

Pet Assist

Insurance Policy

Please read your Pet Assist Insurance Policy carefully to determine the parties' rights and duties and what is and is not covered. Some provisions in the policy limit or restrict coverage.

Throughout this policy, the words **you**, and **your**, refer to the policyholder (**Pet Parent**) shown in the Declarations Page. The words **we, us and our**, refer to the company providing this insurance, Middle East Assurance & Reinsurance Co. (MEARCO) S.A.L..

Words and phrases that appear in **bold type** have special meaning found in Section V. Definitions.

I. INSURING AGREEMENT

Upon **your** payment of the premium, **we** will provide **coverage** as specifically described in this **policy** for **your pet** as shown on the **declarations page**.

Benefits are subject to terms, conditions, limitations and exclusions of this **policy** and to the insured's responsibility. **Coverage** is in effect at the time and date shown on the **declarations page** subject to the waiting periods described in **II. EXCLUSIONS & LIMITATIONS 1) b.**

1) **WE COVER:** Reimbursement of the cost incurred by **you** for **reasonable medical emergency expenses** recommended by **your veterinarian** for **conditions of your pet** covered by this **policy**. These costs will be covered when **your pet:**

- a. develops a **sudden, non-preexisting illness**, or
- b. has an **injury** as a result of an **accident**, or
- c. is subject to **poisoning**;

during the **coverage term**.

This **policy** shall not cover amounts charged by the treating veterinary clinic greater than the veterinary standards agreed upon with our company and according to our company pricing list.

2) **YEARLY AGGREGATE LIMIT:** The maximum amount **you** may claim while **coverage** is in force with respect to any one **pet** for **veterinary treatment over one year**. The **Yearly Aggregate Limit** is USD 1,500 per year.

3) **WE ALSO COVER :** Bodily injury sustained by a human third party and caused by your pet, excluding **you** and any of your **Immediate Relatives** or members your household, up to a yearly aggregate limit of USD 300.

II. EXCLUSIONS & LIMITATIONS

1) GENERAL EXCLUSIONS

We do not cover:

- a. **Veterinary examination fees**, also known as consultations, when those are not related to emergency medical cases covered by these general conditions of coverage. Follow-up consultations and medical post-treatment are also not covered;
- b. **Illness** or **Injury** or any **Medical Situation** that occurs in the first fifteen (15) days following the payment of the premium, before the **pet policy effective date**;
- c. Pets with less than 4 months of age;

d. **Illness** related to hip dysplasia, patella luxation, cruciate ligament rupture and herniated discs except when related to a sudden traumatic incident and not in cases related to race, congenital origin or pre-existing cases.

e. Medical cases related to race and/or congenital cause;

f. In case the veterinary or the pet owner decides to proceed with an innovative technique to treat any covered case, the treatment of the case will only be covered up to the amount mentioned in the price list.

g. More than four days of hospitalization related per medical case.

h. Only one case per pet per year of rat-killer poison ingestion is covered, including the consultation and the first coagulation test if required.

i. Ehrlichiosis and babesiosis are only covered if the test is positive.

j. MRI and CT scans are not covered except at the discretion of the company.

k. Pets with no FDA-approved microchip installed are not covered by this policy.

2) PRE-EXISTING CONDITIONS

We do not cover pre-existing conditions.

Pre-existing conditions means:

a. **illness** or the recurrence of any **illness** or **condition** which first occurred or displayed any signs and/or symptoms consistent with the stated **illness** or **condition** that is previously known to have occurred, to be recurrent or create a state of recurrence;

b. an **injury** or recurrence of an **injury** that occurred prior to the **pet policy effective date**; or

c. any **condition** or complication resulting from an **illness** or **injury** that occurred prior to the **pet policy effective date**.

3) PREVENTIVE CARE EXCLUSIONS

We do not cover:

a. **Spaying** and **neutering**, preventive healthcare including **vaccinations** or titer test, flea control, heartworm **medication**, deworming, nail trim, and grooming. Parasite control including but not limited to internal and external parasites for which readily available prophylactic treatments are available. **Dental health care**, however if injury to teeth is caused by an accident, **we** do cover the cost of extraction of damaged teeth. Anal gland expression.

4) OTHER EXCLUSIONS

We do not reimburse the costs, fees or expenses associated with:

a. **Injury** or **illness** due to any intentional, neglectful or preventable act, including organized dog fighting, by **you** or a member of **your** household;

b. Elective procedures, cosmetic procedures, preventive procedures including but not limited to: tail docking, ear cropping, de-clawing, dew claw removal, ear cleaning, etc...

c. Boarding or transport expenses;

d. **Conditions** arising from a specific activity if the same or a similar activity occurred prior to the **pet policy effective date** and displayed the propensity for the activity to recur and cause **injury** or **illness** to **your pet**;

e. Diseases preventable by vaccines and prophylactic **medications** (such as heartworm, lice, internal parasites and fleas);

