

DIRECT ALL INQUIRIES AND CLAIMS TO: DVM Insurance Agency
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INJURY PLAN COVERAGE FORM

1. INSURING AGREEMENT

We will provide the benefits listed in the Injury Plan Benefit Schedule in return for **your** payment of premium when due and compliance with all provisions of this policy. We will pay **covered veterinary services expenses** that you incur during the policy term for the diagnosis or treatment of **your pet's injury**. Benefit payments are subject to all exclusions, limitations, and conditions of this insurance policy.

2. DEFINITIONS

We define words or phrases in **your** policy. We identify these terms with **bold typeface**. Any veterinary medical terms or phrases not defined in this policy will be interpreted as defined in the most recent edition of Blood D.C., Studdert V.P., Gay C.C., *Saunders Comprehensive Veterinary Dictionary*. London, UK: W.B. Saunders.

- A. **Chronic condition** means a **condition** that can be treated or managed but not **cured**.
- B. **Condition** means an **illness** or **injury** that **your pet** contracts or incurs. All clinical signs or symptoms of an **illness** or **injury** constitute one **condition**.
- C. **Covered veterinary services expenses** means expenses for reasonable and necessary **veterinary services** that are eligible for payment under the VPI® Injury Plan Benefit Schedule.
- D. **Cured** means eliminated and having no effect on the **pet** so that the **pet** is fully restored to normal health without any treatment or management.
- E. **Illness** means any **condition** caused by or associated with sickness or disease. This includes any **condition** caused by or associated with: (1) virus, bacteria, or other pathogenic organism, (2) any metabolic or endocrine disorder, (3) the deterioration, degeneration, or aging of any body part, or (4) the failure of any body part to function properly unless caused by physical trauma.
- F. **Incident** means an occurrence that causes **injury** to **your pet**.
- G. **Injury** means physical damage to part of a **pet's** body caused by an unforeseen physical action or force outside the **pet's** body.
- H. **Medication** means a substance approved by the U.S. Food and Drug Administration (FDA) that is used to treat a **condition**.
- I. **Pet** means the animal identified on the Declarations Page or Renewal Certificate of **your** policy.
- J. **Pre-existing condition** means any **condition** that began or was contracted, manifested, or incurred before the effective date of **your** policy, whether or not the **condition** was discovered, diagnosed, or treated. A **condition** is not pre-existing if it was **cured** before the effective date of **your** policy and there has not been a recurrence or manifestation of the **condition** for at least six (6) months, unless it is a **chronic condition**. A **chronic condition** contracted, manifested, or incurred before the effective date of **your** policy is a **pre-existing condition**, whether or not the **condition** was discovered, diagnosed, or treated.
- K. **Prescribed** means: (1) directly provided by or (2) authorized by written instruction of a **veterinarian**.
- L. **Procedure** means a veterinary medical or surgical treatment method or course of action.
- M. **Spouse** means **your** husband, wife, or domestic partner under the law of **your** state of residence, who lives with **you** at the address shown on the Declarations Page or Renewal Certificate of **your** policy.
- N. **Veterinarian** means a legally licensed veterinary medical practitioner.
- O. **Veterinary services** means medical treatment provided by or under the direct supervision of a **veterinarian**, including **medication prescribed** by the **veterinarian**.

- P. **Void** means to declare during the policy term that this policy is no longer in force or effect.
- Q. **We, us, or our** means the company providing this insurance.
- R. **Wild mammal** means a mammal that has never been domesticated and generally lives in the state of nature unless captured and confined.
- S. **You or your** means the **pet** owner listed on the Declarations Page or Renewal Certificate of this policy.

3. POLICY TERM

Your policy is effective during the times and dates shown on **your** Declarations Page or Renewal Certificate. **Your** policy only applies to **covered veterinary services expenses** that **you** incur during the policy term due to an **injury** to **your pet** that occurs while **your** policy is in effect.

