



Ontario SPCA Pet Health Insurance INSURANCE POLICY TERMS AND CONDITIONS

Northbridge General Insurance Corporation

Section 1 – INTRODUCTION

These Policy Terms and Conditions, Your Document of Insurance, Product Coverage Chart and other details You have provided, form part of Your insurance contract.

To understand exactly what Your insurance contract covers, You need to read Your Product Coverage Chart and these Policy Terms and Conditions.

During any Policy Term, we will insure Your Pet, named on the Document of Insurance, for the coverage listed on Your Product Coverage Chart under the conditions set out in this Policy.

Section 2 - DEFINITIONS

Wherever the following words or expressions appear in Your Policy, they will have the meaning given here unless otherwise specified.

ACCIDENT: An Accident is a sudden, unexpected, unintended event resulting in physical harm or damage.

ALTERNATIVE TREATMENT/THERAPIES: Veterinary fees related to hydrotherapy, herbal or homeopathic medicine, physiotherapy and acupuncture treatments only, as prescribed or referred by Your Pet's Veterinarian.

ANNUAL: Periods of one year, or part of a year, starting with the Coverage Effective Date on the Policy Document of Insurance, or effective date of change in coverage.

ASSOCIATED CONDITION: Any medical condition that is directly related to or secondary to and caused by a primary medical Condition. This includes any medical Condition resulting from treatments for a primary medical Condition.

BILATERAL CONDITION: Any Condition which affects or may affect both sides of the Pet's body.

CLINICAL SIGNS: Any change in the Pet's normal healthy state, its bodily functions or behaviour.

CONDITION: Any manifestation of clinical signs or symptoms resulting in a diagnosis of Accident or Illness, regardless of the number of incidents or areas of the body affected.

CO-PAYMENT: The stated percentage of each covered claim for which the Insured is responsible for paying, as described in the Document of Insurance.

DEDUCTIBLE: The stated dollar amount of each payable claim for which the Insured is responsible for paying prior to receiving claim reimbursement, as described in the Document of Insurance.

DOCUMENT OF INSURANCE: The written document evidencing the contract of insurance between the Insurer and the Insured, and identifying the Policy Number, Coverage Effective Date, Insured, Pet, and Schedule of Benefits and Maximum Benefit Amounts.

EXCLUSION: A restriction from Coverage placed on a Policy. These can be specific illnesses, injuries or events which are normally covered by this policy, but for which we will not pay a claim due to the restriction on the Policy.

ILLNESS: A disease or sickness resulting in a diagnosed medical condition, including conditions secondary to and affecting multiple areas of the body. All Illnesses shall be considered Bilateral Conditions unless otherwise stated in this Policy.

INSURED: The person(s) named as the Insured on the Document of Insurance. Also referred to as "You".

INSURER: The entity named as the Underwriter(s) on the Document of Insurance.

MAXIMUM BENEFIT AMOUNT: The most that the Insurer will pay for a claim made under any one type of coverage as described in the Document of Insurance. Maximum Benefit Amounts are applied on a per Policy basis and renew after 12 policy month terms.

PET: The Insured's pet as described on the Document of Insurance.

POLICY: The agreement between the Insured and Insurer, comprised of the application, the Document of Insurance, Schedule of Maximum Benefit Amounts, the Policy Terms and Conditions document, plus any riders, endorsements or other written notification from the Insurer of changes to the Insured's coverage.

POLICY TERM: The period commencing on the Coverage Effective Date stated on the Document of Insurance and ending on the monthly anniversary of that Coverage Effective Date, and which shall renew automatically until cancelled.

PRE-EXISTING: Any Accident, Illness, or Condition existing, manifesting itself, noted, diagnosed, symptomatic or treated by a Veterinarian, or is known to You or is otherwise reasonable for You to have known about prior to the Coverage Effective Date shown on the Document of Insurance.

TREATMENT: Any examination, consultation, tests, radiographs, medication, surgery, nursing, prescription clinical food and care provided by or referred for by a Veterinarian.

YOU, YOUR: The owner of the Insured Pet, the Insured, the person named on the Document of Insurance.

US, WE, OUR: PTZ Insurance Services Ltd. on behalf of the Insurer.

VETERINARIAN: A physician or surgeon who is licensed to practice Veterinary Medicine at the location where treatment is provided.

