



Accident & Illness Insurance Plan

Phone: 877-327-0471

Email: support@odiepetinsurance.com

16100 N 71st Street, Suite 540

Scottsdale, Arizona 85254

getodie.com |  Odie® | [@getodie](https://www.instagram.com/getodie)

Hi!

Welcome to Odie!

We're so happy to be part of your journey as a pet parent and are here to support you and your pet every step of the way.

Please direct any questions related to your pet insurance policy to Odie's member support team.

Thank you!



CONTACT US



Email:
support@odiepetinsurance.com



Phone:
877-327-0471

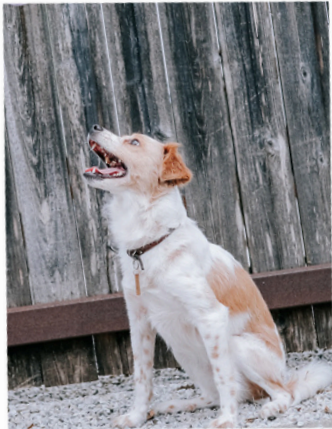


Social Media:
[@getodie](#)



ODIE MEMBER PORTAL

Manage your pets, policies, claims, and more.



LOG IN TO YOUR ACCOUNT

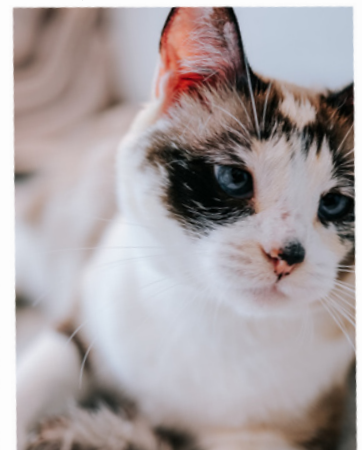
Sign in to your member account at portal.getodie.com/login.

- Manage and update your account information
- View policy documents
- Submit and view your claim history
- Add a policy for another pet
- Chat with a vet 24/7
- and so much more!

SUBMIT A CLAIM

The fastest and easiest way to submit a claim is through your online member account.

1. Navigate to the claims section and click on the "Submit a Claim" button.
2. Complete the claim form and upload your vet invoice and receipt.
3. Verify your information and acknowledge the terms.
4. Tend to your furry family member while we process your claim in as little as 5 business days!



MEMBER SUPPORT

Have a question about Odie Pet Insurance? Our member support team is here to help.

Phone: (877) 327-0471

Email: support@odiepetinsurance.com

Hours: Mon-Fri 8 AM - 5 PM Central Time

Help Desk: <https://help.odiepetinsurance.com>

POLICY DOCUMENT

Pet Health Insurance Policy For Your Pet

Administered by
[Odie Pet Insurance Marketing, Inc.]
Address: [16100 N 71st St, Ste 540,
Scottsdale, AZ 85254]
Phone: [877-327-0471]

Underwritten by Accredited Surety
and Casualty Company, Inc.
Address: [P.O. Box 140855,
Orlando, Florida 32814-0855,
United States]
Phone: [407-629-2131]
NAIC: 26379

Contents

1	Your Pet's Health Insurance Policy.	2
	A THE BASICS.	2
	B THE INSURANCE AGREEMENT.	2
	C YOUR PET.	2
	D WAITING PERIODS WHEN YOU FIRST BUY.	3
	E WHAT WE NEED FROM YOU.	4
2	What We Cover.	5
	A YOUR PET'S COVERAGE: ACCIDENT OR ILLNESS.	5
3	What Don't We Cover?	6
	A EXCLUSIONS	6
	B CONDITIONS NOT COVERED BY THIS POLICY.	7
4	How Your Pet's Policy Works.	8
	A HOW TO MAKE A CLAIM.	8
	B HOW TO MAKE A CHANGE TO YOUR PET'S POLICY.	10
	C HOW TO CANCEL THIS POLICY.	11
	D HOW WE CAN CANCEL OR CHANGE YOUR PET'S POLICY.	11
	E RENEWAL	12
5	General Conditions.	13
6	Definitions We Use.	14

Policy Form

1 Your Pet’s Health Insurance Policy.

1A THE BASICS.

This document along with the **declarations** and any endorsements that are attached are considered to be the entire insurance policy covering **your pet**. **We** will use “Policy” going forward to reference all of these documents unless **we** mention a specific document that **we** would like **you** to review.

Coverage begins on the **policy effective date** listed on the **declarations** and continues until cancelled.

By the way, **you** can check out the handy glossary at the end of this document - Section 6, to be exact - to learn how **we** define any words or phrases in **bold**.

Let’s get started.

1B THE INSURANCE AGREEMENT.

We provide the insurance described in this Policy in return for timely premium payments, subject to the provisions outlined in this Policy.

1C YOUR PET.

Whenever **we** say “**your pet**” in the rest of the document, **we** mean **your pet**, who is also described on the **declarations**.

