RSPCA PETINSURANCE
CARING FOR YOUR PETS

# Bronze and Silver Pet Insurance Policy Wording

## Introduction

RSPCA Pet Insurance is a product that is suitable for cat and dog owners and is designed to cover the cost of veterinary fees and other expenses associated with protecting your pet.

This product offers the choice of 2 veterinary fees levels, which provide cover for each illness or injury that your pet requires treatment for as long as the money lasts.

This is an annual policy and the policy must be renewed for the cover to continue. You can claim for the cost of treatment that is covered by this policy until the maximum benefit is reached for each illness or injury. If we offer and you accept our renewal invitation, covered treatment payments can continue to be paid until the maximum benefit is reached.

Once you have reached the limit you cannot claim again for the same illness or injury, or anything related to what you have claimed for, in future years.

You need to be aware that the policy wording is subject to certain exclusions and conditions. It is therefore essential that you read and fully understand what is covered. In particular please refer to the following sections to help you understand the cover provided:

- What is Covered
- What is Not Covered
- Policy Conditions and Policy Limitations.

Your Policy Wording should be read in conjunction with your Insurance Schedule and Proposal Confirmation document as together they form the basis of your insurance contract.

For simplicity, **we** use keywords or phrases which are shown in **Meaning of Words** section and these are listed in alphabetical order. They have the same meaning whenever they appear and will always be shown in **bold**.

## Customer Information

### Complaints Procedure

**We** are committed to giving **you** a first class service at all times and will make every effort to meet the high standards **we** have set. If **you** feel **we** have not attained the standard of service **you** would expect or **you** are dissatisfied in any other way, then this is the procedure that **you** should follow:

### Initiating Your Complaint

**You** should contact us at RSPCA Pet Insurance by emailing

Claims: rspcapetinsurance@claimsorted.com, by calling us on 0333 038 4193 or in writing to: Customer Relations, PO Box 1193, Doncaster, DN1 9PW.

Or Policies: complaints@urisgroup.co.uk, by calling us on 0344 854 2072 or in writing to: Customer Relations, PO Box 1193, Doncaster, DN1 9PW.

For complaints about a claim under Third Party Liability please contact:

Phone: 0330 024 2266

Email: liability.claims@coveainsurance.co.uk

Write: Liability Claims, Covea Insurance plc, A+B Mills, Dean Clough, Halifax HX3 5AX

**We** will confirm receipt of **your** complaint by telephone or email by the next working day, and do our best to resolve the problem within 3 working days from the date **we** receive **your** complaint.

If **we** are unable to resolve **your** complaint within 3 working days, **we** will send **you** a communication, either verbally, by email or in the post (depending on the method of communication **you** prefer) explaining why **we** have been unable to resolve **your** complaint, and the steps **we** intend to take to resolve the issue as rapidly as possible.

**We** aim to conclude **our** enquiries and provide a Final Response Letter to **you** within 8 weeks from the date **your** complaint was received.

**We** will keep **you** regularly informed of **our** progress towards resolving **your** complaint, and may need to contact **you** during this time to request or verify information relating to **your** complaint.

### Financial Ombudsman Service

If the differences between **us** remain unresolved, or **you** have not received a Final Response Letter from **us** within 8 weeks from the date **your** complaint was received, **you** may refer **your** complaint to the Financial Ombudsman Service. **You** can ask the Financial Ombudsman Service to review **your** complaint if for any reason **you** are still dissatisfied with **our** Final Response, or if a Final Response Letter has not been issued within 8 weeks from the date of **your** complaint.

Details for contacting the Financial Ombudsman Service are:

The Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London, E14 9SR

Tel: 0800 023 4567 from a landline or 0300 123 9123 from a mobile

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

Please note that **you** have six months from the date **you** receive **our** Final Response Letter in which to refer **your** complaint to the Financial Ombudsman Service. The Financial Ombudsman Service is an independent body that arbitrates on complaints about general insurance products.

The Financial Ombudsman Service will only consider complaints after **we** have issued a Final Response, or if a Final Response Letter has not been issued to **you** within 8 weeks from the date of **your** complaint. Following this procedure will not affect **your** legal rights.

Please quote **your policy** number in any communication.

### Financial Services Compensation Scheme

Covea Insurance plc is a member of the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from this scheme, if you reside in the **UK**, if **we** cannot meet **our** obligations, depending on the type of insurance and the circumstances of **your** claim.

Further information about the is available from the FSCS website www.fscs.org.uk, or write to the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.

### Customer Information

Should **you** have any questions about **your** policy or wish to make any changes please call **our** Customer service team on **0333 038 4193**.

## Claims

**We** aim to provide a fast and efficient claim service. To help please tell **us** about any claim, or possible claim, as soon as possible by visiting **rspcapetinsurance.claimsorted.com/submit-a-claim** or by calling the claims helpline on **0333 038 4193**. This applies to all claims apart from under section 13, Third Party Liability, when you need to call **0330 024 2266**.

### Claims Conditions

1. **What you must pay towards a claim**.

   Section 1 - Veterinary fees

   For each **illness** or **injury** arising during the **period of insurance**:

   Pets under 7 years at the date of **treatment** - The first £100 for each **illness** or **injury** treated

   Pets over 7 years at the date of **treatment** - The first £100 plus 10% of the remaining cost of **treatment** per **illness** or **injury**

   Section 8 - Accidental damage to third party property - the first £75 of any claim.