4. BENEFIT PROVISIONS

- A. **We** will pay **covered veterinary services expenses** that **you** incur during the policy term for the diagnosis or treatment of **your pet's injury**, up to the limits of this policy. To be eligible for payment, **your pet's injury** must be a **condition** or **procedure** listed in the VPI® Injury Plan Benefit Schedule.
- B. **We** will apply **your** deductible to **covered veterinary services expenses** that **you** incur during the policy term. **We** will pay **covered veterinary services expenses** that exceed **your** deductible, up to the limit of one Column A Primary Diagnosis Allowance and any Column B Secondary Diagnosis Allowance that applies to **your pet's injury**. These Diagnosis Allowances are the most that **we** will pay during the policy term for any **injury** covered by this policy, regardless of the number of **incidents** or treatments during the policy term.
- C. **Covered veterinary services expenses** from each **incident** are eligible for payment under only one Column A Primary Diagnosis Allowance and any applicable Column B Secondary Diagnosis Allowance. In each **incident**, **we** will apply the Column A Primary Diagnosis Allowance of the predominant **condition** for which **your pet** received **veterinary services**. **We** will not pay both a Column A Primary Diagnosis Allowance and a Column B Secondary Diagnosis Allowance under any Diagnosis Code that applies to the same **injury**.
- D. All payments under any Diagnosis Allowance reduce the amount payable under that Diagnosis Allowance for any other **covered veterinary services expenses** incurred during the policy term. **Covered veterinary services expenses** that are paid under one Diagnosis Allowance are not payable under any other Diagnosis Allowance. **We** will only pay **veterinary services** expenses for diagnostic testing resulting in the diagnosis of a **condition** that is covered by this policy.
- E. **We** will pay for Specialized Diagnostic Tests conducted by **your veterinarian**, up to the limits of the Specialized Diagnostic Test amounts listed in the VPI® Injury Plan Benefit Schedule. **We** will only pay for tests resulting in the diagnosis of a **condition** that is covered by this policy. **We** will not pay more than \$1,500 in Specialized Diagnostic Tests per policy term. These Specialized Diagnostic Test allowances apply in addition to any diagnostic testing amounts payable under a Column A Primary Diagnosis Allowance or a Column B Secondary Diagnosis Allowance.
- F. **We** will not pay more than \$14,000 in each policy term.

5. DEDUCTIBLE

We list **your** deductible on the Declarations Page or Renewal Certificate of **your** policy. **Your** deductible applies to each policy term. **We** will not pay any amount unless **your covered veterinary services expenses** during the policy term exceed **your** deductible. **We** will only pay the amount that exceeds **your** deductible, as specified in this policy.

6. WHAT WE DO NOT COVER – EXCLUSIONS

We will not pay for:

- A. Diagnosis or treatment of any **illness** or any **condition** caused by or resulting from an **illness**.
- B. Diagnosis or treatment of any **pre-existing condition**.
- C. Diagnosis or treatment of any **condition** identified as an Additional Excluded **Condition** on the Declarations Page or Renewal Certificate of **your** policy.