Section 3 – INSURING AGREEMENT

In consideration of the payment of the premium and in reliance upon statements contained in the application and provided by You and represented by You to be true, We will reimburse You for paid veterinary fees up to the specified Maximum Benefit Amounts for treatments to Your Pet for covered Accidents or Illnesses in accordance with the Terms and Conditions of the Policy. The Accident or Illness must occur during the Policy Term. 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.

Section 4 – WHAT THIS POLICY COVERS

This Policy insures You for the Pet which is named and described on Your Document of Insurance and details the coverage provided.

Subject to the Policy Deductible and Co-Payment and these Terms and Conditions this Policy covers:

- The veterinary fees set out in this document;
- A payment to You if Your Pet accidentally dies;
- A reward payment and any costs if Your Pet is lost, stolen or strays;
- The cost of Your Pet staying in a boarding kennel/cattery if You have to go into hospital;
- Your costs if You have to cancel a trip because Your Pet needs life-saving surgery; and
- Your costs if Euthanasia and Cremation is deemed necessary for Your Pet.

Please refer to Your Product Coverage Chart for the level of coverage and Maximum Benefit Amounts provided. There are certain exceptions to the coverage described, so we may not pay claims for some fees or costs. These exceptions (called 'Exclusions') are explained in the Policy.

Section 5 - COVERAGE DETAILS

Applicable as per the Product Coverage Chart provided with Your Document of Insurance

For a claim to be made payable by Us, a claim form must be submitted to Us which has been completed and signed by You and the attending Veterinarian or appropriate party. The completed claim form must include original detailed invoices that have been paid in full. Medical records confirming the Condition did not exist prior to the Coverage Effective Date shown on the Document of Insurance, or within the applicable waiting period for Illness coverage may be required to process Your claim.

A. VETERINARY FEES

We will reimburse You for the actual cost of required veterinary treatment for Accidents and for Illnesses covered by the Policy up to the applicable Maximum Benefit Amount for Veterinary Fees stated in the Document of Insurance. Alternative therapies prescribed as treatment for Accidents and for Illnesses covered by the Policy are covered by this section of the Policy.

B. LOST PET RECOVERY COSTS

We will reimburse You for costs of advertising or reward paid for Lost Pet Recovery Costs stated in the Document of Insurance and Product Coverage Chart if the Pet is lost, stolen or strays, up to the

Maximum Benefit Amount. A claim form completed by You must be accompanied by all paid invoices or receipts for advertising and reward. The name, address and telephone number of the person(s) to whom the reward is payable, is required to process the claim. This Coverage has no Co-Payment or Deductible.

C. ACCIDENTAL DEATH

We will reimburse You for the original purchase price of Your Pet in the event of accidental death not requiring treatment, up to the Maximum Benefit Amount for Accidental Death stated in the Document of Insurance and Product Coverage Chart. A claim form signed by the attending Veterinarian and proof of how much You paid for the Pet are required to process the claim. Where You do not provide proof of how much You paid for the Pet, We will pay You the current local Humane Society adoption fee for a dog or cat, in Your region, up to the Maximum Benefit Amount.

D. BOARDING KENNEL FEES

We will reimburse You for the cost of boarding Your Pet, including home care to a maximum of \$25 per day, up to the Maximum Benefit Amount for Boarding Kennel Fees stated in the Document of Insurance and Product Coverage Chart. You must be hospitalized for more than forty-eight (48) hours and You or any member of Your family or household are unable to care for Your Pet. The Maximum Benefit Amount for Boarding Kennel Fees is applied in a twelve month period. We shall not be liable for Boarding Kennel Fees where Your hospitalization is directly or indirectly related to being pregnant or giving birth, elective or cosmetic surgery, drug or alcohol rehabilitation or results from Injury or Illness with respect to which You visited or consulted a physician or practitioner, took tests or received treatment for prior to the Coverage Effective Date shown on the Document of Insurance. This Coverage has no Co-Payment or Deductible.

E. TRIP CANCELLATION

We will reimburse You for travel and accommodation costs that are not business related and that You are unable to recover, up to the Maximum Benefit Amount for Trip Cancellation stated in the Document of Insurance and Product Coverage Chart, if Your Pet sustains an Accident or Illness and requires life-saving medical treatment up to seven (7) days prior to or during Your trip. A claim form completed by You and the attending Veterinarian as well as all trip invoices and cancellation documents showing prices and dates are required to process the claim. If You have specific travel insurance, this Policy will be considered excess insurance and will not pay any loss or claim until the amount of such other insurance is expended. This Coverage has no Co-Payment or Deductible.

