

# Pet Insurance

## Schedule 1: Interrogatories

1	Does the company have individual business to report? (Y/N)
2	Does the company have group business to report? (Y/N)
3	On which annual statement line(s) of business on the state page of the statutory annual statement does the company report pet insurance experience?
4	Was the company still actively marketing or writing policies in the state at year end? (Y/N)
5	Has the company had a significant event/business strategy that would affect data for this reporting period? (Y/N)
6	If yes, add additional comments.
7	Has all or part of the company's pet insurance block of business been sold, closed or moved to another company during the reporting period? (Y/N)
8	If yes, add additional comments.
9	How does the company treat subsequent supplemental or addition payments on previously closed claims?
10	What triggers a pre-existing exclusion review (e.g. dollar, diagnosis, prescription, other)?
11	Does the company use third party administrators (TPAs) for purposes of supporting the pet insurance business being reported? (Y/N)
12	If yes, provide the names, respective NPN (if required by the jurisdiction) and functions for each TPA.
13	Does the company use managing general agents (MGAs) for the purposes of supporting pet insurance business being reported? (Y/N)
14	If yes, provide the names, respective NPN (if required by the jurisdiction) and functions allowed for each MGA.
15	Does the company audit third parties to whom responsibilities have been delegated?
16	If yes, please provide frequency of audits.
17	Does the company require third parties it contracts with to forward insurance-related complaints to the company so the company may report the complaints in its complaint logs?
18	If yes, does the company monitor the third parties to ensure insurance complaints are forwarded to the company?

19	Additional comments if desired:
20	Does the company or any of its MGAs offer a non-insurance wellness program to the consumers of the company's pet insurance products? (Y/N)
21	Additional state specific Underwriting Activity comments (optional)
22	Additional state specific Claims Activity comments (optional)
23	Additional state specific Consumer Requested Independent Reviews comments (optional)
24	Additional state specific Marketing & Sales comments (optional)
25	Additional state specific Lawsuit and Complaint comments (optional)

**Schedule 2: Underwriting Activity**

		Individual	Group
2	Number of policies in force at the beginning of the period		
2	Number of certificates in force at the beginning of the period	--	
2	Number of covered lives on policies/certificates in force at the beginning of the period		
2	Number of policies in force that included accident-only coverage		
3	Number of certificates in force that included accident-only coverage	--	
3	Number of policies in force that included illness-only coverage		
3	Number of certificates in force that included illness-only coverage		
3	Number of policies in force that included accident and illness coverage		
3	Number of certificates in force that included accident and illness coverage	--	
3	Number of policies in force that included wellness coverages		
3	Number of certificates in force that included wellness coverages	--	
3	Number of policies returned under the consumer's "Right to Examine and Return the Policy" during the period		
3	Number of certificates returned under the consumer's "Right to Examine and Return the Policy" during the period	--	

		Individual	Group
3	Number of covered lives impacted due to the return of the policy/certificate under the consumer’s “Right to Examine and Return the Policy” during the period		
4	Number of policies cancelled/terminated at the policyholders request during the period		
4	Number of certificates cancelled/terminated at the certificate holders request during the period	--	
4	Number of covered lives impacted by cancellations/terminations initiated by the policyholder/certificate holder during the period		
4	Number of policies cancelled/terminated by the insurer during the period		
4	Number of certificates cancelled/terminated by the insurer during the period	--	
4	Number of covered lives impacted due to cancellations/terminations initiated by the insurer during the period.		
4	Number of policies cancelled/terminated for non-pay or non-sufficient funds		
4	Number of certificates cancelled/terminated for non-pay or non-sufficient funds	--	
4	Number of covered lives impacted on cancellations/terminations due to nonpayment during the period		
4	Number of company-initiated policy non-renewals during the period		
5	Number of company-initiated certificate non-renewals during the period	--	
5	Number of covered lives impacted by company initiated non-renewals during the period		
5	Number of policies expired during the period		
5	Number of certificates expired during the period	--	
5	Number of covered lives impacted due to policy expirations during the period		
5	Number of new policies issued during the period		
5	Number of new certificates written during the period	--	
5	Number of covered lives on new policies/certificates issued during the period		

