

Insurer Disclosure of Important Policy Provisions

THIS NOTICE CONTAINS A SUMMARY OF YOUR COVERAGE AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGES OR ANY OTHER PROVISIONS CONTAINED IN YOUR POLICY. THE LANGUAGE IN YOUR POLICY CONTROLS YOUR LEGAL RIGHTS AND OBLIGATIONS. THIS DISCLOSURE IS NOT ADMISSIBLE IN ANY ACTION CONCERNING THIS POLICY EXCEPT FOR THE SOLE PURPOSE OF SHOWING THAT THE NOTICE WAS OR WAS NOT PROVIDED PURSUANT TO STATE LAW.

****READ YOUR INSURANCE POLICY FOR COMPLETE POLICY TERMS AND CONDITIONS****

You have 30 days from the day you receive this policy to review it and cancel should you decide not to keep it. If you decide not to keep it and have not filed a claim, simply contact us via email, telephone or in writing. You must cancel within 30 days of the day you first received the policy. We will refund the full amount of premium paid within 30 days after we receive the cancellation request. The policy will be void as if it had never been issued.

We get it. Insurance can be confusing. Here are some answers to frequently asked questions pet parents have about their coverage.

What's covered with Rainwalk pet insurance policy provided by Physicians Mutual Insurance Company?

Accident and illnesses are covered by Our policy. This includes treatment, prescriptions or surgery for injuries, broken bones, tooth extractions, cancer and more. See a more comprehensive list in your policy's *What is Covered* section.

We will help take care of the veterinarian bills and prescribed treatments for accidents and illnesses that could otherwise be unaffordable.

Real Life Example

Let's assume your pet has been ill and suffers from a cancer or other condition covered by the policy. To correct the issue, your pet will need to undergo cancer treatment.

Here is what you would get if you had a standard pet insurance policy with a \$20,000 annual coverage limit, 90% **Amount We Pay percentage** and a \$250 deductible:

\$5,000 Cost to treat
-\$ 250 Deductible
x 90% Amount We Pay

\$4,275 Total Reimbursement

\$ 725 Pet Parent's out-of-pocket expense (deductible and 10% of bill)

Is Microchip Implantation covered?

Microchip implantation is a quick, safe procedure where a tiny identification chip is injected under a pet's skin for permanent, unique identification. The policy covers the implantation up to \$50.

Are Orthopedic Expenses covered?

The policy covers Orthopedic expenses incurred during the policy period. This coverage is limited to 50% of the annual limit for each policy period.

Are breed specific, genetic, congenital conditions covered?

Yes. As long as the conditions your pet may be prone to aren't pre-existing, they will be covered like any of others.

Is cancer covered?

Yes. All policies cover cancer treatments not associated with a pre-existing condition.

Is surgery covered?

Yes. Surgeries related to an accident or illness (that are not from pre-existing conditions) are covered. Cosmetic, preventive and elective surgeries are not covered.

Are prescription medications and supplements covered?

Yes. Medication or supplements prescribed or recommended by a veterinarian to treat a covered condition are approved for up to two months following the diagnosis or onset of treatment.

Are vet exam fees covered?

Veterinary exam fees are covered if they relate to a covered condition.

What isn't covered?

We do not cover any expenses from routine care. These are expenses you can budget for like food, flea & tick prevention, and grooming.

Pre-existing conditions are not covered. However, we note that We have a Cured Condition Clause in your policy. If your pet's pre-existing condition is curable and has been cured and free from treatment and symptoms for a period of 180 days, it is a new occurrence if the condition occurs again. A condition for which coverage is afforded on a policy cannot be considered a pre-existing condition on any renewal of the policy.

Other exclusions may apply. Please refer to the ***What is not Covered*** section of the policy for more information.

Does Rainwalk pay the vet directly?

No. Pet Insurance works a little bit differently than human health insurance. To give you the option of visiting any vet you trust, We will reimburse you for covered accidents and illnesses.

Will Rainwalk ever drop my pet from coverage or increase my rates for claims?

No. If your pet is enrolled by age 7 for dogs, or age 9 for cats, and you do not let the policy lapse or expire, we will not drop your coverage or increase your rate because you have submitted reimbursable claims requests.

Rates are subject to change at your annual renewal based on the increased age of your affecting policies.

Is there a lifetime maximum benefit?

There is no lifetime maximum benefit. We will continue to pay up to your maximum annual benefit for the lifetime of your pet.

Is there a waiting period?

Yes. A 14-day waiting period applies to coverage for illnesses. Once the waiting period has passed, your policy goes into full effect. Refer to your policy for details on waiving the waiting period.

Can I use any vet?

Yes. We allow you to visit any licensed vet you trust.

Does my vet have to approve Rainwalk pet insurance?

No. Since We will reimburse you based on your vet bills; it allows you to use any vet you like without any extra steps.

We are available if you should have any questions. Please contact us at:

Rainwalk Customer Service Contact information:

Call or text: 844-520-0041

Email: help@rainwalk.io

www.RainwalkPetInsurance.com

1225 Laurel Street, Suite 421

Columbia, SC 29201

Declaration Page

Pet Medical Insurance

Review Your Policy form (“Policy”) for a complete review of the benefits offered, limitations and exclusions you have purchased. The **Policy, Declarations Page, Application** and **Endorsements** signed by a Company Officer constitute the entire contract of insurance.

All periods of insurance begin and end at 12:01 A.M., Standard Time at your residence.

