OF INTEREST

The Insurer is liable for loss or damage that has occurred after an authorized assignment under the applicable laws or change of title by succession, by operation of law, or by death.

TERMINATION OF INSURANCE

This policy expires 30-days from the Policy effective date, unless cancelled sooner.

This contract may be terminated:

By the Insurer or their authorized representative giving to the Insured fifteen (15) days written notice of termination by registered mail or five (5) days written notice of termination personally delivered. The fifteen

(15) days will commence on the day following the receipt of notice.

By the Insured at any time upon request.

In the event the Insured or the Insurer terminates the Policy, any receipts for an open or new claim that did occur during the Term must be sent in within sixty (60) Days of the termination. After such time, the Insurer will then deem all claims closed and not payable. No losses that occur after the date of termination shall be payable under this Policy.

REQUIREMENT AFTER THE LOSS:

Upon the occurrence of any claimable loss, the Insured will then observe the requirements of the Policy Terms and Conditions and submit a completed claim including copies of the original paid invoices and receipts.

EXAMINATION UNDER OATH

After a loss or claim, which may be insured under this Policy, the Insured shall, as often as the Insurer reasonably requires, submit to examinations under oath; produce in good faith employees, members of household or others for examinations under oath to the extent it is within the Insured's power to do so.

WHO MAY GIVE NOTICE AND PROOF

If the Insured is absent or unable to give notice, then an authorized agent or a representative of the Insured may give notice of loss and may make proof of loss. The absence and inability must be well accounted for.

WHEN LOSS IS PAYABLE

An eligible loss is payable within sixty (60) days of Treatment within a complete claims submission.

ACTION

All claims for an **active** Policy must be received by the Insurer within sixty (60) days after the date of loss. For terminated policies see "Termination" for more details.

NOTICE

Any written notice to the Insurer may be delivered at, or sent by registered mail to:

Ontario SPCA Pet Insurance Programs
710 Dorval Drive, Suite 400
Oakville, ON L6K 3V7

Insurance Underwriter:

Northbridge General Insurance Corporation