   Section 9 - Holiday cancellation (Silver policies) - the first £75 of any claim.

Section 12 - Emergency expenses (Silver policies) - the first £50 of any claim.

Section 13 - Third party liability - The excess is £250 for every incident claimed.

2. Within 30 days of notifying **us**, **you** must supply details of the claim in writing together with any supporting information, which **we** may require.
3. **We** do not pay for certificates, photographs or receipts required as part of the claim.
4. Please make sure that **you** read the **Policy Conditions** and **Policy Exclusions**.

### Section 1 Veterinary Fees

Before **your pet** is treated check that **your vet** is willing to complete the claim form and supply **us** with the supporting invoices and veterinary history.

The claim form and invoices must be returned to **us** promptly. Failure to notify **us** promptly may result in a reduced settlement being paid. Please make sure that the form is signed by both **you** and **your vet**.

If **you** ask us to pay **your vet**, **you** must settle with **your vet** the part of the claim for which **you** are responsible. If **you** are unsure of the amount please call the claims helpline on **0333 038 4193**.

If **your** claim involves **complementary treatment** or **treatment** by a **behaviourist**, the claim form and invoices must be countersigned by **your vet**.

**FirstVet**

As a customer, **you** can access unlimited advice from FirstVet directly on **your** mobile or computer. This services is totally free and it doesn't affect **your vet** fee limit. FirstVet is open 24 hours a day, 365 days a year.

Here are some examples of the cases that FirstVet are able to help **you** with:

- Vomiting and diarrhoea
- Itching and skin problems
- Eye and ear problems
- Coughing and sneezing
- Poisoning

If **your** animal is very sick or badly injured **you** should always seek veterinary care immediately.

How it works:

**1. Download the app and log in**

Download the FirstVet app from https://firstvet.com/uk/ and select RSPCA Pet insurance when creating an account.

**2. Make an appointment**

Add animal information, describe symptoms and choose a time that suits **you**.

**3. Veterinarian visit**

The visit is via video call on **your** mobile, tablet or computer. Open the app when **your** meeting starts. FirstVet will send a text message reminder just before the meeting starts.

**4. After the visit**

After the visit, a journal will be sent to **you** with the vet's advice and diagnosis. **You'll** also be sent a referral for treatment if **you** need one.

### Section 2 Emergency boarding kennel and cattery fees and daily minding

**You** will need to send **us** details from **your** doctor or the hospital that confirms the dates and length of **your** visit (**we** do not pay for them to provide this), and receipts from the kennel or cattery showing the dates and daily cost of boarding or written confirmation from the carer that the agreed amount has been received.

### Section 3 Advertising and Reward

**You** will need to send **us** full details of the circumstances including copies of any advertisements that **you** have placed and the receipts.

If **you** are claiming for the recovery of a reward **we** will also need a receipt giving **us** the full name and address of the person who found **your pet** and the amount **you** have paid them.

### Section 4 Theft or straying

If **you** have lost a dog **you** must report this to the police within 24 hours. In the case of cats, **you** must make enquiries with local rescue centres and inform **your vet**.

**You** will need to send **us** any pedigree certificate and receipt for the original purchase of **your pet**.

If **your pet** is eventually found or returns **you** must repay the full amount that we have paid under this section of the insurance.

### Section 5 Death Due to Accident

**You** will need to send us a death certificate from **your vet** (**we** do not pay for this), or if not available a statement from an independent witness, together with any pedigree certificate and receipt for the original purchase of **your pet**.

### Section 6 Death by Illness

**You** will need to send **us** a death certificate from **your vet** (**we** do not pay for this), together with any pedigree certificate and receipt for the original purchase of **your pet**.

### Section 7 Farewell Cover

**You** will need to send **us** a death certificate from **your vet** with the supporting invoices.

### Section 8 Accidental damage to third party property

**You** will need to send **us** written proof detailing the exact circumstances of the claim including photos and a description of the damaged items, the original **purchase price** and the cost of replacing or repairing the item(s).

### Section 9 Holiday cancellation

**You** will need to send **us** confirmation of the **treatment** signed by **your vet**. **We** will also require cancellation invoices from **your** travel agent, tour operator or other holiday sales organisation.

The invoices must show the dates and total cost of **your** holiday, the date **you** decided to cancel or return home and any expenses that **you** cannot recover.

### Section 10 Quarantine costs

**You** will need to send **us** evidence that **your pet** was micro chipped and that it was working before the start of the **journey**.

**We** will also need copies of all relevant receipts to support expenditure.

### Section 11 Loss of pet travel documentation

**You** will need to send **us** evidence that **your pet** was micro chipped and that it was working before the start of the **journey**.

**We** will also need copies of all relevant receipts to support expenditure.

### Section 12 Emergency expenses

**You** will need to send **us** all relevant receipts to support expenditure.

**You** will need to send **us** evidence that the initial worming treatment was carried out within the timescales required by the **Pet Travel Scheme**.

### Section 13 Third party liability

**Should you need to make a claim please contact:**

**Phone:** **0330 024 2266**

**Email:** **liability.claims@coveainsurance.co.uk**

**Write:** **Liability Claims, Covea Insurance plc, A+B Mills, Dean Clough, Halifax HX3 5AX**

**You** must notify **us** as soon as possible after an event has arisen that may give rise to a claim or **you** become aware there is a claim against **you**.

