

TEXAS AMENDATORY ENDORSEMENT

THIS ENDORSEMENT CHANGES YOUR POLICY.
PLEASE READ THIS DOCUMENT CAREFULLY AND KEEP IT WITH YOUR POLICY.

This endorsement, which is attached to and made a part of the policy, modifies insurance provided under the following:

Trupanion Pet Health Insurance Policy

1. Paragraph A. of Section 3. GENERAL CONDITIONS OF COVERAGE is deleted in its entirety and replaced with the following:

- A. Premiums are payable monthly. This policy is continued until canceled and will renew automatically every month as long as your premium payments are current.
 - i. We may, 60 days after your policy was issued, cancel your policy for:
 - 1. Fraud in obtaining coverage;
 - 2. Failure to pay premiums when due;
 - 3. An increase in hazard within the control of the insured that would produce a rate increase; or
 - 4. Loss of the insurer's reinsurance covering all or part of the risk covered by the policy.
 - ii. A written notice of cancellation will be delivered or mailed to you at your last known address at least 20 days before the effective date of cancelation.
 - iii. Your policy will not be canceled or non-renewed solely because you are an elected official.

2. Paragraph J. of Section 3. GENERAL CONDITIONS OF COVERAGE is deleted in its entirety and replaced with the following:

- J. Insurance fraud unfairly increases premiums for all policyholders. If any policyholder provides us or makes a claim that involves false, misleading, and/or dishonest information, we may not pay the claim, we may non-renew policy and we may be required by law to report it to governmental authorities.
 - i. The notice of non-renewal will be delivered or mailed to you at your last known address no later than 60 days prior to the non-renewal date.

3. Paragraph L. of Section 3. GENERAL CONDITIONS OF COVERAGE is deleted in its entirety and replaced with the following:

L. Illnesses or injuries to your pet that arise from your repeated negligent and/or reckless activity may be excluded by us if you are notified in writing that claims that arise from that activity will no longer be covered. If there is a repeated activity that is to be excluded from your policy, we will notify you in writing by mail or by email (to the last addresses made known to us) at least 30 days before the change takes effect. The effective date of this modification will be the anniversary date of your policy.

4. Paragraph N. of Section 3. GENERAL CONDITIONS OF COVERAGE is deleted in its entirety and replaced with the following:

N. Recovery from Third Parties; Subrogation; Reimbursement; Setoff: We will not make payments for claims for which You are entitled to recovery under any other insurance, except for any additional sum that is payable over and above such other insurance and any contribution that We are obliged to make by law. If We make a payment to You and You are also entitled to receive a payment from a third-party, our obligation is subrogated to that right. You will help Us recover any payments that Were subject to subrogation and reimburse Us to the extent You recover from a third party (up to the amount of our payments to You).

5. Paragraph A. of Section 5. OUR CLAIMS PROCESS is deleted in its entirety and replaced with the following:

A. You must submit a fully completed claim form and supporting invoice(s) within 90 days of the treatment date. You can download a claim form from the Member portal on our website at Trupanion.com/policyholders or you may contact our Customer Care center at 855.266.2151 and we will mail, email or fax one to you.

No later than 15 business days after you have submitted the completed claim form, we will:

- i. acknowledge receipt of the claim;
- ii. begin an investigation of the claim; and
- iii. request all items, statements and forms that we reasonably require.

We will notify you in writing of our acceptance or rejection of your claim, including the reasons for rejection, if applicable, within 15 days of receipt of all items and claim forms we require from you under the policy. If we need additional time to determine whether or not we accept or reject your claim, we

will notify you of this and will accept or reject your claim no later than 45 days after such notice is sent to you.

6. Paragraph B. of Section 5. OUR CLAIMS PROCESS is deleted in its entirety and replaced with the following:

B. We require complete medical history/records associated with Your Pet to process any claim. You agree to provide to Us all medical history/records associated with Your Pet. You authorize Us, at the time of enrollment and any time thereafter, to contact any and all veterinary Hospitals to obtain all available medical records that exist for Your Pet. You authorize any and all veterinary Hospitals to release to Us all medical records that exist for Your Pet. Failure or refusal to disclose a complete medical history for Your Pet when requested may result in the denial of Your claim(s).

7. Paragraph C. of section 5. OUR CLAIMS PROCESS is deleted in its entirety and replaced with the following:

C. If we have sent you written notification that we will pay a claim or part of a claim, we will pay the claim no later than the fifth (5th) business day after the date notice is mailed.

All other terms and conditions of the policy remain the same.