Please make sure **your pet** meets the following requirements to receive the **coverage** described in this Policy:

- a **Your pet** must be a domestic cat or dog that is owned by **you**, that is used exclusively for companionship or as a **service animal**, and that is not used, in whole or in part, for any business or commercial purposes including, without limitation, racing, breeding, law enforcement, security, and/or guarding (see Section 3A for details regarding pets excluded from **coverage**).
- b **Your pet** must be owned by **you** and living at the **zip code** listed on the **Declarations** at a minimum as of the **policy effective date**. If **your pet** is not in **your** care, custody and/or control as of the **policy effective date**, **we** reserve the right to cancel this Policy.
- c **Your pet** must be at least 8 weeks old and no older than 14 years by the initial **policy effective date**. If at any point during the **policy term we** determine **you** have not provided **your pet's** appropriate age to purchase this Policy, **we** reserve the right to deny all **coverages**, identify **pre-existing conditions** and/or **rescind** this Policy.

We also reserve the right to cancel, **rescind** or non-renew this Policy due to **your pet** not meeting the terms and conditions of this Policy.

Please let **us** know within fifteen (15) days if **your pet** doesn't meet these requirements or if something has changed from when this Policy was issued that would affect **your pet's** qualifications for coverage or if **your pet's** residence has changed.

1D WAITING PERIODS WHEN YOU FIRST BUY.

We don't pay claims that result from any **illness** or **injury** that occurs or recurs prior to the **policy effective date** nor **illness** that occurs within the first 15 days of the **policy effective date**.

But...

A **waiting period** may be waived if **you're** able to provide proof that **your pet** was covered by another valid **pet insurance** policy leading up to the **policy effective date**. The prior insurance must have been in force at least 24 hours before the **policy effective date** and provided **accident** and **illness coverage** to **your pet** for at least 30 days with the prior carrier. This waiver does not alter the pre-existing **conditions** exclusion, described in Section 3 below.

Please note that a **waiting period** does not apply to any **renewal** of a policy issued by **us**.

1E WHAT WE NEED FROM YOU.

Routine Care

You'll need to provide **your pet** with **routine care**, which includes:

- a Annual health and dental check-ups
- b Routine healthcare and **vaccinations**

In addition to **vaccinations**, examples of routine healthcare include but are not limited to: prophylactic medications, flea control, heartworm medication, de-worming, dental health care, ear plucking, grooming, special diets, foods, vitamins and prudent regular care. **Routine care** will ensure that **your pet** remains a healthy member of **your family**.

If a lack of check-ups, **vaccinations** or other **routine care** is a direct factor in **your pet's injury** or **illness**, **we** reserve the right to deny any claim related thereto.

We consider **your** decision to pursue a different course of **treatment**, delay of a **treatment** or not pursue a **treatment** recommended by **your pet's veterinarian** that results in a worsening and/or new **treatment** being needed as **you** not providing **routine care** and those additionally needed **treatments** will be denied.

Routine care may be confirmed through adoption/rescue records and/or veterinary medical records. By purchasing this Policy, **you** authorize **us** to contact any veterinary service provider and authorize them to release to **us** all available medical records that exist for **your pet**. **We** may need **your** assistance in obtaining medical records and any failure to support these efforts may result in claim denial. **We** may request evidence of **routine care** by medical records if **you** make a claim during this and any future **policy term**.

2 What We Cover.

2A YOUR PET'S COVERAGE: ACCIDENT OR ILLNESS.

We provide **coverage** for **accidents** and **illnesses** that may occur to **your pet** during the **policy term**. All **accident** and **illness** claims that may arise, resulting in a **veterinary exam** and/or **treatment**, may be submitted to **our** claims team for review (See Section 4 for details).

If **your pet** has an **accident** that results in an **injury** or develops an **illness** during the **policy term**, we'll pay the cost of any of the items below when recommended by a **veterinarian**:

- a **Veterinary examinations** or consultations that are required to help treat or diagnose an **illness** or **injury**.
- b Laboratory, X-rays and other diagnostic tests;
 - These are tests used to determine **your pet's** overall health. Diagnostic tests can be used as a way to detect certain abnormalities.
- c Medication;
 - These are any **veterinarian** prescribed medications which are approved by the Food and Drug Administration (FDA) for veterinary use and deemed to be **medically necessary**.
- d Complimentary **treatment**;
 - This would be any rehabilitation, acupuncture or chiropractic **treatment** for a covered condition.
- e Surgeries;
 - These are procedures that treat **illnesses or injuries** by operative manual and instrumental **treatment**.
- f Supplies;
 - These are any items that are **medically necessary**, as determined by the **veterinarian**, that are safe and effective for its intended use, and that omission would adversely affect **your pet**.
- g Hospitalization;
 - Boarding **your pet** at a veterinary clinic or hospital as required by **your veterinarian** to deliver nursing care, administer medication to or monitor **your pet**.
- h Euthanasia and cremation.

The above **treatments** must be provided by a **veterinarian** or their staff under their direct supervision, a certified or qualified administrator, or a certified rehabilitation specialist and must be **medically necessary**.