- f. Complications related to **conditions** excluded or limited by this **policy**;
- g. Abnormalities where **clinical symptoms** were apparent prior to the **pet policy effective date**. This includes **conditions** that are detectable by a routine physical exam by **your veterinarian**;
- h. Claims in any way arising from the lack of use and/or implementation of preventive healthcare products and/or methods when such products and/or methods would be in accordance with generally accepted veterinary standards. Routine healthcare includes: **vaccinations**, flea control, heartworm **medication**, de-worming, dental care, ear plucking, grooming, and prudent regular care;
- i. Special diets, **pet** foods, vitamins, supplements, grooming, nail trims, shampoo and bathing (including medicated baths);
- j. **Conditions** arising from any specific activity if the same or similar activity occurs after **you** have received written notice from **us** regarding the specific activity;
- k. Experimental or investigational treatment or medicine (diagnostic treatment);
- l. Breeding or **conditions** relating to breeding, whelping, and queening;
- m. **Diagnostic tests** for **conditions** excluded by this **policy**;
- n. **Diagnostic tests** due to complications of **conditions** excluded or limited by this **policy**;
- o. **Conditions** caused by war or war activities whether war be declared or not. War activities include civil war, insurrection, rebellion, or sabotage actions, terrorism or vandalism strikes, street barricades erected at the time of public demonstrations, and general troubles of all kinds and measures taken for restoring order;
- q. Behavioral modification, training, therapy or **medications** for behavioral modification;
- r. Expenses related to depression, anxiety, stress, mental or nervous condition;
- s. All events and accidents associated with or resulting from pregnancy and/or breast feeding, including diagnosis, follow-up treatments, abortion, or delivery;
- t. Prosthesis and anatomical and orthopedic devices (fixed or removable) unless after explicit approval from the company;
- u. Medicines, prescribed outside the emergency coverage or the hospitalization that follows;
- v. Pets covered under this policy must have undergone all standard vaccinations required, namely for the parvovirus, canine distemper virus, canine hepatitis virus, leptospirosis, parainfluenza virus, rhinotracheitis, panleukopenia, calicivirus, rabies and similar known viral and infectious diseases with available vaccination. The vaccination protocols should correspond to the WSAVA vaccination recommendations, especially for young pets before they reach 4 months of age;
- w. Endemic and epidemic diseases;
- x. Injury due to high-rise syndrome is only covered the first time and at the discretion of the company;
- y. Injury due to shooting or intentional harm is not covered except on case by case basis and at the discretion of the company's decision;
- z. Medical conditions related to pregnancy;

aa. Euthanasia is only covered in extreme medical cases, due to clear medical necessity and when all other medical options are not available. This decision is also at the discretion of the company;

ab. For **working pets**, no **coverage** shall apply for any **condition** resulting from activities related to racing, breeding, law enforcement, guarding or for any commercial use;

ac. **We** will not make any payments for any claims for which **you** are entitled to be paid under any other insurance except for any additional sum which is payable over and above such other insurance;

ad. Telluric movements, floods, volcanic eruptions, or other kinds of natural phenomenon considered as natural calamity.

III. GENERAL CONDITIONS

1) **You** must be the owner of the **pet(s)**. If the **pet** owner dies, becomes unable to care for the insured **pet(s)**, or passes the ownership of the insured **pet(s)**, the **coverage** will continue without interruption, if approved in writing by **us**, subject to all other terms and conditions of this **policy**.

2) A **pet** is covered under this **policy** only while the **pet** is in Lebanon.

3) **You** must agree to implement all reasonable means possible in the care and protection of **your pet**. **You** further agree to protect the **pet** from aggravation and/or recurrence of the **injury** and/or **illness** after occurrence.

4) This **coverage** is not transferable to other **pets**. All new **pets** are subject to a new application and any fraudulent attempt will be legally challenged and the coverage cancelled.

5) In case of loss or death of your pet, you must notify us within 15 days.

6) The claims are payable within 20 days after completion and submission of the claim form with all the required documents.

7) In order to process a claim, **you** must allow **us** to contact **your** present and previous **veterinarian(s)** and provide **us** with the necessary authority to obtain any information **we** may require. In the event information relating to the history of the **pet** is missing or incomplete, the claim will not be processed. **You** must also agree to submit the **pet** to examination, if **we** require, by a **veterinarian we** select.

8) In the event of any disagreement between **you** and **us** with regards to a claim, the matter will be referred to **our veterinarian**. If the matter is not resolved, an independent third party **veterinarian** shall be appointed by **us**. This independent third party **veterinarian's** decision shall be final and binding on all parties.

IV. ADDITIONAL CONDITIONS

1) **MISREPRESENTATION AND FRAUD** – This **policy** will be voided if **you** have concealed or misrepresented any material fact or circumstance concerning this insurance or the **pet(s)** covered. **We** do not provide **coverage**, for an insured who has intentionally concealed or misrepresented any such facts or circumstances before or after a loss.

2) **ENTIRE CONTRACT** – This **policy**, the **Declarations Page**, and any attached endorsement contain all the agreements between **you** and **us**.

V. DEFINITIONS

The following defined words or phrases in the policy are printed in bold type and have the following meanings, unless a different meaning is described in a particular coverage or endorsement.

