

## Insurer Disclosure of Important Policy Provisions

Here is a summary of some of the important information included in this policy. Refer to your policy document for further detail.

What's not covered: This policy excludes coverage for pre-existing conditions. Other exclusions may apply. Please refer to the exclusions section of the policy for more information.

Waiting Periods: Coverage is subject to a waiting period of 14 days for illnesses and 30 days for orthopedic conditions.

How claims are paid: This policy has deductible, co-insurance, and annual limit limitations that apply to coverage. If purchased, certain additional coverages, including preventative care coverage, have separate annual limits (schedule of benefits) and/or an annual deductible. Please refer to your policy document for these details.

All claims are paid using the following formula:

Covered treatment cost \* co-insurance - deductible = claim payment

Changes to your premium and coverage: Policy premium and coverage may change based on address and pet age. Premiums will not be affected due to claims history.

Right to Examine and Return: You have 15 days from the day you receive this policy to review it and return it to us if you decide not to keep it. If you decide not to keep it, and have not filed a claim, simply let us know you wish to return it. You do not have to tell us why you are returning it. You must return it within 15 days of the day you first received it. We will refund the full amount of any premium paid within 30 days after we receive the returned policy. The premium refund will be sent directly to the person who paid it. The policy will be void as if it had never been issued.

### Contact Details

- [help@lemonade.com](mailto:help@lemonade.com)
- 1 (844) 733-8666
- 5 Crosby St., 3rd floor, New York, NY 10013

If you have been unable to contact or obtain satisfaction from the company or representative, policyholders have the right to file a complaint with the Montana Department of Insurance. You may call the Montana Department of Insurance to request a complaint form at **(406) 444-3525** or write the Department at:

**Commissioner of Securities and Insurance**  
**840 Helena Avenue**  
**Helena, MT 59601**

<https://csimt.gov>