3 What Don't We Cover?

3A EXCLUSIONS

We don't pay for:

- a Claims for **accidents** or **illnesses** that meet the definition of a **pre-existing condition**.
- b Future **treatment** of any **injuries** or **conditions** of a leg when **cruciate ligament** problems to any other leg existed prior to the initial **policy effective date** have been identified, regardless of whether or not the new signs or symptoms are related to such **cruciate ligament** problems.
- c Claims related to hip dysplasia if **your pet** is six (6) years of age or older on the initial **policy effective date** or **your pet** has been previously diagnosed or treated for hip dysplasia.
- d Future **treatment** of any injuries or **conditions** of a spine when Intervertebral Disc Disease has been previously diagnosed or treated prior to the initial **policy effective date**.
- e **Routine care**, including: **vaccinations** or titer testing, flea control, heartworm, medication, deworming, special and/or prescription diets, foods, vitamins, nail trimming, grooming and/or anything else that meets the definition of **routine care** under section 1e.
- f Training, therapy, medications, or other methods or forms of **treatment** related to or for behavioral modification under this Policy.
- g Claims for elective, cosmetic, and/or preventive procedures including but not limited to:
 - Tail docking; ear cropping; declawing; micro-chipping; dew claw removal; ear cleaning.
- h Spaying or neutering and any complications related to or from spaying or neutering.
- i Dental health care, which is the regular care required to maintain dental hygiene for **your pet**, including: brushing, scaling, and polishing.
- j Parasite control including but not limited to internal and external parasites for which readily available prophylactic **treatments** are available.
- k Anal gland expression.
- l Claims for the following when they are not related to an **accident** or **illness**:
 - Boarding or transport expenses;
 - Breeding or **conditions** relating to breeding, whelping, and queening; and
 - Feeding, housing or exercise.

- m Hydrotherapy, homeopathic and herbal medicines, acupuncture, physiotherapy, osteopathy or laser therapy unless administered by a **veterinarian** or a certified or qualified administrator, or a certified rehabilitation specialist and is due to an **accident** or **illness**.
- n Pets that **you** no longer own or no longer are living with **you** at the **zip code** shown in the **declarations**.
- o Pets that are less than 8 weeks old or greater than 14 years old on the **policy effective date**. **We** reserve the right to cancel this Policy if **your pet** is under 8 weeks old or over 14 years old at the initial **policy effective date**.
- p Cloning, genetic/chromosome testing, and/or participating in clinical trials and/or research.
- q Claims for **accident** or **illness** to any pet other than "**your pet**" as defined in Section 1C.
- r **Illness** claims that are caused by **you** or as a result of **your** lack of care, including diseases that are preventable by **vaccination** and/or prophylactic medications (such as heartworm, lice, internal parasites and fleas) (see **Routine Care** under "What **we** need from **you**" in Section 1 for additional details).
- s Claims arising from a **communicable disease** that is simultaneously categorized as a Public Health Emergency of International Concern (PHEIC) declared by the Director General of the World Health Organization.
- t Claims arising from a nuclear reaction, radiation, radioactive contamination, or the discharge of a nuclear device or a chemical, biological, biochemical, or electromagnetic weapon, device, agent, or material, whether controlled or uncontrolled, accidental or otherwise.
- u Claims arising from war, war activities, civil war, invasion, acts of foreign enemies, rebellion, revolution, insurrection, strikes, civil commotion, act of terrorism, hostilities or warlike operations whether declared or not.
- v Claims arising from cyber attacks and/or bullying.
- w Claims arising from injuries to **you**, someone else, another animal or property damage caused by **your pet**.
- x Fees and/or taxes charged by a **veterinarian** that are not a part of the actual **treatment** and/or diagnosis. Examples include but are not limited to biohazard fees, shipping and postage fees, medical record expenses, travel certificates fees, membership fees, administrative fees and sales tax.
- y Travel expenses other than those required under Section 4a, **How to Make a Claim, "A final note on claims,"** letter c.

If any of the above exclusions apply to a claim submitted for reimbursement, the cost associated with those items will not reduce the applicable **deductible**.

3B CONDITIONS NOT COVERED BY THIS POLICY.

This Policy does not cover complications of **conditions** that are excluded or limited by this Policy nor any associated diagnostic tests that may be needed due to those complications.

4 How Your Pet's Policy Works.

4A HOW TO MAKE A CLAIM.

We'll handle all claims as quickly as possible and will keep **you** updated throughout the process. If a claim isn't covered, **we'll** explain why.

Making a claim:

Information about how to make a claim is available on **our** website, <https://getodie.com/help-center>. When making a claim, please provide the following:

- a **Your** paid veterinary invoice.
- b Details regarding the diagnosis for each **treatment**.
- c **Your pet's** past 18 months of medical history, including at least one comprehensive wellness exam within the last 12 months; this may be required when making **your** first claim.

Your participation in a claim:

The following table is a summary of **your** responsibility for any claim that may arise during the **policy term**:

Reimbursement Level	Deductible
[90%] This means that we pay [90%] of each claim. We call this your reimbursement level throughout this Policy.	[\$100] This is the amount we deduct from your claim payment. We only deduct this amount once per policy term .