**You** must not admit or accept liability, negotiate or make a payment or promise of payment to any person without **our** written consent. Do not respond to any letters from people who are looking to claim against **you** or people acting on their behalf, **you** should forward them unanswered to **our** claims team.

**You** are required to provide **us** with any information which **we** may reasonably require in order to assess or defend the claim against **you**.

**We** will have the sole conduct and control of any claim and the associated legal proceedings including the right to prosecute in **your** name for **our** benefit, for any claim, damages or liability.

Do not incur any legal costs relating to a claim under this section - where appropriate **we** will arrange for legal representation.

## Meaning of Words

### Aggressive behaviour

**Your pet** has shown any of the following behaviour(s):

Attempted to bite any human or animal, has bitten any human or animal and/or killed/attacked any human or animal.

### Aggressive tendencies

**Your** dog has shown any signs of the following behaviour(s):

Territorial aggression, protective or guarding, fear aggression, defensive aggression, social aggression, frustrated or elicited aggression, redirected aggression, predatory aggression, dominance aggression, attempted to bite any human or animal, has bitten any human or animal, has chased any human or animal.

### Behaviourist

A certified Clinical Animal Behaviourist (CCAB), or a member of either the Association of Pet Behaviour Counsellors or the Canine and Feline Behaviour Association.

### Behavioural illness

Any change(s) to **your pet's** normal behaviour that is caused by a mental or emotional disorder that could not have been prevented by training, socialisation or medical intervention, caused by the environment in which **your pet** is kept or caused by how **your pet** has been handled by **you**, **your** family or the person looking after **your pet**.

### Carrier

A transport company approved by the Government to carry animals according to the **Pet Travel Scheme**.

### Clinical diet

A clinically formulated diet prescribed by **your vet** as part of **your pet's treatment** for a specific **illness** or **condition**.

### Clinical signs

Changes in **your pet's** normal health state, its bodily functions or behaviour.

### Common Travel Area

Consists of England, Scotland, Island of Ireland, Wales, **The Channel Islands** and Isle of Man

### The Channel Islands

Consists of Bailiwick of Jersey and the Bailiwick of Guernsey

### Complementary treatments

Physiotherapy, acupuncture, homeopathy, osteopathy, hydrotherapy, chiropractic and alternative medicines recommended by or carried out by **your vet** or a person trained to do so, that result from a valid claim under this insurance.

### Condition

All **clinical signs** of **injury**, **illness** or disease, including related conditions.

### Illness

Changes in **your pet's** normal healthy state, sickness or disease, emotional or mental disorders.

### Injury

Damages to one or more parts of **your pet's** body as a result of one accidental cause.

### Insurance Schedule

The schedule, which includes any endorsement that applies to this policy wording in **your** name as the insured and giving the details of **your pet**.

A trip for any period of time up to a maximum of 60 days spent by **you** with **your pet** when travelling within Europe. Each trip must start and end in the **United Kingdom**.

### Market value

The price generally paid for a similar **pet** based on its age, breed and pedigree at the time **you** took ownership.

### Maximum benefit

The most that **we** will pay out under each section of **your** insurance.

### Period of insurance

The time for which **we** provide cover as set out in the **Insurance Schedule** and for which we have accepted the premium.

### Pet

The cat or dog named in the **Insurance Schedule**.

### Pet travel document

Documentation issued under the terms of the **Pet Travel Scheme (PETS)**

### Pet Travel Scheme (PETS)

A European Union (EU) scheme that consists of 3 levels: Part 1, Part 2 & Unlisted. The scheme allows **you** to travel with **your** pet to specified countries and re-enter the **United Kingdom** without the need for **your** pet to go into quarantine, provided **you** comply with the **Pet Travel Scheme** status of the country where **you** and **your pet** live before travelling and that of the country that **you** are visiting.

Northern Ireland - Part 1 status. England, Scotland and Wales - Part 2 status.

### Pre-existing medical condition

Any **condition**, or complication directly resulting from or relating to that **condition** that has been identified or investigated by a **vet** or that has the same diagnosis, **clinical signs** or symptoms as a **condition** known to **you** prior to the start of this insurance, regardless of the areas affected in or on **your pet's** body.

### Purchase price

The price **you** paid when **you** bought **your pet**.

### Treatment

Any examination, consultation, advice, tests, x-rays, medication, surgery, nursing and care provided by a veterinary practice or a member of a professional organisation acting under their direction.

### United Kingdom

Consists of England, Scotland, Northern Ireland and Wales.

### Vet

A qualified veterinary practitioner holding a current registration with the Royal College of Veterinary Surgeons and who works in clinical practice.

### Veterinary Fees

The costs incurred for treatment of **your pet** by a **vet** for any condition, **injury** and/or **illness**.

### Working Dogs

**Your** dog will be insured provided that it is not being used for breeding, racing, guarding, assisting, personal protection or search and rescue. This includes any transaction where you are paid monies for the use or service of your pet.

### We, us, our

Covea Insurance plc in relation to all sections

### You, your

Person or persons named as the policyholder in the **Insurance Schedule**.