Pet Parent Information		Pet Information	
Pet Parent Name: Test Quote Test		Pet Name: Testing	
Address Line 1: 614 South 1st Street		Pet Species: Dog	
Address Line 2:		Pet Breed: Coonhound	
City, State, Zip: Austin, TX 78704		Pet Age: 1 year	
Pet Parent Email: collette.doyle@rainwalk.io		Pet Gender: Male	
Additional Pet Parent:		Purchased through: United Kennel Club-UKC	
Underwritten by:		Physicians Mutual Insurance Company 2600 Dodge Street Omaha, NE 68131	
Policy Information			
Policy Number	02TX0125-044206-01	Policy Effective Period	10/28/2025 to 10/28/2026
Annual Policy Limit	\$5,000		
Orthopedic coverage is limited to 50% of the annual limit and Microchip Implantation is limited to \$50 for each policy period.			
Deductible (per policy period)	\$750		
Amount We Pay %	70%		
Waiting period for illness:	14 days unless documentation received per policy provisions		
Optional Endorsements			
	Effective Date	Annual Limit	Monthly Premium
Exam Fee PET-EXF-CW-240701	N/A	Subject to Annual Policy Limit	
Boarding, Advertising, and Holiday Cancel PET-BAH-CW-240701	N/A	See Endorsement	

PET-DEC-CW-240701

THE INFORMATION SHOWN IS CURRENT AS OF 10/28/2025.

Breeding PET-BRE-CW-240701	N/A	Subject to Annual Policy Limit	
Holistic and Alternative Treatment PET-HAT-CW-240701	N/A	\$2,000	
Vaccination PET-VAX-CW-240701	10/28/2025	\$100	\$3.06
Premium Information			
Monthly Policy Premium		\$22.51	
Total Monthly Endorsement Premium		\$3.06	
Discounts Applied		10%	
Payment Processing Fee		\$0.89	
Total Monthly Premium		\$26.46	

PET-DEC-CW-240701

THE INFORMATION SHOWN IS CURRENT AS OF 10/28/2025.

Pet Health Policy

Section 1: Insuring Agreement

Accident and Illness Coverage

Physicians Mutual Insurance Co (“we” or “us”) will provide the insurance described in this **policy** in exchange for payment of premium by the **Pet Parent** (“you”) when due. Coverage is subject to the terms and conditions described in this **policy**. The entire contract is the **Policy**, **Declarations Page**, **Application** and **Endorsements** signed by a Company Officer. Only an **endorsement** that **we** issue and include on the **Declarations Page** can change or waive the contract terms in this **policy**.

Certain terms are defined. These terms are in bold typeface, and their meanings are listed in the DEFINITIONS section. The **policy** is governed by the laws of the state in which it was delivered. If **you** intentionally misrepresent or conceal any material fact at the time of **application** or subsequently, **we** may deny any related claim. **We** may also cancel, invalidate, or rescind coverage. The **policy** will lapse if **you** do not pay **your** premium when due. **You** are financially responsible to **your veterinarian** for the services provided. This **policy** reimburses **you** for **covered expenses** as described.

You have 30 days from the day **you** receive this **policy** to review it and cancel should **you** decide not to keep it. If **you** decide not to keep it and have not filed a claim, simply contact **us** via email, telephone or in writing. **You** must cancel within 30 days of the day **you** first received the **policy**. **We** will refund the full amount of premium paid within 30 days after **we** receive the cancellation request. The **policy** will be void as if it had never been issued.

Physicians Mutual Insurance Co and **Pet Parent** have agreed to all terms and conditions of this **policy**.

Signed for **Physicians Mutual Insurance Co** by:

A handwritten signature in black ink that reads "Robert A. Reed, Jr." in a cursive script.

President and CEO

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, NE 68131
800-228-9100

If **you** have any questions regarding this **policy**, customer service or claims, **you** may contact Rainwalk toll free at 844-520-0041.

Rainwalk Technology
 1225 Laurel Street. Suite 421
 Columbia, South Carolina 29201

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Section 2: Definitions

These words that are used throughout this **policy** have the following special meanings:

1. **Accident:** An **accident** is an unexpected event at a specific time and place resulting in an **injury**.
2. **Actual Cost:** The standard fees charged by the treating veterinarian, regardless of insurance coverage.
3. **Administrator:** The company managing this **policy**.
4. **Alternative Treatment:** **treatment** that does not generally fall within the realm of conventional **veterinary** medicine as used by the American Association of Rehabilitation Veterinarians (AARV).
5. **Amount We Pay Percentage:** the percentage of a **covered expense we** pay after **you** have paid **your** deductible (coinsurance).
6. **Annual Limit:** The maximum amount payable during the **policy period** for all **covered expenses**.
7. **Behavioral Problem:** An abnormal **condition** resulting from **your pet's** actions, inaction, or temperament. Examples include but are not limited to aggression, dietary indiscretion, excessive chewing or licking, or separation anxiety.
8. **Bilateral Condition:** a **condition** or disease that can affect or has a high risk of affecting both sides of the body.
9. **Condition:** **Illness**, disease, **injury** or change to **your pet's** health that may or may not show **symptoms** or have been diagnosed. This includes but is not limited to diagnosed or undiagnosed **pre-existing**, **hereditary disorder** or congenital **conditions**, ligament, and knee **conditions**.
10. **Covered Expenses:** The **actual costs** for expenses that are eligible for coverage under **your policy**.
11. **Cured:** The point at which a **pet** is free from a **condition** with no further **symptoms** or **treatment**.
12. **Effective Date:** The date **your policy** takes effect as shown on **your declarations page**.
13. **End of Life Expenses:** Costs for euthanasia, burial, and cremation only. This excludes funeral expenses, memorial items, urns, caskets, burial plots, or burial plot maintenance fees.