Let's break this down.

If **your pet** receives a \$2,000 of approved **veterinary treatment** for **your** first claim of a **policy term**:

1. **We** pay [90%] of **your** approved claim (\$2,000 x [90%] = [\$1,800]).
2. **We** deduct [\$100] from **your** payment, meaning **you** receive [\$1,700](e.g. [\$1,800] - [\$100] = [\$1,700]).

After that, there's no more **deductible** to pay during that **policy term**. If **you** need to make another claim in that same **policy term**. **We** simply apply the **reimbursement level**.

So if **your pet** receives a second \$1,000 of approved veterinary **treatment** during the same **policy term**:

1. **We** pay [90%] of **your** approved claim ($\$1,000 \times [90\%] = \900).
2. With no **deductible** taken, **you'll** receive [\$900].

A final note on claims

In addition to the info above, please note:

- a If information relating to **your pet's** medical history is missing or incomplete, the claim won't be approved. **We'll** promptly let **you** know what else is needed.
- b In purchasing this Policy, if **we** need to speak to **your pet's** past and/or present **veterinarians** in order to process a claim, **you** must allow **us** to contact them and allow them to provide **us** with any and all necessary information **we** may require.
- c **You** must also agree to submit the pet to a **veterinary examination**, if **we** require, by a **veterinarian** selected and paid for by **us**, including reasonable and customary travel expense for any travel exceeding 5 miles from the address on the **declarations** to the **veterinarian's** office. Travel expenses will only cover the cost of the mileage or ticket to use public transportation based on published IRS mileage or ticket price for mass transit reimbursement at the time of service.
- d If **your pet** is covered by another **accident** or **illness** pet insurance policy, this Policy will apply in excess of the other insurance and **we** will pay any amount which is over and above such other valid and collectible insurance from the other Policy so long as the **treatment** would qualify for **coverage** as defined in this Policy's terms and conditions, inclusive of any limits, **deductible** and/or **reimbursement levels**.
- e **We** reserve the right, in the event of any disagreement between **you** and **us** concerning a claim, to refer the diagnosis and **treatment** details to a **veterinarian** of **our** choosing. If the issue is not resolved, an independent third-party **veterinarian** shall be appointed by agreement between **you** and **us**. This independent third-party **veterinarian's** opinion shall be final and ultimately used to make the decision on the claim.
- f **We** do not pay claims if **you** make them more than 180 days after the **treatment date** (unless state law requires a longer period) printed on an invoice or veterinary bill.
- g Any **treatment** that does not qualify for **coverage** under this Policy will not reduce the annual **deductible**.
- h If **you** submit a claim and **we** require additional information to settle the claim, **we** will reach out to make **our** request to **you**. If the additional information is not received within thirty (30) days of request, the claim will be closed due to the missing information. If the information is received by **us** after a claim has been closed and it is less than 180 days from the **treatment date**, **we** will reopen the claim for proper review and settle according to this Policy's terms and conditions.

4B HOW TO MAKE A CHANGE TO YOUR PET'S POLICY.

You are entitled to make changes to **your pet's** Policy by contacting **us**. **You** may make changes to the following items subject to **our** review and approval:

- a The claims **deductible***
- b The Policy **reimbursement level***
- c The **zip code** where **your pet** is living
- d Specific details about **your pet** (breed, age, species, etc.)
- e The **pet parent** details (Name, email, phone, address, payment details, etc.)

*If **you** wish to change **your deductible** and/or **reimbursement level** effective [during the **policy term** or] at **renewal**, only an increase in **deductible** and/or a decrease in **reimbursement level** may be available. Any change that is allowed will become effective following approval by **us** and, if approved, **you** will not be able to revert back to any lower **deductibles** or higher **reimbursement levels**.

Example: moving from a \$250 **deductible** and 80% **reimbursement level** to a \$500 **deductible** and 70% **reimbursement level**.

[An increase of a **deductible** and/or a decrease in **reimbursement level** may only be allowed during **your** initial 15 day **waiting period** and is subject to **our** review and approval.]

All changes are subject to our discretion.

Any of the above changes may result in a change in the premium amount owed for **coverage** during this and future **policy terms**.

If **your pet** moves to another state, **coverage** is subject to the available terms and **conditions** of that state and at that state's premium rate.

You are required to keep **us** up to date on any of the above changes that may become needed. Failure to do so may result in a claims denial or possible cancellation of this Policy

4C HOW TO CANCEL THIS POLICY.

You can cancel at any time free of charge. Simply contact **us** and **we** will cancel this Policy and stop any future payments.

If **you** are not satisfied with this Policy within the first 30 days of the **policy effective date**, **you** can cancel for any reason for a full premium refund, provided **you** have not submitted a claim within that time.

Please be advised that if this Policy is cancelled, any **conditions** currently or previously covered under this Policy may be considered **pre-existing** on any future policy with **us** or any other carrier.