## Policy Conditions

### 1. Amendments

**You** must tell **your** policy administrator as soon as **you** are aware of any information about **you** or **your pet** which has changed.

### 2. Cancellations

**Your** right to cancel

**You** are free to cancel this policy at any time by email **rspcapetinsurance@urisgroup.co.uk** by telephoning **0333 038 4193** or by writing to **Customer Services, PO Box 1189, Doncaster, DN1 9PR**.

If **you** decide that for any reason, this policy does not meet **your** insurance needs, then please tell **your** policy administrator in writing or call 0333 038 4193 within 14 days of issue. On the condition that no claims have been made or are pending, **your** premium will be refunded in full.

Thereafter, **you** may terminate this insurance at any time by sending **us** written notice. If **you** cancel the policy prior to the renewal date and have paid an annual premium, **you** will receive a pro rata return of premium provided that no claim has been made during the current **period of insurance**. If **you** are paying by monthly instalments no refund of premium is given.

If a claim has been submitted or there has been any incident likely to give rise to a claim during the current **period of insurance** a premium refund may not be given or if **you** are paying **your** premium by monthly instalments **you** may be required to continue with these until the premium is paid in full.

In the event of the policy being cancelled following the death or loss of the **pet** insured, the outstanding balance of the yearly premium due may be deducted from any claim settlement made.

### Our right to cancel

**We** shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by giving 14 days notice where there is a valid reason for doing so. A cancellation letter will be sent to **you** at **your** known address. Valid reasons may include, but are not limited to:

- Fraud
- Non-payment of premium
- Threatening and abusive behaviour
- Non-compliance with policy terms and conditions

Provided the premium has been paid in full **you** shall be entitled to a proportionate rebate of premium in respect of the unexpired period showing on the insurance.

### 3. Your Information and Changes in Circumstances

**You** are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act to take care to supply accurate and complete answers to all the questions in **your** application and to make sure that all information supplied is true and correct. **You** must tell **your** policy administrator of any changes to the answers **you** have given as soon as possible. Examples of these are:

- A change to **your** address;
- If **your pet's** date of birth is incorrect;
- If **you** are no longer the owner of the **pet**.

### 4. Contracts (Rights of Third Party) Act 1999

A person who is not party to this contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this contract but does not affect any right or remedy of a third party which exists or is available apart from that Act.

### 5. Data Sharing

Under the terms of the Memorandum of Understanding in respect of information sharing between the Police Service and the insurance industry, **we** will ask for **your** consent that personal data can be shared with the relevant Police Constabulary to assist in the validation of **your** claim. Failure to give **your** consent may prejudice **your** claim.

### 6. Dealings with Your Vet

If a **vet** who is about to treat, or has treated **your pet**, requests information about **your** policy that relates to a claim or potential claim, **we** will tell the **vet** details of **your** cover, basis of **our** claims settlements and whether all premiums are paid to date.

**You** agree that any **vet** that has treated **your pet** has **your** permission to release any information that **we** might request concerning **your** insurance. Any charge for the release of this information will be **your** responsibility.

### 7. False or Fraudulent Claims

If any claim made under this policy by **you** or anyone acting on behalf of **you** is fraudulent or intentionally exaggerated or if any false declaration or statement shall be made in support thereof, all benefit under this policy shall be forfeited.

**We** will, at **our** discretion, terminate the policy from the date of claim, or alleged claim, or **we** will not pay the claim if a:

- claim **you** have made to obtain benefit under this policy is fraudulent or intentionally exaggerated, or
- false declaration or statement is made in support of a claim.

In such circumstances, **we** will be entitled to retain the premium paid by **you** and to demand the return of any sums paid in respect of the claim.

### 8. Missed Instalment Premiums

**You** must pay the premium for **your pet** to be insured. If **you** miss a monthly instalment, **you** will have to pay the balance of the yearly premium immediately. If the balance is not received within 10 days of the missed instalment, **we** may cancel **your** cover.

The full amount of any monthly instalment payments **you** should have paid, that **we** have not received at the date **we** settle a claim, may be deducted from any claim amount **we** pay to **you**.

### 9. Other Insurances

If **you** make a claim under any section of this policy, other than **Section 13 – Third party liability**, and there is any other insurance covering the same event under which **you** are entitled to payments, **we** will only pay **our** proportion of the claim. If **you** make a claim under **Section 13 - Third party liability**, **we** will not pay any compensation, costs or expenses if **you** are insured under any other liability policy, including **your** household insurance, unless the cover has been exhausted.

### 10. Renewal Terms

When **we** offer a further **period of insurance we** will be entitled to change the premiums, excess and conditions or to apply exclusions due to the claims history of **your pet**.

### 11. Subrogation

If **you** have any legal rights against any other party in respect of **your** claim, **we** will be entitled to take legal action against them in **your** name but at **our** expense. **You** must assist **us** by providing any documents that **we** might reasonably request.

### 12. Transferring Your Interest in the Policy

**You** must be the owner of the **pet**. **Your** cover will cease immediately if **your pet** is sold.

### 13. Vaccinations & care

To the best of **your** knowledge and belief at the start of this insurance, and at the start of a **journey** for the **Overseas Travel** cover, **your pet** is in good health and free from any **injury**, **illness** or **condition** unless this has been disclosed by **you** and accepted by **us**.