- 1) **Accident.** A sudden, unexpected and unintended event causing **injury to your pet.**
- 2) **Clinical Examination.** A thorough examination performed by a licensed and registered **veterinarian** encompassing all body systems of the **pet.**
- 3) **Clinical Symptoms.** Any manifested anomaly in, or deviation from the regular healthy state or function of a **pet**, including behavioral traits. Symptoms include any anomaly that is readily detectable by a thorough and complete **clinical examination.**
- 4) **Condition.** Any manifestations of **clinical symptoms** consistent with a diagnosis or diagnoses, regardless of the number of incidents or areas of the body affected.
- 5) **Coverage.** The insurance protection described in this **policy** form and on the **declarations page.**
- 6) **Coverage Term.** A twelve (12) month period that begins with the effective date of **coverage.**
- 7) **Declarations Page.** A written document comprising part of this **policy**, which identifies the insured, the **policy** number, and the insured **pet schedule** with the coverage options selected and Annual Aggregate Limit provided.
- 8) **Dental Health Care.** The regular care required to maintain dental hygiene for **your pet.** This includes brushing, scaling, polishing, extractions and reconstructions.
- 9) **Diagnostic Tests.** Tests used to determine the overall health of **your pet.** **Diagnostic tests** can be used as a way to detect certain abnormalities. It can also validate the current health of **your pet**, or help to evaluate an older **pet** more thoroughly before problems surface.
- 10) **Hospitalization.** Charges for boarding **your pet** at a veterinary clinic as required by your **veterinarian** to deliver nursing care administer medication to or monitor **your pet.**
- 11) **Illness.** Sickness, disease and any changes to **your pet's** normal healthy state; any **condition** other than **your pet's** normal healthy state.
- 12) **Injury(ies).** Physical harm or damage to **your pet** arising from normal activity or an **accident.**
- 13) **Immediate Relative.** Refers to a spouse, child, adoptive and foster child, adoptive or foster parents, grandparents, grandchildren, siblings, half-siblings or stepsiblings, brother-in-law or sister-in-law, daughter-in-law or son-in-law.
- 14) **Medically Necessary.** 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;
 - consistent with the most appropriate supply or level of services which can safely be provided to the **pet**; and
 - concordant to the price list agreed between the company and the veterinary.
- 15) **Medication.** Any veterinary recommended **medications** prescribed by **your veterinarian** and approved by the Food and Drug Administration (FDA) for veterinary use.
- 16) **Neutering.** Orchidectomy, or surgical removal of the testicles.
- 17) **Pet or Pets.** A domestic cat or dog that is owned for companionship or as a help dog, not owned for commercial reasons. Commercial reasons include, but are not limited to, a **racing dog.**
- 18) **Pet Parent.** The owner of the **pet**, including owner's spouse or partner.
- 19) **Pet Policy Effective Date.** 12:01 a.m. of the 15th day following the date you pay the premium of your pet policy, as shown on the **pet schedule** of the **declarations page.**
- 20) **Pet Schedule.** The table shown on the **declarations page** that identifies the **pet policy effective date**, policy number and **coverage** options related to a specific insured **pet.**
- 21) **Policy.** The terms and conditions and most recent **declarations page** that includes any endorsements that apply.
- 22) **Policy Effective Date.** 12:01 a.m. on the 15th day following the issuing date.
- 23) **Pre-existing conditions** means:
- illness** or symptoms related to the recurrence of any **illness** or **condition** that has already occurred in the past
 - an **injury** or recurrence of an **injury** that occurred prior to the **pet policy effective date**; or
 - any **condition** or complication resulting from an **illness** or **injury** that occurred prior to the **pet policy effective date.**
- 24) **Racing Dog.** A dog, which is owned and maintained for the purpose of competing in organized races or speed contests.
- 25) **Spaying.** Ovariohysterectomy, or resection of the ovaries and uterus.
- 26) **Supplies.** Any item that is **medically necessary**, as determined by the **veterinarian**, that is safe and effective for its intended use, and that omission would adversely affect the insured pet.
- 27) **Surgery (ies).** Procedure(s) that treat diseases or **injuries** by operative manual and instrumental treatment.
- 28) **Vaccination.** 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 **clinical examination**, for prevention of disease.
- 29) **Veterinarian.** A properly licensed and registered **veterinarian** in active practice in the area where **your pet** is treated or examined. **Veterinarian** shall not include **you** or a member of **your** immediate family.
- 30) **Veterinary Treatment** means:
- X-rays; b. Laboratory and **diagnostic tests**; c. **Medication**; d. **Surgeries**; e. **Supplies**; f. **Hospitalization**; and g. Nursing care; provided by a licensed **veterinarian** and their staff under direct supervision.
- 31) **Veterinary Examinations Fees.** Fees charged for the professional opinion of a **veterinarian.** Also referred to as consultation, examination, referral, and recheck fees.
- 32) **Working Pets.** Any **pet** involved in activities other than companionship or helping, including, but not limited to, racing, breeding, law enforcement, guarding or for other commercial use.
- 33) **Your Pet.** The dog or cat named in the **pet schedule** of the **declarations page** and corresponding to the photos and traits.