4D HOW WE CAN CANCEL OR CHANGE YOUR PET'S POLICY.

Non-payment of premium

We may cancel this Policy as of the date **your** Policy was paid-up to if **you** fail to make a premium payment when due. If this happens, **we** will provide **your** state's required number of days written notice, as indicated on the attached amendatory endorsement. Unless outstanding premium payments are made prior to the expiration of the notice period, no claims for **treatment(s)** provided after the cancellation date will be covered.

Should this Policy be cancelled due to non-payment of premium, **we** reserve the right to reinstate this Policy at **our** sole discretion with or without a lapse in **coverage**. If **we** determine that **we** are unable to reinstate this Policy, **you**, at **our** sole discretion, may be able to purchase a new policy with **us**. Any new policy will be subject to the terms and conditions available at the time of the new **policy effective date** and any **waiting periods** and **pre-existing conditions** will apply accordingly.

Concealment and misrepresentation

You must provide **us** with correct information when taking out **pet insurance** for **your pet**, when making a claim and throughout any current and/or future **policy term**. This Policy will be cancelled if **you** have intentionally concealed or misrepresented any material fact or circumstance concerning this insurance or **your pet**. **Coverage** and claims will be denied if **you** have intentionally concealed or misrepresented any such facts or circumstances before or after a loss.

Other cancellations

We can cancel this Policy for any reason. Notice will be provided subject to **your** state's rules and regulations and **we** will return any unearned premium back to **you** on a pro rata basis. **We** will provide the reason for the cancellation in the notice.

Changes

We may change **your pet's** details due to discovery of updated details during medical record review, conversations with **you**, and/or during the claims process during the **policy term**. If discovered, **we** will make these changes effective immediately or back to the **policy effective date**. These changes are required to keep this Policy in force and **you** are responsible for any changes in premium as a result of the change.

4E RENEWAL

Every year, unless **you** have told **us you'd** like to cancel this Policy or **we** have sent **you** a non-renewal notice, the Policy will **renew** as of the **anniversary date**. **We** will send **you** a new policy, including any state required notice of **renewal** changes regarding premium and/or **coverage**, also known as a **Renewal** with Altered Terms. An updated **Declarations** page with the new **policy term** details will also be included. **You** accept the **renewal** by making **your renewal** premium payment. Payment needs to be received on or before the **renewal anniversary date**.

Should **we** decide to non-renew this Policy at the end of the current **policy term**, **we** will deliver a written notice of non-renewal to **you**, including the reason for the non-renewal. The notice will be delivered electronically and/or to the address shown on the **Declarations** page per **your** state regulations.

SAMPLE

5 General Conditions.

- a **You** must agree to implement all reasonable means possible in the care and protection of **your pet**. **You** further agree to protect **your pet** from aggravation or recurrence of an **injury** and/or **illness**. Failure to do so will result in **your** claim being denied and **your pet's** Policy being cancelled.
- b **Your pet** is covered under this Policy only while they are in the United States of America, or temporarily away in Canada. **We** consider "temporarily" to be 90 days or less and any eligible reimbursement will be provided only in United States Dollars (USD).
- c This Policy is not transferable to other pets.
- d This Policy is intended to only provide reimbursement for the actual amount paid to a qualified **veterinarian for treatments** received. **We** do not reimburse **you** for any discounts received nor prepayments for any future **treatments**. **You** are financially responsible for payment of the **treatment** to the **veterinarian**.
- e If **you** transfer ownership of **your pet** to a new or different **pet parent**, **we** may be able to arrange continued **coverage**. This needs to be agreed by **us** in advance in writing and will be subject to the provisions of this Policy and any necessary underwriting rules and premium changes applied as a result of the transfer.
- f Entire Contract - This Policy, the **declarations**, and any attached riders or endorsement(s) contain all the agreements between **you** and **us** and supersede any prior agreements or understandings.
- g State Law - When this Policy's provisions conflict with the state statutes in which this Policy is issued, the provisions will conform to such statutes.
- h This Policy does not reimburse any legal fees **you** incur.
- i **You** are responsible for keeping all **your** payment methods up to date and making timely premium payments as required. This includes but is not limited keeping addresses, credit card expiration dates and bank account details up to date.

6 Definitions We Use.

These words are used throughout this Policy and have specific meanings:

“**Accident**” means an unexpected and unintended incident.

“**Anniversary date**” means the anniversary of the **policy effective date**.

“**Chronic condition**” means a **condition** that can be treated or **managed**, but not cured.

“**Communicable disease**” means any disease which can be transmitted by means of any substance or agent from any organism to another organism where:

- the substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not, and
- the method of transmission, whether direct or indirect, includes but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas or between organisms, and
- the disease, substance or agent can cause or threaten damage to human health or pet health or human welfare or can cause or threaten damage to, deterioration of, loss of value of, marketability of or loss of pet.

“**Condition**” means any **illness** or **injury**, past or present, that requires/d **treatment** or medication to return to a normal healthy state.

“**Congenital anomaly or disorder**” means a **condition** that is present from birth, whether inherited or caused by the environment, which may cause or contribute to **illness** or disease.