- D. Diagnosis or treatment of any bone or joint **condition** consisting of or associated with: (1) hip dysplasia, or any luxation or subluxation associated with hip dysplasia, (2) elbow dysplasia, (3) patellar luxation or subluxation, (4) osteochondritis dissecans, or (5) any fracture, luxation, or subluxation associated with aseptic necrosis of a femoral head.
- E. Diagnosis or treatment of any **condition** consisting of or associated with: (1) angular limb deformity or (2) cruciate ligament or meniscal damage or rupture that occurs during the first twelve (12) calendar months that this policy is in effect.
- F. Diagnosis or treatment of any **condition** consisting of or caused by cervical vertebral instability/Wobblers or intervertebral disc disease, rupture, or herniation.
- G. Diagnosis or treatment for gastric torsion, dilation, or bloat.
- H. Diagnosis or treatment for: (1) removal or treatment of deciduous (baby) teeth, (2) cosmetic dental restoration including veneers, crowns, caps or other prosthetic devices, (3) temporomandibular joint (TMJ) disease, or (4) tooth hygiene or appearance.
- I. Diagnosis, treatment, or preventive diagnosis or treatment of **your pet** for internal or external parasites including fleas, heartworms, and roundworms.
- J. Elective **procedures** or cosmetic surgeries.
- K. Expression of anal glands, anal sacculitis, or removal of anal glands.
- L. Preventive gastropexy, tail docking, dewclaw removal, skin fold resection, or nail trims.
- M. Diagnosis or treatment of **your pet** for any **condition** resulting from or associated with breeding or pregnancy including caesarean section, dystocia, or termination of pregnancy.
- N. **Medication prescribed** more than one year after **your pet's injury**.
- O. Special diets, pet foods, or dietary or nutritional supplements used to treat or manage a **condition** or to preserve or improve general nutrition or health, even if **prescribed by a veterinarian**.
- P. Boarding, transportation, grooming, or bathing. Boarding includes medical boarding, and bathing includes medicated baths or dips.
- Q. Diagnosis, treatment, training, or therapy for behavioral problems.
- R. Routine examinations, preventive treatment—including vaccines, or diagnostics associated with preventive treatment.
- S. Diagnosis or treatment that is experimental, investigational, or otherwise not generally accepted in the veterinary medical community.
- T. Fees or other expenses not directly related to **veterinary services** including fees or expenses incurred for: (1) medical waste disposal, (2) medical record access or copying, (3) any license or certification, (4) compliance with any government rule or regulation, (5) any tax, or (6) any charge assessed by any bank, credit card company, or other financial institution.
- U. Diagnosis or treatment of any complication or progression of any **condition** excluded by this policy.
- V. Diagnosis or treatment of **your pet's injury** that was caused intentionally by **you** or any other resident of **your** household.
- W. Diagnosis or treatment of any **condition** caused directly or indirectly by war, rebellion, insurrection, or any release of nuclear radiation or radioactive contamination, regardless of cause.

7. YOUR DUTIES

- A. **You** must promptly notify **us** of **your pet's** treatment for any **injury**. **You** must submit complete and legible claim forms to **us** and include itemized receipts for **veterinary services** expenses.
- B. **You** agree to submit **your pet** to examination by a **veterinarian** selected by **us**, upon **our** request.
- C. **You** must reasonably protect **your pet** from aggravation of any **condition**.
- D. **You** agree to provide **us** with all medical records relating to any claim under **your** policy, upon **our** request.
- E. Upon payment of benefits, **we** will be subrogated to **your** rights of recovery from any other party.

8. OTHER INSURANCE

- A. **We** will not pay more than the highest amount payable under any one policy if **your pet** is covered by more than one policy issued by **us**.
- B. This insurance is excess over any other insurance provided by a policy issued by any other insurance company, whether collectable or not, which covers **your pet**.

9. TERMINATION OF INSURANCE

- A. **Your** policy will lapse if **you** do not pay **your** premium when due.
- B. **We** may cancel **your** policy by mailing written notice to **you** at **your** most recent address in **our** records. **We** will send **you** this notice ten (10) days before **we** cancel **your** policy.
- C. **You** may cancel **your** policy at any time by notifying **us** in writing.
- D. **We** will refund unearned premiums on a prorated basis if either **you** or **we** cancel **your** policy.

10. ASSIGNMENT OR TRANSFER OF POLICY

- A. **You** may not transfer or assign **your** policy in whole or in part without **our** written consent. **We** will not consent unless both **you** and the proposed assignee give **us** information that **we** request on forms that **we** provide.
- B. **Your** policy will transfer to **your** legal representative or surviving **spouse** upon **your** death.

11. CHANGES AND LIBERALIZATION

- A. This policy contains all the agreements between **you** and **us**. Its terms cannot be changed except by endorsement or rider issued by **us**.
- B. **You** or **your spouse** may request changes to **your** policy. Any change **we** make due to a request by **you** or **your spouse** is binding on all persons who have any interest under **your** policy.
- C. If **we** revise this policy form and broaden **your** coverage without charge, **you** will receive the broader coverage as soon as **we** make the revision.

12. REVIEW

You may request a review: (1) if **we** deny **your** claim in whole or in part or (2) to ask that **we** remove an Additional Excluded **Condition** listed on the Declarations Page or Renewal Certificate of **your** policy. **Your** request must be in writing. Upon **our** reasonable request, **you** must provide **us** with all medical records and any other supporting documentation demonstrating that the **condition** has been **cured**. **We** will not consider requests to remove any excluded **condition** unless the **condition** has been **cured** for at least six (6) months before the date of **your** request. All review decisions are final.

