

Declaration Page




Member(s):				Membership No:			
Address:							
Plan Inception Date: _____ 12:01 AM (Continuous Until Cancelled) 12:01 a.m. Standard Time at the Postal Address of Member as stated herein							
Enrollment Date	Pet Name	Species	Sex	Enrollment Age	Breed	Pet ID No.	Neighborhood of Care
This Plan is underwritten by: American Pet Insurance Company* 6100 4th Ave S. Seattle, WA 98108 (800) 569-7913 <div style="text-align: right;">*(A New York Domiciled Stock Company, NAIC #12190)</div>							
Plan							
Maximum Lifetime Benefits Payment (Per Pet)				No limit			
Payout Percentage (Company/Member)							
Applicable Endorsement(s)							

Monthly Plan Cost	\$
Tax (State/Local/Province)	\$
Total Monthly Cost	\$

YOUR FIRST BILLING WILL BE _____ THIS INCLUDES YOUR FIRST MONTH'S TOTAL COST AND A ONE-TIME FEE OF _____ TO PROVIDE YOU WITH A MEDICAL RECORD SUMMARY AND AN ID TAG.

Please advise Trupanion of any changes to your banking or credit card information (including expiration date changes on credit cards).

IN WITNESS WHEREOF, the Insurer has executed and attested these.

Effective Date:	Countersigned  Authorized Representative
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