MCAS Market Conduct Annual Statement

Pet Insurance (2027)

Pet Insurance Interrogatories

		Yes/No Response	Explanation
01	Did the company conduct any business related to individual pet insurance policies during the period?		---
02	Did the company conduct any business related to group pet insurance policies during the period?		---
03	Did the company conduct any stand-alone pet Wellness Insurance business during the reporting period?		---
04	Did the company conduct any Accident & Illness, Accident only, or Illness only pet insurance business during the reporting period?		---
05	Did the company conduct any pet insurance business during the reporting period that does not fit into the following categories: Wellness Only, Accident & Illness, Accident only, or Illness only?		---
06	If yes, describe the other types of pet insurance business conducted during the reporting period	---	
07	On which annual statement line(s) of business on the state page of the statutory annual statement does the company report pet insurance experience?	---	
08	Was the company still actively marketing or writing pet insurance in the jurisdiction at the end of the reporting period?		---
09	Has the company had a significant event/business strategy change that would affect data for this reporting period?		---
10	If yes, explain the situation and how it may affect the data	---	
11	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?		---
12	If yes, describe the nature and extent of the transaction(s)	---	
13	How does the company treat subsequent supplemental or additional payments on previously closed claims?	---	
14	Does the company use pet program administrators, managing general agents (MGA) or insurance producers for purposes of supporting the pet insurance business being reported, other than the sale, solicitation, or negotiation of business?		---
15	If yes, provide the names, NPN (if applicable) and functions for each third party identified in question 14	---	
16	Does the company have a system of supervision in place to oversee and potentially audit each type of third party identified in question 14?		---
17	If yes, please provide frequency of audits, if any, for each type of third party identified in question 14	---	
18	Does the company require third parties identified in question 14 to forward insurance-related complaints to the company so the company may report the complaints in its complaint logs?		---
19	Does the company or any of its pet program administrators, managing general agents (MGA) or insurance producers offer a non-insurance wellness program to the consumers of the company's pet insurance products?		---
20	Additional comments if desired:	---	
21	Additional state specific Underwriting Activity comments (optional)	---	
22	Additional state specific Claims Activity comments (optional)	---	
23	Additional state specific Marketing & Sales comments (optional)	---	
24	Additional state specific Lawsuit and Complaint comments (optional)	---	

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Underwriting Activity

		Individual	Group
25	Number of policies in force at the beginning of the period		
26	Number of certificates in force at the beginning of the period (Group only)	---	
27	Number of covered pets on policies/certificates in force at the beginning of the period		
28	Number of policies in force during the period that included accident-only coverage		
29	Number of certificates in force during the period that included accident-only coverage (Group only)	---	
30	Number of policies in force during the period that included illness-only coverage		
31	Number of certificates in force during the period that included illness-only coverage (Group only)	---	
32	Number of policies in force during the period that included accident and illness coverage		
33	Number of certificates in force during the period that included accident and illness coverage (Group only)	---	
34	Number of policies in force during the period that included wellness coverages (other than a wellness only policy)		
35	Number of certificates in force during the period that included wellness coverages (other than a wellness only policy) (Group only)	---	
36	Number of policies in force during the period that covered wellness as an insurance benefit (and did not cover accident and/or illness)		
37	Number of certificates in force during the period that covered wellness as an insurance benefit (and did not cover accident and/or illness) (Group only)	---	
38	Number of policies returned during the period under the consumer's "Right to Examine and Return the Policy"		
39	Number of certificates returned during the period under the consumer's "Right to Examine and Return the Policy" (Group only)	---	
40	Number of policies cancelled/terminated during the period at the policyholder's request		
41	Number of certificates cancelled/terminated during the period at the certificate holders request (Group only)	---	
42	Number of policies cancelled/terminated during the period by the insurer		
43	Number of certificates cancelled/terminated during the period by the insurer (Group only)	---	
44	Number of policies cancelled/terminated during the period for non-pay or non-sufficient funds		
45	Number of certificates cancelled/terminated during the period for non-pay or non-sufficient funds (Group only)	---	
46	Number of company-initiated policy non-renewals during the period		
47	Number of company-initiated certificate non-renewals during the period (Group only)	---	
48	Number of certificates expired during the period (Group only)	---	
49	Number of new policies issued during the period		
50	Number of new certificates issued during the period (Group only)	---	
51	Number of covered pets on new policies/certificates issued during the period		
52	Number of policies in force at end of the period		
53	Number of certificates in force at the end of the period (Group only)	---	
54	Number of covered pets on policies/certificates in force at the end of the period		
55	Number of renewal policies issued during the period		
56	Number of renewal certificates issued during the period (Group only)	---	
57	Dollar amount of direct premium written during the period		
58	Dollar amount of direct premium earned during the period		
59	Number of applications pending at beginning of the period		
60	Number of new applications received during the period (Individual Only)		---
61	Number of new applications denied for health status or condition during the period (Individual Only)		---
62	Number of new applications denied for any other reason during the period (Individual Only)		---
63	Number of applications pending at the end of the period (Individual Only)		---
64	Number of policies issued during the period that included a preexisting condition exclusion		
65	Number of certificates issued during the period that included a preexisting condition exclusion (Group only)	---	

