PET HEALTH INSURANCE POLICY

Declarations Page

embrace™
PET INSURANCE

PET PARENT INFORMATION

NAMED INSURED	SECOND INSURED
Ryan Dancey	

MAILING ADDRESS	SUITE OR APT
6232 2nd Drive Southeast	

CITY	STATE	ZIP	PHYSICAL ADDRESS ZIP CODE
Everett	WA	98203	98203

COVERAGE INFORMATION AND BENEFIT SUMMARY

POLICY NUMBER
EP0095-5363

START DATE	END DATE
September 13, 2025 12:00 AM	September 12, 2026 11:59 PM

COVERAGE PROVIDED	LIMITS OF INSURANCE
Per attached Schedule Page(s)	Per attached Schedule Page(s)

DISCOUNTS*

DISCOUNT 1	DISCOUNT 2	DISCOUNT 3	DISCOUNT 4
	Multiple Pet Discount		See Pet Details

TAXES AND FEES

TAXES	ADMINISTRATIVE FEE	MONTHLY INSTALLMENT FEE
$0	$25	$1

POLICY PREMIUM

AMOUNT OWED	PAYMENT FREQUENCY	ANNUAL EQUIVALENT PREMIUM
$109.36	Each Month	$1312.32

FORMS AND ENDORSEMENTS MADE PART OF THIS POLICY

Pet Health Insurance Policy Declarations - Form PETDec (01/24) and Schedule of Insurance - Form PETSch (01/24), Policy Execution Endorsement - PEX00 (03/09), Washington Amendatory Endorsement - PET46 (03/24), Washington Important Notice - INP46 (03/24), Insurer Disclosure of Important Policy Provisions Pet Health Insurance Policy - INDPP (01/24), Claims, Appeals and Complaints Endorsement - PCA00 (01/24), Pet Health Insurance Policy - PET00 (02/24), Privacy Notice and Notice of Information Practices - PVS00 (01/23), Embrace Privacy Policy (03/24)

* The maximum combined discount is 25%

In return for the payment of premium and subject to all terms of this policy, we agree to provide the insurance as stated in this policy.

Produced By:
Embrace Pet Insurance
PO Box 22188, Beachwood, OH 44122

Administered By:
Embrace Pet Insurance Agency
PO Box 22188, Beachwood, OH 44122

Underwritten By:
American Modern Home Insurance Company
PO Box 5323, Cincinnati, OH 45201

PET HEALTH INSURANCE POLICY

Schedule of Insurance

Please refer to your policy for complete terms and conditions.

PET INFORMATION

NAME	SPECIES	SEX
Jo-Jo	Dog	F
BREED	**AGE**	**PET ORIGINAL START DATE**
Miniature Schnauzer	5	September 13, 2025 12:00 A

COVERAGE INFORMATION

POLICY NUMBER	COVERAGE TYPE	MEDICATION COVERAGE	PHYSICAL EXAMINATION COVERAGE
EP0095-5363	Accident & Illness	Yes	Yes
ANNUAL MAXIMUM	**DENTAL ILLNESS MAX**	**LIFETIME MAXIMUM**	
$5,000	$1,000	No lifetime limit	
Annual Deductible	**REIMBURSEMENT PERCENTAGE**		
$500	70%		

PET SPECIFIC DISCOUNTS

Form PETSch (01/24)

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PET INFORMATION

NAME	SPECIES	SEX
Elfie	Cat	F
BREED	**AGE**	**PET ORIGINAL START DATE**
Domestic Shorthair	8	September 13, 2025 12:00 A

COVERAGE INFORMATION

POLICY NUMBER	COVERAGE TYPE	MEDICATION COVERAGE	PHYSICAL EXAMINATION COVERAGE
EP0095-5363	Accident & Illness	Yes	Yes
ANNUAL MAXIMUM	**DENTAL ILLNESS MAX**	**LIFETIME MAXIMUM**	
$5,000	$1,000	No lifetime limit	
Annual Deductible	**REIMBURSEMENT PERCENTAGE**		
$250	80%		

PET SPECIFIC DISCOUNTS

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