13. SUIT AGAINST US

You may not bring a legal action against **us** unless **you** have complied with all provisions of this policy. **You** must begin any legal action against **us** within one year of **your pet's** first treatment for any **condition** identified in **your** legal action.

14. DECLARATIONS

By accepting this policy, **you** agree that all the statements in **your** application and the declarations are true and that **you** have provided **us** with all material information about **your pet's** medical **condition**. **You** affirm that this policy and any endorsements or riders are the entire and only agreements between **you** and **us**.

15. FRAUD AND CONCEALMENT

We will **void your** policy from its inception if **we** discover that **you** have misrepresented or omitted any material fact and **we** relied on **your** misrepresentation or omission in issuing this policy to **you**. **We** may deny **your** claim and **void your** policy if **you** conceal material information or make any material misrepresentation in **your** claim.

16. INSTALLMENT PAYMENT SERVICE CHARGE

If **you** elect to pay **your** premium in installments, **we** will charge **you** the installment fee listed on the Declarations Page or Renewal Certificate of **your** policy, per each installment payment.

SAMPLE



INJURY PLAN BENEFIT SCHEDULE

(Effective 1-09. Subject to change)

Column A Primary Allowance is the benefit limit for the primary **condition** or **procedure**. This includes exam, diagnostic testing, prescriptions, injections, hospitalization, treatment, anesthesia and surgery.

Column B Secondary Allowance is the benefit limit for the **condition** or **procedure** that is treated along with the Primary Diagnosis **condition** or **procedure**.

Code	Diagnosis
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A	B
Primary Allowance	Secondary Allowance

CARDIOVASCULAR SYSTEM (Heart & Vessels)

Condition	A	B
1111 Cardiovascular Collapse (Shock)	\$0	\$245

DIGESTIVE SYSTEM

Oral Cavity

Conditions	A	B
2505 Oral Trauma or Fractured Tooth	\$395	\$155
2508 Oral Foreign Object(s)	310	120

Esophagus

Condition	A	B
1203 Esophageal Foreign Object(s)-Medical	\$350	\$140
Procedure		
1205 Esophageal Foreign Object(s)-Surgical	\$0	\$495

Abdominal Wall

Conditions	A	B
1211 Peritonitis-Medical	\$620	\$245
1214 Abdominal Wall Disruption	680	270
Procedure		
1212 Peritonitis-Surgical	\$0	\$755

Stomach

Condition	A	B
1220 Gastric Foreign Object(s)-Medical	\$325	\$125
Procedure		
1221 Gastric Foreign Object(s)-Surgical	\$0	\$630

Small Intestine

Condition	A	B
1242 Intestinal Foreign Object(s)-Medical	\$435	\$175
Procedures		
1243 Intestinal Foreign Object(s)-Surgical	\$0	\$650
1248 Intestinal Resection and Anastomosis or Enteroplication	0	880

PANCREATIC, CHOLANGIO & HEPATIC (Pancreas, Gall Bladder & Liver)

Liver

Procedure	A	B
1294 Partial or Complete Hepatic Lobectomy-Surgical	\$0	\$930

DERMATOLOGY (Skin)

Wounds

Conditions	A	B
1304 Puncture(s)	\$195	\$95
1305 Abrasion(s)	125	45
1307 Burn(s)	175	70
1308 Seroma or Hematoma	185	70
1302 Laceration or Bite Wound	300	140
1303 Lacerations or Bite Wounds (Multiple)	445	175
1301 Dermal Foreign Object(s)	255	100
1313 Degloving Injury	0	445
Procedures		
1311 Dehiscence Repair	\$0	\$265
1310 Skin Graft	0	315

Code	Diagnosis
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RESPIRATORY SYSTEM (Airways & Lungs)

Nasal Cavity

Conditions	A	B
2404 Nasal or Sinus Trauma	\$255	\$100
2403 Nasal Cavity Foreign Object(s)	320	125