F. EUTHANASIA AND CREMATION

We will reimburse You for the actual cost of euthanasia and/or cremation of Your Pet up to the Maximum Benefit Amount for Euthanasia and Cremation stated in the Document of Insurance and Product Coverage Chart. The death must result from a Condition covered by the policy. Your Pet must have been insured for a minimum of twelve months and all premiums paid in full before this coverage is in force. This Coverage has no Co-Payment or Deductible.

G. WELLNESS PLAN

For those with the Wellness Plan, as indicated by the Level of Coverage selected and noted on your Document of Insurance, we will reimburse You for the actual cost covered by the Plan up to the applicable Maximum Benefit Amount for Wellness Fees stated in the Document of Insurance and Product Coverage Chart. The Pet must have been insured for a minimum of six (6) months and all premiums paid in full before Wellness Plan claim can be processed. The policy must be in force at time of the claim submission.

Section 6 - CONDITIONS OF COVERAGE

A. Veterinary Care and Medical Records

You, as the policyholder, have certain responsibilities towards Your Pet and towards Us. If You do not meet Your responsibilities, We may not pay claims for some fees or costs, or it will delay the process of claims payments.

We request You take proper care of Your Pet.

As a condition of coverage Your Pet must receive an annual physical exam and all licensed vaccines as recommended by Your Pet's Veterinarian. Homeopathic vaccines or vaccines administered by a non-licensed person are not acceptable. Proof of this must be provided by You to Us upon Our request in the form of complete medical records.

As a condition of coverage You must provide the complete medical records from all veterinary clinics that have seen Your Pet to Us. If there are no medical records for Your Pet or Your Pet has not attended a veterinary clinic within the twelve (12) months preceding the Coverage Effective Date shown on the Document of Insurance, You agree to have Your Pet taken to a licensed Veterinarian for a complete physical exam within fourteen (14) days from the Coverage Effective Date shown on the Document of Insurance. The complete medical records including examination notes may be required for the processing of a claim.

Any costs incurred for the obtaining, copying and forwarding of these required medical transcripts/records, is not covered under this Policy.

You agree to permit Us to contact Your Pet's veterinarian and request pertinent medical information regarding Your Pet.

You must arrange for a Veterinarian to examine and treat Your Pet as soon as possible after it has shown early signs of an Injury or Illness.

Your Pet must be cared for in accordance with Federal, Provincial, and Municipal Laws in the jurisdiction in which You reside.

B. Product Upgrades/Downgrades

In the event of You opting to transfer Your Pet to a program with higher benefits, the Maximum Benefit Amount payable with respect to Veterinary Fees for Accidents and Illnesses will be restricted to the Maximum Benefit Amount payable under the policy that applied during the period in which such medical condition was first noted, diagnosed, or treated. If the level of coverage is lowered, the lower Maximum Benefit Amount shall apply.

C. Timing

The Coverage Effective Date is shown on the Document of Insurance.

Accident coverage will be effective at 12:01 a.m. on the day following enrolment as per the Coverage Effective Date shown on the Document of Insurance. Illness coverage will begin at 12:01 a.m. on the fifteenth day following the Coverage Effective Date shown on the Document of Insurance. All applications are subject to review and approval prior to enrolment.

Any Illness or Accident which has occurred within the first seventy-two (72) hours of the policy may require an Insurer Veterinary Incident Form to be completed by Your Pet's examining Veterinarian. We are permitted to contact the Your Pet's Veterinarian and request this and any pertinent medical information regarding Your 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.

For Pets protected with the Wellness Plan, the Pet must have been insured for a minimum of six (6) months and all premiums paid in full before Wellness Plan claim can be processed. The policy must be in force at time of the claim submission.

D. Duplicate Coverage

If at any time any claim arises under this Policy and there is any other insurance providing coverage to Your Pet, this Policy shall be deemed to be excess insurance. This Policy will only respond to any claim, costs or expenses once all other valid and collectible insurance has been exhausted, and then only for the excess amount not covered by said other insurance, subject always to the Terms and Conditions of this Policy.

E. Underwriting

Premiums may fluctuate due to claims experience, subject to the notice requirements specified in Section 10 – NOTICE OF CHANGE set out within these Terms and Conditions.