If **you** do not keep **your pet** vaccinated according to **your vet's** advice **we** will not pay any claims that result from any **illness** that it should have been vaccinated against. (Dogs: distemper, hepatitis, leptospirosis and parvovirus. Cats: feline infectious enteritis, feline leukaemia and cat flu).

During the **period of insurance you** must take care of **your pet**, which includes arranging and paying for any **treatment** normally recommended by **your vet** to prevent or reduce the risk of **illness** or **injury**, including routine dentistry.

## Policy Limitations

### 1. Age of your pet

**We** will not pay claims for any **pet** being under 8 weeks of age.

### 2. Excluded breeds

This policy does not provide cover in any circumstances for:

Any dog that must be registered under the Dangerous Dogs Act 1991 and the Dangerous Dogs (Amendment) Act 1997 or any further amendments to these Acts, and/or any pet breed/species which is excluded by us and is listed below (including breeds which are known or classed as the names listed):

Abruzzese Mastiff, African Crested Dog, African Wild Dog, Alangu Mastiff, American Bulldog, American Bully, American Bully XL, American Indian Dog, American Mancon, American Mastiff, American Pit Bull Terrier, American Rottweiler, American Staffordshire Bull Terrier, American Staffordshire Terrier, Argentine Dogo, Argentinian Mastiff, Australian Dingo, Bandogge, Bandogge Mastiff, Blue Bull Terrier, Boerboel, Bole, Brazilian Mastiff, Bully, Bully Kutta, Canadian Inuit Dog, Canary Dog, Canary Mastiff, Cane Corso, Cão de Fila de São Miguel, Cão Fila, Chinese Shar Pei, Czechoslovakian Wolfdog, Dingo, Dogo Argentino, Dogue Brasileiro, East Siberian Laika, Fila Brasileiro, Gull Dong, Husky Wolf Hybrid, Inuit Dog American, Irish Staffordshire, Irish Staffordshire Blue Bull Terrier, Irish Staffordshire Bull Terrier, Irish Wolfhound, Italian Mastiff, Japanese Mastiff, Japanese Tosa, Johnson American Bulldog, Korean Jindo, Korean Mastiff, Laika, Libyan Desert Dog, Neapolitan Mastiff, Northern Inuit Dog, Pakistani Bull Dog, Perro de Presa Canario, Pit Bull Mastiff, Pit Bull Terrier, Pocket Bully, Presa Canario, Racing Greyhound, Sarloos Wolfhound, Shar Pei, South African Boerboel, South African Mastiff, Tamaskan Dog, Tibetan Mastiff, Tosa, Tosa Inu, Utonagan Dog, Wolf Hybrid and Wolfdog.

This includes any pet that is crossbred or mixed with any of these excluded breeds.

### 3. Excluded risks

**We** will not pay claims under any section excluded on the **Insurance Schedule**.

### 4. Notifiable diseases

**We** will not pay claims due to:

- Rabies.
- Avian Influenza or any derivation or variant thereof.

### 5. Radioactive contamination

**We** will not pay claims for any loss due to Ionising radiation or contamination by radioactivity from any irradiated nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or explosive nuclear component of such assembly.

### 6. Territorial limits

We will not pay claims for any incident occurring or treatment outside the United Kingdom.

### 7. Terrorism

**We** will not pay claims for any loss or damage or cost or expenses of whatsoever nature directly or indirectly caused or occasioned by or happening through or in consequence of terrorism or any action taken in controlling, preventing or suppressing any acts of terrorism in any way thereto. For the purpose of this exclusion 'terrorism' means the use of biological, chemical and/or nuclear force or contamination and/or threat thereof by any person or group of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear. However, losses caused by or resulting from riot, attending a strike, civil commotion and malicious damage are not excluded hereunder.

### 8. The use of your pet

**We** will not pay claims for any **pet** being used for breeding purposes and dogs used for guarding, racing, personal protection or search and rescue purposes. We will also not pay claims for any dogs being used as working dogs or gun dogs.

### 9. War risks

**We** will not pay claims arising from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, riot, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

### 10. Travel abroad

**We** will not pay for claims arising from:

- non-compliance with any part of the **Pet Travel scheme** requirements, whether imposed by the UK Government, European Union, a **carrier** or other countries involved in the **Pet Travel Scheme**
- any delay, confiscation, detention, requisition, damage, destruction or any prohibitive regulations by Customs or any Government Officials or Authorities of any country unless specifically covered by this policy
- travel outside Europe
- costs imposed by the **carrier** to carry out checks whether required by them or by any Government or governing body
- costs incurred in order to comply with the **Pet Travel Scheme** unless specifically mentioned
- Repatriation of **your pet** following its death
- loss due to currency exchanges of any and every description.