“**Coverage**” means reimbursement for **treatments** provided for qualified **accidents** and **illnesses**, as defined in section 2, What we cover.

“**Cruciate ligament**” means any ligament that helps bind the thigh bone to the shin bone or helps stabilize the knee joint. **Cruciate ligament** problems refer to any strain, sprain, rupture, tear, or degeneration of any **cruciate ligament** in **your pet’s** knee.

“**Declarations**” means the document that is attached to the start of this Policy that identifies the **pet parent**, Policy number, **your pet’s** details and the **coverages** selected and provided.

“**Deductible**” means the amount **you** must first pay with respect to the cost of a covered claim after the **reimbursement level** has been applied.

“**Family**” means **your** spouse, domestic partner, common law or civil partner, parents, grandparents, children, brothers or sisters.

“**Illness**” means any sickness, disease or any other changes to **your pet’s** normal healthy state, not caused by an **accident**.

“Injury” means physical harm or damage to **your pet** arising from normal activity or a covered **accident**.

“Medically necessary” means medical services, supplies or **treatments** provided by a **veterinarian** to treat covered pets which are:

- Consistent with symptoms or diagnosis;
- Appropriate and meet generally accepted veterinary practice standards;
- Not primarily for the convenience of the **pet parent, your veterinarian** or other providers; and
- Consistent with the most appropriate supply or level of services which can safely be provided to the pet.

“Orthopedic” refers to **conditions** affecting the bones, skeletal muscle, cartilage, tendons, ligaments, and joints. It includes, but is not limited to, elbow dysplasia, hip dysplasia, intervertebral disc degeneration, patellar luxation, and ruptured cranial **cruciate ligaments**. It does not include cancers or metabolic, hemopoietic, or autoimmune diseases.

“Pet insurance” means a property insurance policy that provides **coverage** for **accidents** and/or **illnesses** of pets.

“Pet parent” means the person who owns and is responsible for the pet [and any other additional named insured listed on this Policy].

“Policy effective date” means the date **coverage** begins at 12:01 a.m. Standard Time on the date indicated on the **declarations**. **your pet** must be in **your** possession at the time of the **policy effective date** and the Policy is subject to the **waiting periods** as defined in Section 1d.

“Policy term” means twelve (12) month period that begins with the **policy effective date** and continues until this Policy is cancelled or is renewed at the **anniversary date**.

“Pre-existing condition” means any **condition** for which any of the following are true in the 18 months prior to the **policy effective date** or during the **waiting period**:

- A **veterinarian** provided **your pet** medical advice;
- the pet received **treatment**; or
- Based on the information from verifiable sources, the pet had signs or symptoms directly related to the **condition** for which a claim is being made under this Policy.

A **condition** for which **coverage** is afforded on this Policy cannot be considered a **pre-existing condition** on any **renewal** of the Policy as long as there is no lapse in **coverage**.

“Reimbursement level” means the portion of the cost of a covered claim before **your deductible** is applied.

“Renewal” means to issue and deliver at the end of the **policy term** a Policy which supersedes a Policy previously issued and delivered by the same pet insurer or affiliate pet insurer and which provides types and limits of **coverage** substantially similar to those contained in the Policy being superseded.

"Routine care" means any **treatment**, service or procedure provided with the purpose of preventing **injury** or **illness** or for the promotion of general health.

"Service animal" means a dog that is individually trained to do work or perform tasks for a person with a disability.

"Treatment" means medical care that is provided to **your pet** as the result of an **illness** or **injury** by a **veterinarian** or certified provided licensed to administer the same.

"Treatment date" means the day any diagnosis of an **illness** by a **veterinarian** is made or the date that a **veterinarian** provides **treatment** for an **accident** that happened. Each follow up visit that may be required due to an **accident** or **illness** would be considered a new **treatment date**.

"Vaccination" means the administration of an industry-recognized commercial vaccine by a registered licensed **veterinarian**. The vaccine must be in accordance with the manufacturer's recommendations, following a complete **veterinary examination**, for prevention of disease.

"Veterinarian" means an individual who holds a valid license to practice veterinary medicine from the Veterinary Medical Board or other appropriate licensing entity in the jurisdiction in which he or she practices. The **veterinarian** cannot be **you** or a member of **your family**.

"Veterinary examination" means a thorough examination performed by a licensed **veterinarian** encompassing all body systems, also referred to as a **"veterinary exam."** **Veterinary examination** includes, but is not limited to, check-ups, consultations, physicals, office visits, office calls, referrals, or rechecks over the course of **treatment** for an otherwise eligible **condition**.

"Waiting Period" means the period of time specified in this Pet Insurance Policy that is required to transpire before some or all of the **coverage** in this Policy can begin. **Waiting periods** are not applied to **renewals** of existing **coverage** as long as there is no lapse in **coverage**.