		Individual	Group
5	Number of policies in force at end of the period		
5	Number of certificates in force at the end of the period	--	
6	Number of covered lives in force at the end of the period		
6	Number of renewal policies issued during the period		
6	Number of renewal certificates issued during the period	--	
6	Dollar amount of direct premium written during the period		
6	Dollar amount of direct premium earned during the period		

**Schedule 3: Claims Activity**

	Accident	Illness
Dollar amount of claims paid during the policy period		
Number of claims open at the beginning of the period		
Number of claims opened during the period		
Number of claims closed during the period, with payment		
Number of claims closed during the period, without payment		
Number of claims open at the end of the period		
Median days to final payment		
Median days to claims closure when claim closed without payment		
Number of claims closed with payment within 0-30 days		
Number of claims closed with payment within 31-60 days		
Number of claims closed with payment within 61-90 days		
Number of claims closed with payment within 91-180 days		
Number of claims closed with payment within 181-365 days		
Number of claims closed with payment beyond 365 days		
Number of claims closed without payment within 0-30 days		
Number of claims closed without payment within 31-60 days		
Number of claims closed without payment within 61-90 days		
Number of claims closed without payment within 91-180 days		
Number of claims closed without payment within 181-365 days		
Number of claims closed without payment beyond 365 days		
Number of claims denied including a denial code for a preexisting condition		
Number of claims denied including a denial code for a hereditary disorder		
Number of claims denied including a denial code for a congenital anomaly or disorder		
Number of claims denied including a denial code for a chronic condition		
Number of claims denied including a denial code for waiting periods		

Number of claims denied including a denial code for services not being covered under the policy		
Number of claims denied including a denial code for the maximum benefit limit exceeded		
Number of claims denied including a denial code for services provided being under the deductible		
Number of claims denied for failure to provide adequate documentation		

**Schedule 4: Consumer Requested Independent Reviews**

	Accident	Illness
Number of customer requests for independent reviews involving adverse determinations		
Number of adverse determinations upheld upon request for independent review		
Number of adverse determinations overturn upon request for independent review		
Number of customer requests for independent reviews not involving adverse determinations		

**Schedule 5: Marketing and Sales**

		Individual	Group
98	Number of applications pending at beginning of the period		
99	Number of new applications received during the period		
100	Number of renewal applications received during the period		
101	Number of new applications denied for health status or condition during the period		
102	Number of new applications denied for any other reason during the period		
103	Number of renewal applications denied for health status or condition during the period		
104	Number of renewal applications denied for any other reason during the period		
105	Number of new applications approved during the period		
106	Number of renewal applications approved during the period		
107	Number of applications pending at the end of the period		
108	Number of new applications initiated via phone during the period		
109	Number of new applications completed via phone during the period		
110	Number of new applications initiated face-to-face during the period		

		Individual	Group
111	Number of new applications completed face-to-face during the period		
112	Number of new applications initiated online (electronically) during the period		
113	Number of new applications completed online (electronically) during the period		
114	Number of new applications initiated via mail during the period		
115	Number of new applications completed via mail during the period		
116	Number of new applications initiated by any other method during the period		
117	Number of new applications completed by any other method during the period		
118	Dollar amount of commissions incurred during the period		
119	Unearned commissions returned to the company during the period		

**Schedule 6: Lawsuit and Complaint Activity**

120	Number of complaints received directly from any person or entity other than the DOI
121	Number of lawsuits open at the beginning of the period
122	Number of lawsuits opened during the period
123	Number of lawsuits closed during the period
124	Number of lawsuits open at the end of the period
125	Number of lawsuits closed with consideration for the consumer