## Cover Levels

| Veterinary Fees - maximum cover level | | Bronze | Silver |
|---|---|---|---|
| Section 1 | **Veterinary Fees** - overall limit, including: | **£4,000**<br>For each **illness** or **injury**, as specified in **your Insurance Schedule** | **£6,000**<br>For each **illness** or **injury**, as specified in **your Insurance Schedule** |
| | • **Complementary treatments** | £500 | £1,000 |
| | • Behavioural problems, including referral to a **behaviourist** | £500 (behaviourist - £250) | £750 (behaviourist - £250) |
| | • **Clinical diet** | Not included | £100 |
| | • Dental treatment (accident only) | £500 | £1,000 |

| Other Benefits - maximum cover level | | Bronze | Silver |
|---|---|---|---|
| Section 2 | Emergency boarding kennel and cattery fees and daily minding | £1,000 (per **period of insurance**) | £1,000 (per **period of insurance**) |
| Section 3 | Advertising & reward costs | £500 (per **period of insurance**) including reward £250 | £750 (per **period of insurance**) including reward £250 |
| Section 4 | Theft or straying | £500 | £1,000 |
| Section 5 | Death due to accident | £500 | £1,000 |
| Section 6 | Death due to **illness** | £500 | £1,000 |
| Section 7 | Farewell cover | £150 | £150 |
| Section 8 | Accidental damage to third party property | £500 (per **period of insurance**) | £1,000 (per **period of insurance**) |

| Overseas Travel (Europe) - maximum cover level | | Bronze | Silver |
|---|---|---|---|
| Section 9 | Holiday cancellation | Not included | £2,000 (per **period of insurance**) |
| Section 10 | Quarantine costs | Not included | £1,000 (per **period of insurance**) |
| Section 11 | Loss of pet travel documentation | Not included | £250 (per **period of insurance**) |
| Section 12 | Emergency expenses | Not included | £1,000 (per **period of insurance**) |

| Third Party Liability | | Bronze | Silver |
|---|---|---|---|
| Section 13 | Third party liability (dogs only) | £1,000,000 (per event) | £2,000,000 (per event) |

## Policy Cover

Veterinary Fees Benefits

| What is covered | What is not covered |
|---|---|
| **Section 1 - Veterinary fees**<br><br>The cost of **treatment** of **your pet** by a **vet**, or **complementary treatment** carried out under their direction by a member of a professional organisation or treatment provided by a **behaviourist** carried out under their direction, up to the **maximum benefit** for each identifiable **illness** or **injury.**<br><br>The **illness** or **injury** will become excluded when the veterinary fees limit is reached.<br><br>The policy must be renewed for the cover to continue. If **we** offer and **you** accept **our** renewal invitation, covered **treatment** payments can continue to be paid until the **maximum benefit** is reached. | **1.** More than the **maximum benefit** for the treatment costs of any **illness** or **injury**.<br>**2.** Costs resulting from a **pre-existing medical condition**.<br>**3.** Costs resulting from an **illness** first occurring or showing **clinical signs** within the first 14 days of the start of cover for **your** pet or for an injury occurring in the first 48 hours.<br>**4.** Cost resulting from treatment **your vet** recommends to prevent an **illness** or **injury**.<br>**5.** Cost resulting from dentistry that is not related to an **injury**.<br>**6.** Costs resulting from killing or controlling fleas, general health enhancers and unconventional or unlicensed treatment.<br>**7.** Behavioural problems that could be prevented by the usual puppy training and socialisation.<br>**8.** Costs for a **clinical diet** prescribed for weight reduction.<br>**9.** Costs of and resulting from vaccinations, spaying, castration, including castration for retained testicle(s), false pregnancy and pregnancy or giving birth.<br>**10.** Costs resulting from routine blood and urine tests (including those carried out prior to general anaesthesia or sedation).<br>**11.** **Complementary treatments** that are not carried out under the direction of a **vet**.<br>**12.** Cost of house calls unless the **vet** confirms that moving **your pet** would damage its health.<br>**13.** Costs of hospitalisation and any associated **treatment** unless a **vet** confirms **your pet** must be hospitalised for essential **treatment**, regardless of **your** personal circumstances.<br>**14.** The cost of the emergency transportation of **your pet** to the **vet's** surgery, unless the **vet** confirms that this is necessary.<br>**15.** Extra costs of treating **your pet** outside normal surgery hours unless the **vet** considers an emergency consultation is necessary.<br>**16.** Costs that result from an **illness** or **injury** specifically excluded on the **Insurance Schedule**.<br>**17.** The cost of a post-mortem examination.<br>**18.** The cost charged by **your vet** to complete a claim form, for postage and packaging, or for other fees charged for administration.<br>**19.** The cost of purchasing or hiring equipment, including but not limited to harnesses, cages, carts and sharps containers. |