"We", "Us", or "Our" and other derivations: **Odie Pet Insurance Marketing, Inc.**, Accredited Surety and Casualty Company, Inc. as applicable. **Odie Pet Insurance Marketing, Inc.** handles many of the administrative processes for this insurance on behalf of the underwriter. Accredited Surety and Casualty Company, Inc. is the carrier, which means the Company providing this insurance shown on the **declarations**.

"You" or "Your" means the person listed above as the **pet parent**.

"Zip code" - means where **your pet** physically resides for most of the year and is listed on the **declarations**.

Signature Endorsement

Issuer Accredited Surety and Casualty Company, Inc. (a stock company)

This is a nonparticipating policy.

The only signatures applicable to this policy are those representing the company named on the first page of the declarations.

By signing and delivering the policy to you, we state that it is a valid contract.

Grace Meek

Grace Meek, President

Abby M. Holmes

Abby M. Holmes, Secretary

State Amendatory endorsement-NJ

Endorsement Effective Date **12/09/2025**

NAIC # **26379**

Issuer **Accredited Surety and Casualty Company, Inc.**

Mailing address **P.O. Box 140855, Orlando, Florida 32814-0855, United States**

Phone **12126454898**

Policy number **1-MPI-NJ-09-9149753-00**

Pet name(s) **Cooper**

Pet parent **April ACCTest**

SAMPLE

State Amendatory endorsement-New Jersey

This endorsement modifies insurance provided under:

3 What don't we cover?

3a Exclusions

The paragraph (u) is replaced by the following:

u Claims arising from war, war activities, civil war, invasion, acts of foreign enemies, rebellion, revolution, insurrection, strikes, civil commotion, hostilities or warlike operations whether declared or not.

4 How your pet's Policy works.

4d How we can cancel or change your pet's Policy.

"Other cancellations" is replaced by the following:

Other cancellations

We can cancel this Policy for any reason when the Policy has been in effect for less than 60 days by mailing or delivering notice at least 30 days before the effective date of cancellation. The notice will include the reason(s) for cancellation.

We can cancel this Policy at any time after the Policy has been in effect for 60 days or more by mailing or delivering notice at least 30 days before the effective date of cancellation. The notice will include the reason(s) for cancellation.

Notice of cancellation will be delivered or mailed by certified or first class mail to you at your mailing address shown in the Declarations. If the cancellation notice is mailed, proof of mailing will be sufficient proof of notice. If this Policy is cancelled, we will return to you within 60 days of cancellation, the amount of gross unearned premiums to you on a short rate basis.

A "Nonrenewal" provision is added:

Nonrenewal

If we elect to nonrenew this Policy, we will mail or deliver written notice to you at least 30 days before the effective date of nonrenewal. The notice will include the specific reason(s) for nonrenewal. The notice will be mailed or delivered to you at your mailing address shown in the Declarations. Proof of mailing will be sufficient proof of notice.



ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

Insured Name:
 Policy Number:
 Effective Date:

PRIVACY NOTICE

FACTS	WHAT DOES ACCREDITED INSURANCE HOLDINGS, INC. ("ACCREDITED") DO WITH YOUR PERSONAL INFORMATION?
--------------	--

Why?	Financial companies choose how they share your personal information. Federal and state laws give consumers the right to limit some, but not all sharing. Federal and state laws also require us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect, and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> Social Security number, account number, date of birth Account balances, income, payment history Credit card number, PIN Credit scores, credit history Loan records, taxes Name, address, email, telephone number Assets Credit-based insurance scores, insurance claim history Medical information Criminal history Employment information Motor vehicle records. <p>We may disclose all of the information that we collect as described below.</p>
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Accredited chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information.	Does Accredited share?	Can you limit this sharing?
<p>For our everyday business purposes – We may disclose your information without your prior authorization for our everyday business purposes, such as to process your transactions, maintain your account(s) and insurance policy(ies), respond to court orders and legal investigations or detect or prevent criminal activity, fraud, material misrepresentation or material nondisclosure in connection with an insurance transaction. Additionally, we may share your information with our affiliates and nonaffiliated third parties to the extent necessary to service or process an insurance product or service that you have requested or authorized. For example, we may share your</p>	Yes	No

Insured Name:

Policy Number:

Effective Date:

information with insurance agents, brokers or sales representatives, or other insurance companies or insurance support organizations to determine your eligibility for an insurance benefit or pay mentor to process claims. We are also permitted to disclose customer information to nonaffiliated third-party companies that perform services for us which have agreed to certain contractual protections regarding the use and disclosure of your information. For example, we may share your information with third parties that provide claims investigations, medical examinations, inspection, and appraisals, for roadside assistance or the repair of your vehicle if you have a claim.		
For our marketing purposes – to offer our products and services to you.	No	No, we don't share
For joint marketing with other financial companies	No	No, we don't share
For our affiliates' everyday business purposes – We only share information about your transactions and experiences with our affiliates. We do not share information we receive from a credit reporting agency or insurance support organization, such as motor vehicle records, credit report information and claims history.	Yes	No
For our affiliates' everyday business purposes – information about your credit worthiness.	No	No, we don't share
As required by law or with your consent – We share information with your consent or at your direction and to your legal representative as may be necessary. We may also share information without your prior authorization in response to a subpoena or request from a regulator; in connection with a merger, acquisition, reorganization, liquidation, change in control or other sale by Accredited (in each case whether in whole or in part); or to comply with federal, state or local laws and to protect against fraud.	Yes	No
For our affiliates to market to you	No	No, we don't share
For nonaffiliates to market to you	No	No, we don't share

Who Are We

Who is providing this notice?