Any Illness or Accident Pre-Existing to the Policy shall not be covered by this Policy, including conditions that are existing, symptomatic or treated but not necessarily diagnosed prior to the Coverage Effective Date shown on the Document of Insurance. Any Illness, including conditions that are existing, symptomatic or treated but not necessarily diagnosed during the fourteen (14) day waiting period for Illness coverage shall not be covered by this Policy.

We reserve the right to place exclusions on the Policy with respect to any Accident(s) or Illness(es) that have occurred or were noted, symptomatic or treated prior to the Coverage Effective Date. We reserve the right to place exclusions on the Policy with respect to any Illness(es) that have occurred or were noted, symptomatic or treated within the first fourteen (14) day waiting period for Illness coverage of the Coverage Effective Date as shown on the Document of Insurance.

Illness Coverage begins on the fifteenth day following the Coverage Effective Date shown on the Document of Insurance.

F. Appeal Process

In the event of any disagreement between You and Us, You 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.

G. Territorial Restrictions

This coverage is valid in Canada, and while travelling in the United States provided the period of travel therein has not exceeded 182 days.

H. Subrogation Rights

In direct relation to any claim against Us, We reserve the right to take legal action against other parties on Your behalf at the cost to Us

Section 7 - COVERAGE RESTRICTIONS

A. Cats

We will reimburse You for the actual cost of required veterinary treatment for Feline Vaccine-Associated Sarcoma (FVS). The diagnosis must be confirmed by histopathology. The claim will be paid up to the Maximum Benefit Amount for Veterinary Fees, provided that Your Pet has received exclusively non-adjuvanted feline vaccination. Vaccine exclusivity means that the last series of feline vaccines was non-adjuvanted and given prior to the diagnosis of feline vaccine-associated sarcoma. A claim form completed by You and by the attending Veterinarian accompanied by the pathology laboratory report and the original receipts that have been paid in full are required to process Your claim.

If Feline Immunodeficiency Virus (FIV) or Feline Leukemia Virus (FELV) has been noted, treated or diagnosed, prior to the Coverage Effective Date stated on the Document of Insurance, or within the fourteen (14) day waiting period for Illness coverage, then no Illness coverage is available under this Policy.

B. Dogs

If Your Pet is older than the age of five, and adult-onset Demodex has been noted, treated or diagnosed, prior to the Coverage Effective Date stated in the Document of Insurance, or within the fourteen (14) day waiting period for Illness coverage, then no Illness coverage is available under this Policy.

C. Cats and Dogs

Cruciate Ligaments, Hip Dysplasia, Patella Luxation, Fragmented Cartilage (OCD), and Fragmented Coronoid Process, despite the cause, are considered to be bilateral conditions (affecting both sides of the body) and are classified as a musculoskeletal illness, and will be processed under Veterinary Fees Illness portion of this policy.

Section 8 - EXCLUSIONS

The Insurer shall not be liable for any claim arising from, or as a result of:

1. Preventative, routine and elective treatments or surgeries. This includes, but is not restricted to, vaccinations, cosmetic treatments or surgeries (including grooming), spaying (including for false pregnancy or pyometra), neutering/castration (including cryptorchid neuters or for prostatitis prevention), preventative administration of external or internal parasite medication, routine or pre-operative screening without symptoms of any illness or disorder and any claims arising as a result of these procedures. Unless specified elsewhere in these Terms & Conditions.
2. Any treatments or surgeries relating to breeding, pregnancy, and parturition.
3. Any excluded procedure, Accident or Illness.
4. Any Accident, Illness or Condition, with respect to which the Insured (You) was advised by a Veterinarian to take preventative measures, and did not comply.
5. Any dental procedures or dental diseases. Unless specified elsewhere in these Terms & Conditions.
6. Any elective or cosmetic procedures, including grooming.
7. Dewclaw removal, tail docking, ear cropping, declawing and nail trimming.
8. Any Non-essential boarding and hospitalization.
9. Any behavioural problems, behavioural medications and behavioural consultations, including but not limited to obedience and training classes, training or correctional devices.
10. Any costs incurred to purchase Pet food, with the exception of 50% of the cost of a prescription diet specifically prescribed by a Veterinarian as treatment for a specific Illness or Condition, such cost to be covered only for a maximum six month period. This does not include food prescribed by a Veterinarian to prevent Illness.
11. Euthanasia for financial reasons.
12. Destruction including euthanasia and cremation of a Pet deemed dangerous.
13. Post mortem fees.
14. Any Accident, Illness or Condition relating to the use of the Pet for occupational, professional, or business purposes. For example, if Your Pet is being used for commercial use, guarding, security, farming, hunting, racing etc.
15. An Illness or Condition arising prior to the Coverage Effective Date shown on the Document of Insurance, or within the applicable waiting period for Illness coverage.
16. An Accident that occurred prior to the Coverage Effective Date shown on the Document of Insurance.
17. Mistreatment, injury or neglect to the Pet caused by You, any member of Your household, or anyone employed or contracted by You.
18. Ongoing occurrence(s) of a medical condition considered preventable. For example, vaccine reactions, flea allergy dermatitis.
19. Costs incurred to purchase any aids, including mechanical devices or otherwise (including but not limited to monitoring machinery, carts and diapers), and any palliative care. This does not include veterinary attended or clinically monitored care.
20. Travelling expenses incurred either by You or Your Veterinarian. Unless specified elsewhere.
21. Claims for monies over and above any Maximum Benefit Amount stated on the Document of Insurance or Product Coverage Chart.
22. Costs of any treatment Your Pet received after the cancellation or termination of Your Policy.
23. Costs of any treatment Your Pet has received outside the Policy Term.
24. Any amount if You break laws or regulations, including but not limited to those relating to animal health or importation.