14. **General Health:** Programs or procedures to prevent **illness**, maintain maximum function, or promote health.
15. **Hereditary disorder:** means an abnormality that is genetically transmitted from parent to offspring and may cause **illness** or disease.
16. **Injury:** Bodily harm resulting directly from an **accident** while this **policy** is in effect, unrelated to **illness**.
17. **Illness:** Any sickness, disease or medical **condition** not caused by an **accident** or **injury**.
18. **Occur or Occurrence:** When signs or **symptoms** related to a **condition** were first observed, recorded in **your pet's** medical record, or detectable during a routine **veterinary** exam.
19. **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.
20. **Pet:** Dog or cat described on the **declarations page** that **you** own and that lives with **you**.
21. **Pet insurance:** means an insurance **policy** that provides coverage for **accidents** and **illnesses** experienced by **pets**.
22. **Policy Period:** the one year starting or ending at 12:01 AM on the specified dates that are listed on the **declarations page**.
23. **Pre-existing condition:** means any **condition** for which any of the following are true prior to the **effective date** of a **pet insurance policy** or during any **waiting period**: Any **condition** with prior medical advice, **treatment**, or signs/**symptoms** before the **effective date** or **waiting period** of a **pet insurance policy**. A **condition** for which coverage is afforded on a **policy** cannot be considered a **pre-existing condition** on any **renewal** of the **policy**.
24. **Prescription Food:** A therapeutic diet prescribed by a **veterinarian** for a specific covered medical **condition**. Excludes treats, **general health** maintenance diets, weight loss diets, puppy or kitten diets, homemade diets, or raw food diets, even if prescribed or dispensed by a **veterinarian**.
25. **Prevention/Preventive:** A **treatment**, service, or procedure to avoid **illness**, **injury**, or for the promotion of **general health**, without underlying **illness**, **injury**, or **symptoms**.

26. **Renewal:** Date at the end of each 12-month **policy period** on which **your** existing **policy** expires and a new **policy** is issued. Coverage and rates are subject to change at reissuance.
27. **Supplements:** Dietary supplement, vitamin, probiotic, or nutraceutical prescribed by a **veterinarian** as part of **treatment** for a specific covered medical **condition**. Excludes herbs, Cannabis products (CBD), **general health** maintenance vitamins/**supplements**, or weight loss **supplements**, even if prescribed or dispensed by a **veterinarian**.
28. **Symptom:** Any change in **your pet's** state of health, normal function, behavior, or appearance.
29. **Treatment:** Care that **your veterinarian** administers. This includes but is not limited to anesthesia, consultations, examinations, hospitalization, laboratory tests, nursing, MRI or CT scans, surgery, and X-rays.
30. **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.
31. **Veterinarian:** means an individual who holds a valid license to practice **veterinary** medicine from the licensing entity in the location in which he or she practices.
32. **Veterinary expenses:** means the costs associated with medical advice, diagnosis, care, or **treatment** provided by a **veterinarian**, including, but not limited to, the cost of drugs prescribed by a **veterinarian**.
33. **Veterinary:** Directly related to professional care that a **veterinarian** provides.
34. **Waiting period:** means the period specified in a **pet insurance policy** that is required to transpire before some or all the coverage in the **policy** can begin. **Waiting periods** may not be applied to renewals of existing coverage.
35. **Wellness program:** means a subscription or reimbursement-based program that is separate from an insurance **policy** that supplies goods and services to promote the **general health**, safety, or wellbeing of the **pet**.
36. **We, Us and Our:** Underwriting insurance company, **Physicians Mutual Insurance Co.**
37. **You, Your, Yours:** Person or persons named on the **declarations page** (**Pet Parent**).

Section 3: Pet Parent's Responsibilities

- A. **You** must act prudently in the care and protection of **Your Pet**. **You** must protect **Your Pet** from exacerbation and/or recurrence of any **injury** and/or **Illness** after its first **occurrence** and provide proper **illness/preventive** care.
- B. **We** do not pay claims for **Illnesses** that result from failure to follow the **Vaccination** guidelines described below, unless **Your Veterinarian** has advised against the **Vaccination** for medical reasons:
 - 1. Dogs should be vaccinated for distemper, hepatitis, parainfluenza, parvovirus, rabies, and any other **condition** for which **Vaccination** was recommended by **Your Veterinarian**.
 - 2. Cats should be vaccinated for panleukopenia, rhinotracheitis, calicivirus, rabies, and any other **condition** for which **Vaccination** was recommended by **Your Veterinarian**.
- C. **You** must administer appropriate prophylactic Medication as recommended by **Your Veterinarian** to protect against **Illness**. **We** do not pay claims for **Illnesses** or **Injuries** that result from **Your** failure to follow this requirement.