Other Benefits

| What is covered | What is not covered |
|---|---|
| **Section 2 – Emergency boarding kennel and cattery fees and daily minding**<br>The cost up to the **maximum benefit** of boarding **your pet** at a licensed premises or for the reasonable costs of employing someone to look after **your pet**, if **you**, or anyone normally living with **you**, need to go into hospital for emergency medical **treatment** during the **period of insurance**. | **1.** More than the **maximum benefit** per **period of insurance**.<br>**2.** Any hospitalisation that is either known or foreseeable before cover for **your pet** started.<br>**3.** Any payment if an immediate family member or someone who permanently resides with **you** is able to look after **your pet**.<br>**4.** Any amount if **you** are in hospital for less than 4 consecutive days during each hospital stay. |
| **Section 3 – Advertising and reward Costs**<br>The cost of local advertising if **your pet** is lost or stolen during the **period of insurance**.<br>The cost of a suitable reward up to the **maximum benefit** to recover **your pet** if they are lost or stolen during the **period of insurance**. | **1.** More than the **maximum benefit** per **period of insurance**.<br>**2.** Any reward that exceeds £250.<br>**3.** Any reward paid to a person living with **you**.<br>**4.** Any payment when **your pet** has been missing for less than 24 hours. |
| **Section 4 – Theft or straying**<br>The **purchase price** of **your pet** if it is stolen or goes missing during the **period of insurance**.<br>If **you** did not pay for **your pet** or cannot provide evidence of the **purchase price we** will pay the **market value** instead. | **1.** More than the **maximum benefit**.<br>**2.** Any amount until 90 days after the date of the loss.<br>**3.** Any amount if a claim has not been submitted within 180 days of **your pet** going missing. |
| **Section 5 –Death due to accident**<br>The **purchase price** of **your pet** if he/she dies or has to be put to sleep by a **vet** following an accident during the **period of insurance**.<br>If **you** did not pay for **your pet** or cannot provide evidence of the **purchase price we** will pay the **market value** instead. | **1.** More than the **maximum benefit**.<br>**2.** As a result of death caused by an **illness**.<br>**3.** Any amount after 180 days from the date of death. |
| **Section 6 – Death due to illness**<br>The **purchase price** of **your pet** if he/she dies or has to be put to sleep by a **vet** following an **illness** during the **period of insurance**.<br>If **you** did not pay for **your pet** or cannot provide evidence of the **purchase price we** will pay the **market value** instead. | **1.** More than the **maximum benefit**.<br>**2.** Death caused by an accident.<br>**3.** Any amount after 180 days from the date of the loss.<br>**4.** Death as a result of an **illness** that results from a **pre-existing medical condition,** or that happens within the first 14 days of the first **period of insurance** of **your policy**.<br>**5.** Any claim if the **pet** is aged 9 years and above at the date of death.<br>**6.** Any claim resulting from an **illness** that **your pet** should have been vaccinated against. |
| **Section 7 – Farewell Cover**<br>The cost of the fee charged by **your vet** to put **your pet** to sleep, and the cost of cremation or burial, if **your pet** dies or has to be put to sleep by a **vet** following an accident or **illness** during the **period of insurance**. | **1.** More than the **maximum benefit**<br>**2.** Any amount after 180 days from the date of the loss.<br>**3.** Death as a result of an **illness** that results from a **pre-existing medical condition,** or that happens within the first 14 days of the first **period of insurance** of **your policy**.<br>**4.** Any claim resulting from an **illness** that **your pet** should have been vaccinated against. |
| **Section 8 – Accidental damage to third party property**<br>The cost of repairing or replacing accidentally damaged personal property up to the **maximum benefit** and caused by **your pet** while visiting someone else's property. | **1.** Damage to personal property owned by or in the control of **you**, **your** family, employee or guest.<br>**2.** Damage to any personal property belonging to any person entrusted with the care, control and custody of **your pet**.<br>**3.** Any damage occurring when **your pet** is left in a home where no person aged 18 or over is present.<br>**4.** Damage to any motor vehicle or its contents.<br>**5.** Damage caused by **your pet** fouling, vomiting or urinating on/in any items. |

## Overseas Travel (Europe)

As a resident of the **United Kingdom**, **you** are able under the **Common Travel Area** and the European Union's **Pet Travel Scheme**, to take **your pet** temporarily to countries that are included in the **Pet Travel Scheme** and **the Channel Islands** and the Isle of Man and return home without putting **your pet** into quarantine. The scheme is administered by Official Veterinarian (OVs) on behalf of DEFRA for England and the devolved administrations for Scotland and Wales and DAERA in Northern Ireland.

The cover provided under this Policy Wording, with the exception of Third Party Liability, is extended to include any **journey** made by **you** with **your pet** within Europe and the **Common Travel Area**.

In addition there are a number of other benefits provided in case additional support is required during **your journey**, or should **you** need to cancel **your** holiday.