25. Any claimed loss as a result of:
- a. Earthquake;
 - b. Invasion, war or civil war, insurrection, rebellion, revolution, terrorist acts, military or usurped power or by operation of armed forces while engaged in hostilities, whether war be declared or not; and
 - c. Any nuclear incident or radioactive contamination.
 - d. Viral epidemic, Viral pandemic

- Send Us a letter confirming the nature of the Illness/Injury You were hospitalized for.
- Enclose all information with a claim form signed by You.

How to claim Trip Cancellation: Your Pet's Veterinarian must have recommended that You cut Your personal vacation short.

- We will require the cancellation confirmation from Your travel agent, the operator or other travel sales organization. The confirmation must show the dates and total cost of Your holiday, the date You decided to cancel or return home, and the travel expenses that You cannot recover.
- Send Us the receipts for the expenses You are claiming and a letter explaining when and why You had to pay each expense.
- Enclose all information with a claim form signed by You and Your Pet's Veterinarian.

Section 9 – HOW TO CLAIM

General Procedure

Please refer to each benefit section for full details. Please refer to Your Product Coverage Chart to see which benefits and maximum benefit levels apply to Your Policy.

We will not authorize a claim over the phone. You must send us a claim form that has been completed by both You and Your Pet's Veterinarian. You must include the detailed paid invoices. We will then write to You with our decision. If We require further medical information regarding Your Pet or claim we will contact You and Your Pet's Veterinarian. Your Pet's medical records may need to be provided to process Your claim.

If You ever make a claim or give information which You know is false or dishonest, We can deny coverage under this policy. Please refer to Section 11 - STATUTORY CONDITIONS, 1. Misrepresentation.

If there is any other insurance under which You are entitled to payments, please refer to Section 6 - CONDITIONS OF COVERAGE, D. Duplicate Coverage for details.

If treatment has not been completed, an interim claim can be submitted. If an interim claim for veterinary fees is submitted and processed We reserve the right to appropriately assign the claimed condition, at a later date, once a diagnosis is made.

All claims must be submitted within 12 months of treatment being given unless otherwise stated.

The claim form must be submitted no later than sixty (60) days after the expiry of the Policy Term, or cancellation of the Policy.

How to claim Lost Pet Recovery Costs: A claim form completed by You must be accompanied by all paid invoices or receipts for advertising and reward. If You have paid a reward to recover Your Pet, please provide a receipt and the full name and address of the person that it was paid to.

How to claim Accident Death: A claim form completed by You and Your Pet's Veterinarian must be accompanied by proof of purchase price for Your Pet. The claim form should confirm the nature of and circumstance surrounding the accidental death.

How to claim Boarding Kennel Fees:

- When You leave the hospital, ensure You obtain a medical certificate indicating length of hospitalization and reason of hospitalization.
- Obtain the paid invoice from the boarding kennel/cattery where Your Pet stayed during Your hospitalization.