Section 4: Waiting Periods

- A. **Illnesses** that **occur** or reoccur within the 14 days following the **policy's** first **effective date** are deemed **pre-existing conditions** and not eligible for coverage.
- B. **Waiting periods** for **Illnesses** will be waived if either of the following occur:
 - 1. The **pet parent** makes available at the time of **application** all medical records for the preceding 24 months or from the **pet's** birth, whichever is shorter. Records received must include a physical examination by a licensed **Veterinarian** occurring within 180 days prior to the **effective date** of this **Policy**; or
 - 2. After the purchase of the **policy**, documentation is provided to **Us** showing a completed medical examination was performed by a licensed **Veterinarian**, at the expense of the policyholder, during the first 14 days following the **policy's** first **effective date**.
- C. Waiving the **Waiting Periods** does not alter or eliminate any other provision of this **policy**.

Section 5: Cured Condition Eligibility

If your pet's pre-existing condition is curable and has been cured and free from treatment and symptoms for a period of 180 days, it is a new occurrence.

Section 6: What is Covered

We will reimburse you for the actual costs for expenses we cover that you incur during the policy period. First, we will subtract the amount of your deductible. Then, we will use the "Amount We Pay Percentage" from your policy's declarations page. Remember, we can only pay up to the yearly limit shown on your policy's declarations page. Also, there might be other limitations or exceptions that limit what we can cover.

Accident Benefits

Your policy reimburses actual costs for covered expenses related to the diagnosis and treatment of injuries resulting from an accident up to the annual limit noted on your declarations page.

Eligible accident expenses are:

1. End of life expenses.
2. Intravenous (IV) fluids and medications.
3. Medical supplies (such as but not limited to bandages, casts, and splints).
4. MRI or CT scans and X-rays.
5. Poison control consultation fees.
6. Prescription food to treat a covered condition for up to two months from the date the condition is diagnosed. This does not include prescription food for general health maintenance, or prevention, even if prescribed or dispensed by a veterinarian.
7. Prescription medications prescribed by a veterinarian and approved by the Food and Drug Admin (FDA).
8. Stem cell therapy.
9. Supplements to treat a covered condition for up to two months from the date the condition is diagnosed. This does not include supplements for general health maintenance, or prevention even if prescribed or dispensed by a veterinarian.

10. Surgery and hospitalization.
11. Tooth extractions.
12. **Veterinary Treatment**, including examinations, consultations, and laboratory tests.

Illness Benefits

Your **policy** also covers the **actual costs** for expenses related to the diagnosis and **treatment** of **illnesses**, up to the applicable limits, exclusions, and limitations.

Eligible **illness** expenses are:

1. Expenses listed above under **accident** benefits, when applicable to **illness**.
2. Cancer **treatments**, such as chemotherapy and radiation **treatment**.
3. **Treatment** for **behavioral problems** resulting from or related to the **treatment** of a physical **illness**. This **treatment** must be performed by a **veterinarian** or through a written referral from a **veterinarian** to an Applied Animal Behaviorist, Certified Applied Animal Behaviorist (CAAB), Associate Certified Applied Animal Behaviorist (ACAAB), or Diplomat of the American College of Veterinary Behaviorists (Dip ACVB).
4. Dietary **supplements** prescribed by **Your Veterinarian** for up to two months from the date the **condition** is diagnosed. These **supplements** include vitamins and nutraceuticals with ingredient analysis that are recommended for the **treatment** of **illnesses** and **injuries** covered by this **policy**. Please note that dietary **supplements** for routine or **preventive** care are not included.

Microchip Implantation

Your **policy** covers the cost of microchip implantation by a **veterinarian**. However, this coverage is limited to \$50.00 and does not include any associated fees for registration, monitoring, or renewal. All other provisions of the **policy** remain applicable.

Orthopedic Expenses

Your **policy** provides coverage for **orthopedic** expenses incurred during the **policy period**. However, please note that this coverage is limited to 50% of the **annual limit** for each **policy period**. All other provisions of the **policy** remain applicable.

Section 7: What is not Covered

Exclusions

We will not pay for costs associated with or resulting from the following.

1. Aesthetic, cosmetic, endodontic, or orthodontic dental services such as caps, crowns or crown amputation, fillings, implants and root canals or planing.
2. Anal sac (gland) expression and/or resection when no infection or disease is present.
3. Unless the applicable **Boarding, Advertising, and Holiday Cancellation Endorsement** is applied to this **policy**:
 - a. boarding,
 - b. expenses related to the cancelling of travel or holiday plans, or
 - c. the advertising and reward of finding a lost **pet**.
4. Unless the applicable **Breeding Endorsement** is applied to this **policy**:
 - a. breeding,
 - b. pregnancy,
 - c. whelping, or
 - d. nursing.
5. **Conditions** that **occur** during a **waiting period**.
6. Cosmetic, aesthetic and elective procedures, elective surgeries or prostheses, to include but not limited to claw removal, ear cropping, and tail docking, and any complications arising from such procedures or surgeries.
7. Dental cleanings are not covered unless they are necessary to treat a covered **illness** or covered by a **policy endorsement**.
8. Experimental or investigational **treatments** or medications, including clinical trials, which are not widely accepted as effective or proven in the **veterinary** medical community are not covered.
9. Funeral services, memorial items, urns, caskets, disposal of remains or burial plots/fees.
10. Grooming or grooming supplies (including but not limited to non-prescription baths, ear cleanings, non-prescription shampoos, and nail trims).
11. Herbs, natural **supplements** and non-prescription and **preventive** vitamins.

