



PEDIGREED ANIMAL FLOATER (Pet Coverage)

Refer to Supplemental Declarations if information is not shown on this form.

AGREEMENT

This form is part of policy no. _____.

We will provide the insurance stated in this form in return for *your* payment of the premium due and *your* compliance with all of the *terms* of this policy.

Named Insured _____.

CAUSES OF LOSS

When this form is part of *your* policy, *we* insure against death or destruction resulting from or made necessary by:

1. Fire, lightning, windstorm, hail, explosion, earthquake, collapse of bridges or culverts, aircraft and smoke;
2. Collision, derailment or overturn of the transporting vehicle;
3. Collision with other vehicles, excepting collision with a vehicle owned or operated by *you* or *your* tenant;
4. Drowning, electrocution, attack by dogs or wild animals, collapse of a building and accidental shooting, excepting accidental shooting by *you* or *your* employees; and
5. Theft.

COVERED PROPERTY

	Species	Breed	Age	Sex	Markings	License #	Amount of insurance
1.							
2.							
3.							
4.							
5.							

HOW MUCH *WE* PAY FOR LOSS OR CLAIM

1. *We* will pay up to the amount of insurance shown above as applying to the described property.
2. *We* will pay necessary veterinary fees *you* incur due to loss caused by a covered cause of loss which results in death or destruction of the described property. However, the maximum that *we* will pay is \$100 in addition to the applicable amount of insurance.

WHAT *WE* DO NOT PAY FOR

We do not pay for loss or damage:

1. From escape or mysterious disappearance of described property.
2. From fraud or infidelity of *your* employee or any other person to whom described property is entrusted, excepting carriers for hire.

CONDITIONS

These additional conditions apply:

1. *You* warrant that the described property is in sound condition and free of any impairment of sight or hearing.
2. This form applies to covered property only while located within the United States of America or Canada.