How to claim for Wellness Fees: A claim form completed by You and Your Pet's Veterinarian must be accompanied by paid invoices for the treatment completed. Your Pet must be insured for a minimum of six (6) months and all premiums paid in full before Your Wellness Fees claim can be processed. The policy must be in force at time of Your claim submission.

We will be able to reimburse Your claimed covered expenses:

- If the claim form is correct and complete.
- When We have all the information We need to support the claim.
- When We are sure that the claim is valid.

Section 9 - RENEWAL

This Policy and payment method will automatically renew at the end of each Policy Term subject to and in consideration of the receipt of premium, until cancelled by the Us or You.

Section 10 - NOTICE OF CHANGE

The Insurer reserves the right to make any changes to the Policy upon notice, including but not limited to Rates, Premiums, Fees, Coverages, Exclusions, Maximum Benefit Amounts, Deductibles, and Co-payment. The Insurer will provide written notice of any changes to You by mail to the last known address on file provided by You, twenty-five (25) days prior to the Policy change. Any such notice will be deemed to have been delivered to You five (5) days after its mailing.

Section 11 - STATUTORY CONDITIONS

The Insurance Act requires these Statutory Conditions be printed on this Policy. These Statutory Conditions apply to all perils insured by this Policy.

1. MISREPRESENTATION

If a person applying for insurance falsely describes the Pet to the prejudice of the Insurer, or 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 the risk to be undertaken, the contract the contract is void as to any property in relation to which the misrepresentation or omission is material.

2. PROPERTY OF OTHERS

Unless otherwise specifically stated in the contract, the Insurer is not liable for loss or damage to a Pet owned by any person other than the Insured, unless the interest of the Insured therein is stated in the contract. The Pet named on the Document of Insurance is the Insured Pet.

3. TERMINATION

1. This contract may be terminated:
 - (a) by the Insurer giving to the Insured fifteen (15) days' notice of termination by mail or five (5) days written notice of termination personally delivered;
 - (b) by the Insured at any time on request by advanced written notification with a minimum retained premium of one month plus 100% of any paid fees.
2. Where this contract is terminated by the Insurer:
 - (a) the Insurer shall refund the excess of premium actually paid by the Insured over the pro rata premium for the expired time, but, in no event, shall the pro rata premium for the expired time be deemed to be less than any minimum retained premium specified; and
 - (b) the refund shall accompany the notice unless the premium is subject to adjustment or determination as to amount, in which case the premium shall be made as soon as practicable.
3. Where this contract is terminated by the Insured, the Insurer shall refund as soon as practicable the excess of premium actually paid by the Insured for the expired time.
4. The refund may be made by credit card, bank card, money, postal or express company money order or cheque payable at par.
5. The fifteen (15) days mentioned in clause (1.a) will commence on the day following the receipt of the letter at the post office to which it is addressed.

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 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.

4. FRAUD

Any fraud or wilfully submitted false statement in applying for insurance or claim submission voids the claim and the policy coverage.

5. WHO MAY GIVE NOTICE AND PROOF

Notice of loss may be given and proof of loss may be made by the agent of the Insured named in the contract in case of absence or inability of the Insured to give the notice or make the proof, and absence or inability being satisfactorily accounted for, or in the like case, or if the Insured refuses to do so, by a person to whom any part of the insurance money is payable.

6. WHEN LOSS IS PAYABLE

The loss is payable within sixty (60) days after completion of the proof of loss, unless the contract provides for a shorter period.

7. ACTION

Every action or proceeding against the Insurer for the recovery of a claim under or by virtue of this contract is absolutely barred unless commenced within one year next after the loss or damage occurs.

8. NOTICE

Any written notice to the Insurer may be delivered at, or sent by registered mail to, PTZ Insurance Services Ltd., 710 Dorval Drive, Suite 400, Oakville, ON, L6K 3V7. Written notice may be given to the Insured named in the contract by letter personally delivered to the Insured or by mail addressed to the Insured at the Insured's latest post office address as notified to the Insurer.

NOTICE, SERVICE AND CONTACT

Toll Free Phone: 1-866-600-2445

Online: www.ospcainsurance.ca

Postal Mail: OSPCA Pet Insurance Programs
710 Dorval Dr. Suite 400
Oakville, ON, L6K 3V7

Fax: 1-866-369-PETS (7387)

Email: medical@pethealthinc.com

Insurance Underwriter:

Northbridge General Insurance Company