12. House call fees, time, and travel expenses including air and ground **pet** ambulance transportation to and from the **veterinarian's** premises or hospital.
13. **Illness** or **injury** that results from intentional, malicious, or grossly negligent activities or from failure to perform actions commonly accepted as responsible **pet** care by **you**, a member of **your** household or a caregiver for **your pet**.
14. Non-medical supplies such as but not limited to:
 - a. toys,
 - b. leashes,
 - c. ramps,
 - d. bedding, or
 - e. other devices intended to prevent **injury** or **illness**, but that do not treat a **condition**.
15. Non-veterinary services, charged by a Veterinary Provider or others including but not limited to:
 - a. administrative fees,
 - b. medical records expenses,
 - c. medical waste,
 - d. chart set-up fees,
 - e. providing information which may be required by **Us**,
 - f. discount package, or
 - g. membership fees, postage, and tax unrelated to a **covered expense**.
16. Organ or heart valve transplants.
17. **Pre-existing conditions** that occurred on or before the first **effective date** of the applicable coverage or during a **waiting period**.
18. **Prescription food**, non-prescription **pet** food, commercial diets or treats used for **prevention** or **general health** maintenance (including weight loss). These expenses are not covered even if prescribed, dispensed, or recommended by a **veterinarian**. Included are foods such as life stages (puppy, senior, etc.), low calorie, sensitive stomach, or limited ingredients.
19. Unless covered by an applicable **endorsement** as shown on the **Declarations Page**, **we** do not pay for **Preventive** care without an **occurrence**. These include but are not limited to:
 - a. **general health** maintenance diagnostics,
 - b. laboratory procedures,
 - c. medications,
 - d. physical examinations,
 - e. surgery,

- f. wellness exams or tests,
 - g. **preventive treatment**, tests, or diagnostic procedures,
 - h. **vaccinations**,
 - i. flea and other parasite **prevention**, or
 - j. spaying or Neutering (including **preventive** sterilization Surgery, such as for **Treatment** for cryptorchidism, chimerism, or chromosomal abnormalities).
20. Training or training devices.
21. **Treatment** arising from:
- a. avian influenza,
 - b. intentional slaughter by, or under, the order of any government or public or local authority, or
 - c. epidemics or pandemics as declared by the U.S. Department of Agriculture.
22. **Treatment** because of an **Injury** or **Illness** due to a **Bilateral Condition** that has been determined to be a **Pre-Existing Condition**.
23. **Veterinary expenses** related to coursing, organized fighting, law enforcement or guarding, personal protection or racing.
24. Dietary **supplements** for routine or **preventive** care.
25. Unless the applicable **Holistic and Alternative Treatment Endorsement** is applied to this **policy**:
- a. Holistic **Treatment** or Alternative Therapy is not covered by the **policy**. This includes:
 - i. Acupuncture.
 - ii. Chiropractic.
 - iii. Homeopathy.
 - iv. Hydrotherapy.
 - v. Naturopathy.
 - vi. Physical therapy.
 - vii. Rehabilitative therapy.
26. Hunting **accidents**, or **injury** to a **pet** by a wild animal during a hunting trip.
27. Any expense reimbursable under any **Wellness Program**.
28. Any claim for loss that arises 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; or

29. Any claim for loss that arises from war, invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolution, insurrection, strikes, riots, or civil commotion.
30. Claims for **veterinary** charges, fees, or other related expenses exceeding eligible benefits or because such expenses are more than the fees usually charged by the provider being used; and experimental **Treatments**, therapies and Medications including any **Treatment** for a cloned animal or utilizing a cloned animal.
31. **Treatments** for any **Illness** for which a vaccine is available for **Your Pet** to prevent such **Illness** and for which **Vaccination** is both recommended by **Your** Veterinary Provider and rejected by **You**.
32. Costs of **Treatments** arising from **Your** decision to pursue a course of **Treatment** other than that which was recommended to **You** by **Your Veterinarian**, unless specifically authorized by **Us** prior to **Treatment**. Examples include, but are not limited to:
 - a. Cost of **Treatments** continued after a **Veterinarian** has recommended a **Pet** be euthanized for humane reasons;
 - b. Ignoring a **Veterinarian's** recommendation to amputate a leg, resulting in extra costs associated with **Treatment** of necrosis; and
 - c. Ignoring a **Veterinarian's** recommendation to remove an eye, resulting in extra costs associated with chronic eye issues.

Section 8: Deductible and Amount We Pay Percentage

Deductible Amount

Your annual deductible amount is listed on the **declarations page**. **We** subtract that deductible from **covered expenses you** incur during the **Policy Period**. **We** will then apply the **Amount We Pay Percentage**.

Amount We Pay Percentage

After the deductible is met, **we** will reimburse the percentage of **covered expenses** found on the **declarations page** as the **Amount We Pay Percentage**. This is subject to any applicable limits. **You** pay for the remainder of **covered expenses** in addition to any expense not covered by the **policy**.

Section 9: Claims

You Pay

While **Pet Parent** under this agreement, **you** are responsible for paying the following:

- A. Examination fees not associated with a covered **condition**,
- B. Deductible (if **You** choose to have one),
- C. The balance after the **Amount We Pay Percentage** is applied,
- D. Taxes not associated with a covered **condition**,
- E. Costs not covered by this **policy**.

Submit a Claim

Include the following information with **your** claim so **we** can process **your** claim as quickly as possible:

- **Your** name, address, contact information, and signature on the claim form
- A description of the **condition** and **treatment you** are claiming
- All applicable receipts including an itemized breakdown of the fees incurred

Failure to provide complete information may result in denial of **your** claim or having to submit a new claim with all required details.

