

PET INSURANCE PREMIUM CHART

Annual Payment Schedule & Coverage Summary

Policy Holder: _____
Pet Name: _____
Policy ID: _____
Effective Date: _____

INSTALLMENT PERIOD	DUE DATE	COVERAGE TYPE	PREMIUM AMOUNT
Q1 Payment	Jan 01	Accident & Illness	\$145.00
Q2 Payment	Apr 01	Accident & Illness	\$145.00
Q3 Payment	Jul 01	Accident & Illness	\$145.00
Q4 Payment	Oct 01	Accident & Illness	\$145.00
Annual Rider	Jan 01	Wellness/Routine Care	\$120.00
Estimated Annual Total			\$700.00

Plan Details:

- Annual Deductible: \$250.00
- Reimbursement Level: 80%
- Annual Coverage Limit: \$10,000.00

This document is a cost summary template only. Actual premiums may vary based on age, breed, and location.