Upper Airway

Conditions	A	B
1405 Upper Airway Trauma(s)-Medical	\$370	\$145
1401 Upper Airway Foreign Object(s)-Medical	290	115
Procedures		
1428 Upper Airway Trauma(s)-Surgical	\$0	\$175
1423 Upper Airway Foreign Object(s)-Surgical	0	335

Thorax (Chest)

Conditions	A	B
1440 Pulmonary Contusions	\$0	\$215
1462 Thoracic Foreign Object(s)-Medical	440	175
1449 Pneumothorax or Pulmonary Bulla	625	250
Procedures		
1458 Chest Tube	\$0	\$580
1450 Thoracic Foreign Object(s)-Surgical	0	1605

REPRODUCTIVE SYSTEM

Vaginal

Conditions	A	B
1505 Vaginal Trauma	\$360	\$140
1504 Vaginal Foreign Object(s)	305	120

Scrotal & Testicular

Condition	A	B
1532 Testicular Torsion or Trauma	\$440	\$175
Procedure		
1533 Scrotal Ablation	\$0	\$115

Penis & Prepuce

Conditions	A	B
1541 Penile Trauma	\$220	\$85
1543 Penile or Preputial Foreign Object(s)	290	115

CHEMICAL & PHYSICAL (Poisonings, Toxicities, Reactions & Accidents)

Chemical

Conditions	A	B
1601 Metaldehyde Toxicity (Snail & Slug Bait)	\$630	\$250
1602 Strychnine Toxicity (Pesticide)	360	140
1603 Ethylene Glycol Toxicity (Antifreeze)	640	255
1604 Insecticide Poisoning	345	135
1605 Rodenticide Toxicity (Pesticide)	450	175
1606 Household Chemicals Toxicity (Detergents, Cleaners)	300	115
1608 Toad Poisoning	255	100
1609 Poisoning of Plant Origin	405	160
1611 Drug Toxicity or Overdose	490	195
1612 Methylxanthine Toxicity (Chocolate, Caffeine)	330	130
1613 Alcohol Toxicity	360	140
1615 Heavy Metals Toxicity (Lead, Zinc)	525	210
1619 Other Toxicity	490	195
Procedure		
1618 Gastric Lavage for Toxin Ingestion	\$0	\$195

Physical

Conditions	A	B
1650 Insect Bites and Stings	\$190	\$95
1651 Snakebite	385	150
1662 Wild Mammal Encounter	230	90
1663 Crushing or Blunt Trauma	335	130
1664 Strangulation	230	90
1652 Near Drowning	270	105
1665 Smoke or Inhalation Toxicity	545	215
1653 Heat Stroke (Hyperthermia)	490	195
1664 Hypothermia	240	90
1655 Frostbite	445	175
1656 Electric Shock	250	95
Procedure		
1658 Anti-Venom or Antizol	\$0	\$555

The benefits listed on this schedule apply only to accidental **injury**.