Claim forms are available online or **you** may request one.

To make a claim, **you** or an authorized representative from **your veterinarian's** office must fill in the claim form. The claim forms must be submitted along with any itemized invoices for the costs incurred.

You must submit **your** claim within 180 days from the date of service.

Receipt of Notice of Claim

No later than 15 days after receipt of a claim, **we** will acknowledge the receipt of **your** claim, begin investigation of the claim, and make a request to **you** for all the items, statements, and forms **we** believe will be required to investigate the claim.

We may make further inquiries if, as the investigation progresses, **we** find that more information is required.

The acknowledgement of the receipt of the claim will be sent to **your** primary email address submitted with the **policy** unless **you** request otherwise.

Claims Acceptance or Rejection

We will notify **you** of the acceptance or rejection of a claim no later than 15 days after **we** have collected all the required information and documentation to investigate a claim and secure final proof of loss. If **we** need additional time for whatever reason to investigate the claim, **we** will notify **you** and provide a final decision on the claim no later than 45 days after **you** notify **us** of the loss.

If **we** reject the claim, **we** will always include the reasons that the claim was rejected.

When a claim is approved, **you** will be paid no later than 5 business days after the claim is approved.

Other Claim Procedures

When **you** submit a claim, **you** authorize **us** and **our administrator** to access all medical information that **we** need to assess **your pet's** health. For example, **we** may ask **you** for the name and contact information of any **veterinarian** that has ever seen or treated **your pet**. **You** must also provide proof of identity for **your pet** when **we** request.

Payment of one claim does not guarantee that **we** will pay additional claims.

Dispute Resolution

If **we** pay a claim contrary to this **policy's** terms and conditions, that payment does not waive **our** right to apply those terms and conditions to any paid or any future claim. **We** also have the right to recover from **you** any claim amount incorrectly paid.

If **you** want to dispute a settled claim or other action, follow the steps below.

Step One – Read this **policy** carefully.

Step Two – To discuss **your** question or dispute, contact the Customer Satisfaction Department during regular business hours.

Step Three – If **your** question or dispute is not resolved in steps one and two, **you** must submit an appeal request in writing.

In **your** written appeal request, please include:

- reason for **your** dispute
- claim numbers, medical records and supporting documentation if **your** dispute involves a claim
- other pertinent information that supports **your** position

You will receive a written decision from the Appeals Resolution Team within 30 days of the date all information necessary to investigate and review **your** appeal is received.

A second appeal will be considered if it is submitted with and supported by additional **veterinary** documentation not previously reviewed.

Section 10: Renewal and Nonrenewal

Unless **you** notify **us** that **you** want to cancel or **we** advise that **your policy** will not be renewed, **we** will automatically issue **you** a new **policy** at the end of each 12-month **policy period**. Coverage and rates are subject to change at **renewal**. **Your renewal declarations page** will specify the coverage and rates that apply. **You** accept these changes by renewing **your policy**.

We may decide to not renew **your** coverage at the end of any **policy period**. In this case, at least 60 days before **your** coverage ends, **we** will mail written notice to **you** at **your** address as shown on the **declarations page**.

Section 11: Policy Cancellation

When You Cancel

You must contact **us** via email, telephone or in writing to advise **us** of the future date when this **policy** is to be canceled. **You** can send written notifications by email, fax or by mail. **We** will refund any premium that **you** have already paid for any period after **your** last date of coverage.

When We Cancel

We will not cancel **your policy** during the initial **policy** term after the 60th day following the date the **policy** was issued, and **we** will not cancel **your policy** if it is a **renewal** or continuation **policy**, except for the reasons listed in this section.

We may cancel **your** insurance **policy** at any time with 30 days written notice during the term of the **policy** for the following reasons:

- (1) Fraud in obtaining coverage;
- (2) An increase in hazard within **your** control that would produce a rate increase; or
- (3) Loss of **our** reinsurance covering all or part of the risk covered by **your policy**.

Notwithstanding **we** may cancel **your** insurance **policy** at any time during the term of the **policy** if **we** as the insurer are placed in supervision, conservatorship, or receivership and the cancellation or nonrenewal is approved or directed by the supervisor, conservator, or receiver.

Notice of Cancellation

If **your policy** is declined, non-renewed, or canceled, a written statement of the reasons for the declination, cancellation, or nonrenewal will be delivered to **you**. That statement will contain the full explanation for declination, cancellation, or nonrenewal. The statement will state the precise incident, circumstance, or risk factors applicable to **you**, and it will also state the source of information on which **we** relied regarding the incident, circumstance, or risk factors.

Fraud in obtaining coverage

If **you** misrepresented or concealed any material fact that would have affected **our** decision to provide coverage, **we** may cancel, invalidate, or rescind **your** coverage. If so, a notice will be sent advising **you** of **our** decision.

Material misrepresentation shall be defined as misrepresentation that:

- (1) was fraudulently made;
- (2) misrepresented a fact material to the question of **our** (the insurer's) liability under the **policy**; and
- (3) misled **us** (the insurer) and caused the insurer to waive or lose a valid defense to the **policy**.

Failure to Pay

If **you** fail to pay **your** premium, **we** may cancel **your** coverage at any time. A notice will be sent to **you** providing at least 10 days' notice of **our** intent to cancel or such other time as required by the state of **your** primary address.