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Claims Activity

		Wellness Only	Accident & Illness	Other	Total
66	Number of claims open at the beginning of the period				
67	Number of claims opened during the period				
68	Number of claims closed during the period				
69	Number of claims closed during the period with full payment				
70	Dollar amount of claims closed with full payment during the period				
71	Median days to claim closure for claims closed with full payment (Aggregate only)	---	---	---	
72	Number of claims closed during the period with partial payment				
73	Dollar amount requested for claims closed with partial payment during the period				
74	Dollar amount of claims closed with partial payment during the period				
75	Median days to claim closure for claims closed with partial payment (Aggregate only)	---	---	---	
76	Median days to final payment for all claims paid in full and closed with partial payment (Aggregate only)	---	---	---	
77	Number of claims closed during the period without payment				
78	Dollar amount requested for claims closed without payment during the period				
79	Median days to claim closure for claims closed without payment during the period (Aggregate only)	---	---	---	
80	Number of claims open at the end of the period				
81	Number of claims closed during the period with full payment 0-30 days				
82	Number of claims closed during the period with full payment 31-60 days				
83	Number of claims closed during the period with full payment 61-90 days				
84	Number of claims closed during the period with full payment 91-180 days				
85	Number of claims closed during the period with full payment 181-365 days				
86	Number of claims closed during the period with full payment beyond 365 days				
87	Number of claims closed during the period with partial payment 0-30 days				
88	Number of claims closed during the period with partial payment 31-60 days				
89	Number of claims closed during the period with partial payment 61-90 days				
90	Number of claims closed during the period with partial payment 91-180 days				
91	Number of claims closed during the period with partial payment 181-365 days				
92	Number of claims closed during the period with partial payment beyond 365 days				
93	Number of claims closed during the period without payment within 0-30 days				
94	Number of claims closed during the period without payment within 31-60 days				
95	Number of claims closed during the period without payment within 61-90 days				
96	Number of claims closed during the period without payment within 91-180 days				
97	Number of claims closed during the period without payment within 181-365 days				
98	Number of claims closed during the period without payment beyond 365 days				
99	Number of claims closed during the period without payment – ineligibility				
100	Number of claims closed during the period without payment – preexisting condition exclusion				
101	Number of claims closed during the period without payment – waiting period				
102	Number of claims closed during the period without payment – maximum benefit limit				
103	Number of claims closed during the period without payment – claim amount less than deductible				
104	Number of claims closed during the period without payment – inadequate documentation				
105	Number of claims closed during the period without payment – hereditary disorder exclusion				
106	Number of claims closed during the period without payment – congenital anomaly or disorder exclusion				
107	Number of claims closed during the period without payment – chronic condition exclusion				
108	Number of claims closed during the period without payment for reasons other than questions 99-107				
109	Number of claims closed during the period with partial payment – maximum benefit limit				
110	Number of claims closed during the period with partial payment – inadequate documentation				
111	Number of claims closed during the period with partial payment for reasons other than questions 109-110				
112	Number of claimant requests/benefit requests subject to a preexisting condition exclusion				

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Marketing and Sales

		Individual	Group
113	Dollar amount of commissions incurred during the period		
114	Unearned commissions returned to the company during the period		

Lawsuit and Complaint Activity

		Individual	Group
115	Number of complaints received directly from any person or entity other than the DOI		
116	Number of lawsuits open at the beginning of the period		
117	Number of lawsuits opened during the period		
118	Number of lawsuits closed during the period		
119	Number of lawsuits open at the end of the period		
120	Number of lawsuits closed with consideration for the consumer		

Pet Insurance Attestation

		First Name	Middle Name	Last Name	Suffix	Title	Comments
121	First Attestor Information						---
122	Second Attestor Information						---
123	Overall Comments for the Filing Period	---	---	---	---	---	

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