Code		A	B
Diagnosis		Primary Allowance	Secondary Allowance
URINARY SYSTEM			
Bladder			
<i>Procedure</i>			
1803	Traumatic Bladder Rupture-Surgical	\$0	\$500
Urethra			
<i>Condition</i>			
1902	Urethral Trauma-Medical	\$280	\$115
<i>Procedure</i>			
1911	Urethrotomy or Urethral Trauma-Surgical	\$0	\$315
OPHTHALMOLOGY (Eyes)			
<i>Conditions</i>			
2110	Corneal Ulcer	\$230	\$110
2132	Ocular Trauma	190	75
2121	Ocular Foreign Object(s)	215	80
2134	Retinal Detachment-Medical	315	125
<i>Procedures</i>			
2111	Corneal Ulcer-Debridement or Keratotomy	\$0	\$235
2127	Corneal Ulcer-Graft or Keratectomy	0	620
2123	Proptosed Eye Replacement	0	435
2120	Iris Prolapse-Surgical	0	350
NEUROLOGY (Brain, Spinal Cord & Nerves)			
<i>Conditions</i>			
2210	Neurologic Trauma	\$430	\$170
2242	Neck or Back Sprain	150	95
AURAL (Ears)			
<i>Condition</i>			
2308	Ear Foreign Object(s)	\$205	\$80
MUSCULOSKELETAL			
<i>Conditions</i>			
2724	Musculoskeletal Sprain	\$265	\$125
2729	Soft Tissue Trauma	265	125
2734	Torn Nail	220	105
2784	Hyperextension or Ligamentous Injury	295	115
2720	Tendon Rupture-Medical	420	165
2701	Cruciate and/or Meniscus-Medical (see policy: Section 6, E)	255	100
2704	Traumatic Elbow Luxation-Medical	450	175
2787	Traumatic Shoulder Subluxation or Luxation-Medical	370	150
2706	Traumatic Hip Luxation-Medical	535	210
<i>Procedures</i>			
2721	Tendon Repair-Surgical	\$0	\$525
2702	Cruciate and/or Meniscus-Surgical (see policy: Section 6, E)	0	1830
2705	Traumatic Elbow Luxation-Surgical	0	495
2740	Traumatic Shoulder Subluxation or Luxation-Surgical	0	605
2708	Traumatic Hip Luxation-Surgical	0	1215
2732	Tail Amputation	0	245
2733	Toe Amputation	0	300
2737	Fore Leg Amputation	0	630
2738	Rear Leg Amputation	0	630
FRACTURES			
Skull, Jaw, Scapula, Rib & Patella			
<i>Procedures</i>			
2801	Cage Rest	\$395	\$0
2802	Bandage	370	145
2803	Sling	395	155
2811	Wires	780	420
2812	Pins or K Wires	840	445
2813	Plate	1245	605
2814	External Apparatus or Fixator	1190	585
Humerus, Femur, Radius, Ulna & Tibia			
<i>Procedures</i>			
2820	Bandage (RBT Jones/Temporary)	\$360	\$140
2821	Splint or Cast	500	195
2830	IM Pins/Wires/Screws	1270	615
2831	Plate	1785	825
2832	External Apparatus or Fixator	1375	660

Code		A	B
Diagnosis		Primary Allowance	Secondary Allowance
Pelvis & Vertebrae			
<i>Procedures</i>			
2840	Cage Rest	\$395	\$225
2850	IM Pins/Wires/Screws	1400	670
2851	Plate	1985	960
2852	External Apparatus or Fixator	1400	670
Carpus, Metacarpus, Tarsus, Metatarsus & Phalanges			
<i>Fractures or Dislocations</i>			
<i>Procedures</i>			
2860	Bandage	\$275	\$105
2861	Cast or Splint	485	190
2870	IM Pins/Wires/Screws	1095	545
HEMATOLOGY (Blood Disorders)			
<i>Condition</i>			
3006	Acute Anemia-Injury Related	\$0	\$230
<i>Procedure</i>			
3011	Transfusion	\$0	\$255
SPLENIC (Spleen)			
<i>Procedure</i>			
3201	Traumatic Splenic Rupture-Surgical (Includes Splenectomy)	\$0	\$880
MISCELLANEOUS			
<i>Specialized Procedures</i>			
7102	Mechanical Ventilation	\$0	\$155
7103	Tracheostomy	0	210
7105	Laparoscopy or Thoracoscopy	0	280
7109	Endoscopy or Arthroscopy	0	315
1000	Euthanasia and/or Remains Care	0	90
<i>Specialized Diagnostic Tests*</i>			
7201	Contrast Radiographs	\$0	\$245
7202	Fluoroscopy	0	315
7204	CT Scan	0	630
7205	MRI Scan	0	1050
7206	Myelogram	0	455
7207	Nuclear or Isotope Imaging	0	490
7208	Full Diagnostic Ocular or Soft Tissue Ultrasound	0	105
7209	Full Diagnostic Abdominal Ultrasound	0	280
7210	Full Diagnostic Echocardiogram or Thoracic Ultrasound	0	280

*This allowance is in addition to the primary or secondary benefit allowance as listed on this schedule. Maximum benefit for Specialized Diagnostic Tests is \$1500 per policy term.

The benefits listed on this schedule apply only to accidental injury.