Section 12: General Conditions

1. **Action Against Us** – To take any legal action against **us** or **our administrator** under this contract, **you** must have complied with all terms and conditions of this **policy**, including procedures for claim set forth in the Claims section and Dispute Resolution section. **You** have 24 months from the claim settlement date to proceed with an action unless state law requires a longer period. The running of this period is paused from the date proof of loss is filed until the date the claim is denied in whole or in part.
2. **Change of Ownership** – If **we** approve, **your pet's** coverage may be transferred when **you** transfer **pet** ownership by agreement or law.

3. **Conformity to State Statutes** – When any provision in this **policy** conflicts with the statutes of the state in which this **policy** is issued, that provision is amended to conform to such statutes.
4. **Dual Coverage With Us** – **We** will not insure **your pet** under more than one **pet insurance policy** during any **policy period**. If **we** find a **pet parent** has more than one such **policy**, coverage will be provided under the plan that has been in force for the longer period. The other plan(s) will be cancelled and a refund in premium issued.
5. **Other Insurance** – If at the time of **treatment**, there is other valid and collectible insurance in place, **we** will pay only the proportion of the loss that the limit of liability that applies under this **policy** bears to the total amount of insurance covering the loss.
6. **Installment Payment** – If **you** elect to pay **your** premium in monthly, quarterly, or semi-annual installments, **we** will charge **you** the non-refundable transaction fee listed on the **declarations page**. This fee is waived if **you** pay annually.
7. **More than One Pet Parent** – If there is more than one **Pet Parent**, any **Pet Parent** may cancel or change this **policy**. Such action is binding on all **Pet Parents**.
8. **Pet Residence Restriction** – **Your pet** must reside with **you** at the primary address listed on the **declarations page**. It is **your** responsibility to notify **us** of any change in address. A change in **your** primary address may result in a change to coverage availability and rates.
9. **Policy Changes** – If **you** wish to make changes to **your** coverage, please contact **us**. Any change is subject to underwriting and **our** approval. Certain changes may result in a new enrollment, which would replace **your** existing **policy**. A new enrollment that includes new or additional coverage will be subject to the **waiting period** and **pre-existing condition** provisions with respect to the new or additional coverage.
10. **Promotional Items** – From time to time, **we** may offer promotional items to show customer appreciation. Examples of such items are discounts, gift cards, related services, and merchandise. The value of the promotional item will not be more than allowed by the state of **your** primary address.
11. **Territory** – To be eligible under this **policy**, **covered expenses** must be incurred during the **policy period** within the United States and its territories (Guam, Puerto Rico, and the U.S. Virgin Islands).
12. **Non-Insurance Services** – **We** may offer **pet** related noninsurance services for **your pet**, in addition to the insurance benefits. **You** will be notified of the availability and details.
13. **Annual Meetings** – The annual meeting is held at 12 o'clock, noon, on the third Saturday of February at the Home Office.

Vaccination Endorsement

Policy Number: 02TX0125-044206-01	Name of Pet Insured: Testing
Effective Date: 10/28/2025	Expiration Date: 10/28/2026

THIS ENDORSEMENT CHANGES YOUR POLICY.

PLEASE CAREFULLY READ THIS ENDORSEMENT AND ATTACH TO YOUR POLICY.

You have 30 days from the day **you** receive this **Endorsement** to review it and cancel should **you** decide not to keep it. If **you** decide not to keep it and have not filed a claim, simply contact **us** via email, telephone or in writing. **You** must cancel within 30 days of the day **you** first received the Endorsement. **We** will refund the full amount of premium paid within 30 days after **we** receive the cancellation request. The **Endorsement** will be void as if it had never been issued.

This **Endorsement** is subject to all provisions of the **Pet Health Policy** not in conflict with the provisions of this **Endorsement**. This **Endorsement** is made a part of the **policy** and modifies insurance provided under the **Policy** to which it is attached as follows:

We will pay up to \$100 for the cost of **vaccinations** per **policy period**. Eligible vaccinations and frequency limitations are as follows:

Dogs

1. The Rabies **vaccination** is allowed **once every three years**.
2. The DHPP **vaccination** is allowed **once every three years**.
3. The Canine Bordetella **vaccination** is allowed **once per policy period**.
4. The Leptospirosis **vaccination** is allowed **once per policy period**.

Cats

1. The Rabies **vaccination** is allowed **once every three years**.
2. The FVRCP **vaccination** is allowed **once every three years**.
3. The Bordetella **vaccination** is allowed **once per policy period**.
4. The FELV **vaccination** is allowed **once per policy period**.

This additional coverage is not subject to the **policy's** deductible or **Annual Limit**. The **Amount We Pay Percentage** continues to apply.

This **Endorsement** becomes effective and made part of the **Policy** to which it is attached on the **Effective Date** shown on the **Policy Declarations page**, provided the required premium has been paid.

Termination

This **Endorsement** will terminate:

1. When the premium for this **Endorsement** and the **Policy** to which it is attached is not paid when due,
2. Upon **Your** signed request to terminate this Rider as of the next Renewal Date,
3. Upon termination of the **Policy**.

Nothing in this **Endorsement** will vary, alter, waive, or extend any of the terms, conditions, provisions, agreements, or limitations of the **Pet Health Policy** other than stated above.