Accredited Insurance Holdings, Inc. family of companies, including its affiliates listed below ("Accredited"). Accredited offers a broad range of insurance solutions, including insurance investments, reinsurance processing, administration and consulting services, underwriting and captives.

Insured Name:
Policy Number:
Effective Date:

What We Do	
How does Accredited protect my personal information?	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal and state laws. These measures include computer safeguards and secured files and buildings.</p> <p>Accredited recognizes the need to prevent unauthorized access to the information we collect, including information held in electronic format, and we use commercially reasonable technical and physical security measures to protect your personal information in the following ways:</p> <ul style="list-style-type: none">• We restrict access to your personal information to those individuals, such as our employees, agents, and service providers, who are contractually bound to keep this information confidential, agree to safeguard your personal information and who need that information to serve you or to assist us in conducting our operations.• We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your personal information.• We do not sell your information to mass marketing or telemarketing companies.• We do not disclose any non-public personal information about you except as described in this notice or as otherwise required or permitted by applicable law.
How does Accredited collect my personal information?	<p>Accredited collects your personal information from you, for example, when you:</p> <ul style="list-style-type: none">• Provide information, such as your social security number, assets, income, and property information on applications or other forms;• Transact with us, our affiliates or others; and• Visit the websites we operate. <p>Accredited also collects your personal information from other sources. Accredited may collect your personal information from nonaffiliated third parties, such as:</p>

Insured Name:
 Policy Number:
 Effective Date:

	<ul style="list-style-type: none"> • Consumer reporting agencies or insurance support organizations to receive information like motor vehicles records, credit report information and insurance claims history; • Information we receive from your employer and/or association for our products and services, such as employment information; and • If you obtain a life, long-term care or disability product, medical professionals who have provided care to you and insurance support organizations.
<p>Why can't I limit all sharing?</p>	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes – information about your creditworthiness • Affiliates from using your information to market to you • Sharing for nonaffiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p> <p>We do not disclose any personal information about our customers or former customers to anyone, including our affiliates and nonaffiliated third parties, except as permitted by law, including but not limited to servicing or processing an insurance product or service, maintaining or servicing a customer account, providing reinsurance, preventing fraud, performing audits, complying with applicable laws and governmental requests and in connection with a merger, acquisition, reorganization, liquidation, change in control or other sale by or of us or any affiliated entity (in each case whether in whole or in part).</p>

Definitions	
<p>Affiliates</p>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Accredited Surety and Casualty Company, Inc. • Accredited Specialty Insurance Company •
<p>Nonaffiliates</p>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p>

Insured Name:
Policy Number:
Effective Date:

	<ul style="list-style-type: none">• These may include insurance companies other than Accredited, reciprocals, investment companies, underwriters, brokers/dealers, reinsurers, insurance support organizations, adjusters, appraisers, banks, third party administrators, benefit plan sponsors, consumer reporting agencies, our service providers (e.g., vendors that provide marketing services), medical providers and third parties such as the Medical Information Bureau.
Joint Marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

Other Important Information

California residents: For accounts with a California mailing address, we will not share your personal information with a financial company for joint marketing purposes, except as required or permitted by law.

Vermont residents: For accounts with a Vermont mailing address, we will not share your creditworthiness information with our affiliates, except as required or permitted by law.

Information Collected from an Insurance-Support Organization

Please note that information about you that we obtain from a report prepared by an insurance-support organization may be retained and disclosed by that organization.

Your Rights to Access, Correct, Amend and Delete Your Personal Information

You have the right to know what personal information we have collected about you. You also have the right to correct, amend or delete such information. To exercise these rights, please make your request in writing to privacy.info@accreditedinsurance.com and include your full name, mailing address, phone number and policy number. When we receive your written request, we will respond within thirty (30) business days. For requests to know the personal information we've collected about you, we will describe such personal information, whom we know we've shared it with in the last two (2) years, and how you may request a correction, if necessary. If we requested a consumer report, we will tell you the name and address of the consumer reporting agency. You may also view and copy the information we have, except for certain privileged documents such as those concerning claims and lawsuits. For requests to correct and amend your personal information, we will review your request and investigate the matter. If we agree with your request, we will correct our records, notify you and send a correction letter to anyone who received the original information. If we do not agree, you will be allowed to send us a statement explaining why you believe the information is incorrect,

Insured Name:
Policy Number:
Effective Date:

which will be attached to your file so that anyone reviewing the disputed information will see it.

Contact Us

If you have any questions about this notice, please contact us at privacy.info@accreditedinsurance.com or 1-800-432-2799.

SAMPLE