Signed, for Physicians Mutual Insurance Company,



President and CEO

Application for Pet Insurance

Pet Parent Information		
Pet Parent Information	Additional Pet Parent	
Pet Parent Name: Test Quote Test	Additional Pet Parent Name:	
Address Line 1: 614 South 1st Street	Address Line 1:	
Address Line 2:	Address Line 2:	
City, State, Zip: Austin, TX 78704	City, State, Zip:	
Phone Number: 6318851427	Additional Phone Number:	
Pet Parent Email: collette.doyle@rainwalk.io	Additional Email:	
Pet Information		
Pet Name: Testing	Pet Species: Dog	Spayed/Neutered: Yes
Pet Breed: Coonhound	Pet Age: 1 year	Pet Gender: Male
Policy Information		
Coverage Start Date:	10/28/2025	
Policy Limit:	\$5,000	
Deductible (per Policy Period):	\$750	
Amount We Pay %:	70%	
Optional Endorsements		
Exam Fee: No	Vaccination: Yes	
Breeding: No	Holistic and Alternative Treatment: No	
Boarding, Advertising, and Holiday Cancel: No		
Billing Information		
Payment Frequency: Monthly		
<i>I, the undersigned, agree that the statements herein are made for the express purpose of inducing the company to issue an insurance policy and these statements are true, correct, and complete to the best of my knowledge.</i>		
<i>Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.</i>		
<i>If you intentionally misrepresent or conceal any material fact at the time of application or subsequently, we may deny any related claim. We may also cancel, invalidate, or rescind coverage.</i>		
Applicant Signature: Test Quote Test	Date: 10/28/2025	

IMPORTANT PRIVACY NOTICE REGARDING YOUR NONPUBLIC PERSONAL INFORMATION

Why do we have this notice?

At Rainwalk, we know the importance of respecting your privacy and maintaining your trust. It is important to us that you understand the measures we have in place to protect your personal information. Furthermore, we need to comply with any laws that require us to share with **you** how we manage this information. Please read this notice carefully to understand what we do.

What personal information do we collect?

The types of personal information we collect may include:

- Your name, address, email address, and phone number
- Information regarding your dealings with us, including policy information, claims history, premiums, and payment information

How do we collect this personal information?

We collect your personal information, for example, when you:

- Apply for insurance, pay premiums, or make changes to your policy
- File a claim
- Provide employment information
- Fill out customer surveys

We also collect personal information from others, such as affiliates, joint marketing partners, or lead providers.

How do we protect your personal information?

We use a number of security measures to protect your personal information from unauthorized access and use. These measures include computer safeguards and secured files and buildings.

How might we use or disclose your personal information?

We do not sell your personal information to anyone, for any reason. But all financial companies need to share customers' personal information to run their everyday business. In the chart on the next page, we list the reasons we might share your personal information, whether we choose to share, and whether you can limit this sharing.

Reasons we can share your personal information	Do we share?	Can you limit this sharing?
For our everyday business purpose – for example, to process your transactions and otherwise provide the necessary administration of your policy	Yes	No
For marketing purposes – to offer our products or services to you	Yes	No
For joint marketing with other financial companies – to jointly offer products or services to you	Yes	No
For your veterinary service providers – information to the providers about insurance products purchased and claims filed	Yes	No
To prevent fraud, comply with a valid court order, or governmental or regulatory request, or as otherwise required by law	Yes	No
For our affiliates everyday business purpose – information about your creditworthiness	No	We don't share
For non-affiliates to market their products or services to you	No	We don't share

Why can't you limit sharing?

Federal Law give you the right to limit only (i) sharing for affiliates' everyday business purposes – information about your creditworthiness; (ii) affiliates from using your information to market to you; and (iii) sharing for non-affiliates to market to you. State laws may give you additional rights to limit sharing.

Can you see your personal information?

Yes. You have the right to see and if necessary, correct personal information. If you wish to review your recorded personal information, please email help@rainwalk.io. Please include your name, address, telephone number, and policy number, and let us know what kind of information you want to see. If you see any mistakes, please let us know and we will review them. If we agree, we will correct our files. If we disagree, you may file a short statement of dispute with us. Your statement will be included with any data we disclose in the future.

Questions?

Please contact us at 844-520-0041 or help@rainwalk.io if you have any questions about this notice.



Physicians
Mutual®

Insurance for all of us.™

2600 Dodge Street
Omaha, NE 68131-2671
Home Office: 402.633.1000
Customer Service: 800.228.9100

Special Message to Policyowners

You may vote at policyowner meetings, in person or by proxy.

Nebraska Statute Section 44-210 authorizes every policyowner to appoint a proxy. Proxy designations must be in writing and filed at the Company's Home Office at least 5 days before the meeting.

To appoint your proxy, sign and date the form below and send it to Rainwalk Technologies, Inc. at the address listed below. Just one proxy from you is needed.

Rainwalk Technologies, Inc.
1225 Laurel Street Ste 421
Columbia SC 29201

(Please sign and mail the statement below.)

Policyowner's Proxy

I hereby appoint the Board of Directors of Physicians Mutual Insurance Company, or a majority of such of them as are actually present, as my proxy with full power and authority to vote and otherwise act for me in my behalf at all annual and special meetings of the policyowners at which I am not present, and I also direct that this proxy shall not expire but shall continue in force until withdrawn by me by written notice mailed to the Company.

Name: Test Quote Test

Policy Number: 02TX0125-044206-01

Sign Here: _____ Date: 10/28/2025

PET-PROXY-CW-240701