| What is covered | What is not covered |
|---|---|
| **Section 9 – Holiday cancellation**<br><br>Any travel and accommodation expenses that **you** cannot recover if **you** have to cancel or cut short **your** holiday during the **period of insurance** because **your pet** has:<br><br>Gone missing while **you** are away; or Is injured or shows the first **clinical signs** of any **illness** while **you** are away or up to 7 days before **you** leave and needs immediate lifesaving surgery. | 1. More than the **maximum benefit** per **period of insurance**.<br>2. Any costs relating to a holiday booked within 28 days of departure.<br>3. Any costs relating to a **condition** or **illness** that is excluded. |
| **Section 10 – Quarantine costs**<br><br>Kennelling costs and costs incurred in arranging replacement **pet travel documentation** for **your pet**, should a microchip fail.<br><br>Kennelling costs should, despite compliance with all the required regulations of the **Pet Travel Scheme**, **your pet** have to go into quarantine due to **illness**. | 1. More than the **maximum benefit** per **period of insurance**.<br>2. Any fees if the microchip was not checked and found to be functioning properly within 14 days of **your** departure on a **journey**.<br>3. Any fees arising from any **condition** of which **you** were aware before the start of the **journey**.<br>4. Any costs resulting from a **pre-existing medical condition**. |
| **Section 11 – Loss of pet travel documentation**<br><br>The cost of replacing **pet travel documentation** should the original become lost during a **journey**. | 1. More than the **maximum benefit** per **period of insurance**.<br>2. Any destruction, loss or theft that occurs prior to the start of the **journey**.<br>3. Any claim unless **you** report the loss, theft or destruction of the **pet travel documentation** to the **vet** who issued it within 24 hours of **your** discovery of the loss. |
| **Section 12 – Emergency expenses**<br><br>The cost of repeat worming treatment for **your** dog required to comply with the **Pet Travel Scheme** as a direct result of **your** departure to the **United Kingdom** being delayed by **your carrier**.<br><br>Reasonable additional accommodation and transport expenses for up to 5 days or repatriation of **you** and **your pet** should:<br>1. **Your pet** need emergency veterinary **treatment** and as a result of this **you** miss **your** scheduled departure to the **United Kingdom**.<br>2. **Your pet** is lost or strays during a **journey**.<br>3. **Your** departure to the **United Kingdom** be missed as a direct result of the loss of **your pet's travel documentation**<br>4. **You** be unable to get the re-scheduled departure for the **United Kingdom** as a direct result of having to get the worming **treatment** repeated because **your** original departure for the **United Kingdom** was delayed by the **carrier**. | 1. More than the **maximum benefit** per **period of insurance**.<br>2. Any costs incurred in obtaining the initial worming **treatment**.<br>3. Any costs incurred if the initial worming **treatment** was not performed in the timescale required by the **Pet Travel Scheme**.<br>4. Any costs incurred if the worming **treatment** was not necessary in order to comply with the **Pet Travel Scheme**.<br>5. Costs resulting from a **pre-existing medical condition**.<br>6. Any costs arising from any **condition** of which **you** were aware before the start of **your journey**. |

Third Party Liability

## What is covered

### Section 13 – Third party liability (dogs only)

**IMPORTANT** – Please note this section of **your** policy does not provide cover for in any circumstances for any insured dog that is required to be registered under the the Dangerous Dogs Act 1991 and the Dangerous Dogs (Amendment) Act 1997 or any further amendments to these Acts, and/or any pet breed/species which is excluded by us and is listed below (including breeds which are known or classed as the names listed):

Abruzzese Mastiff, African Crested Dog, African Wild Dog, Alangu Mastiff, American Bulldog, American Bully, American Bully XL, American Indian Dog, American Mancon, American Mastiff, American Pit Bull Terrier, American Rottweiler, American Staffordshire Bull Terrier, American Staffordshire Terrier, Argentine Dogo, Argentinian Mastiff, Australian Dingo, Bandogge, Bandogge Mastiff, Blue Bull Terrier, Boerboel, Bole, Brazilian Mastiff, Bully, Bully Kutta, Canadian Inuit Dog, Canary Dog, Canary Mastiff, Cane Corso, Cão de Fila de São Miguel, Cão Fila, Chinese Shar Pei, Czechoslovakian Wolfdog, Dingo, Dogo Argentino, Dogue Brasileiro, East Siberian Laika, Fila Brasileiro, Gull Dong, Husky Wolf Hybrid, Inuit Dog American, Irish Staffordshire, Irish Staffordshire Blue Bull Terrier, Irish Staffordshire Bull Terrier, Irish Wolfhound, Italian Mastiff, Japanese Mastiff, Japanese Tosa, Johnson American Bulldog, Korean Jindo, Korean Mastiff, Laika, Libyan Desert Dog, Neapolitan Mastiff, Northern Inuit Dog, Pakistani Bull Dog, Perro de Presa Canario, Pit Bull Mastiff, Pit Bull Terrier, Pocket Bully, Presa Canario, Racing Greyhound, Sarloos Wolfhound, Shar Pei, South African Boerboel, South African Mastiff, Tamaskan Dog, Tibetan Mastiff, Tosa, Tosa Inu, Utonagan Dog, Wolf Hybrid and Wolfdog.

This includes any **pet** that is crossbred or mixed with any of these breeds.

### What is covered under this section of your policy

**We** will pay all sums **you** are legally liable for as compensation, costs and/or expenses awarded by a court in the **United Kingdom** following an incident involving **your** insured dog within the **United Kingdom**, which occurs during the **period of insurance**, results in bodily **injury** (fatal or non-fatal) to another person or accidental damage to another person's property.

**We** will also, with their agreement, pay for legal costs and expenses incurred in defending the claim made against **you**.

The maximum **we** will pay under this section will not exceed the limit of indemnity as shown on **your policy schedule** in respect of a single incident for Third Party Liability.

### What you pay

The excess shown on **your policy schedule**.

## What is not covered

1. **We** will not pay the first £250 excess of any claim
2. **We** will not pay any amount if **your** dog is known as, identified as, crossed or mixed as described above.
3. **We** well not pay any claim if **your** dog has previously shown **aggressive tendencies**, **aggressive behaviour** or if it has ever acted aggressively towards another person or animal, or damaged another person's property.
4. **We** will not pay any amount if **your** dog has been diagnosed with or was known to suffer from a **behavioural illness** that causes your dog to show **aggressive tendencies/aggressive behaviour** and was present, diagnosed or noted before the start of **your** policy.
5. **We** will not pay any amount for an incident which has resulted from your pets **pre-existing medical condition**.
6. **We** will not pay any amount where **you** are held legally liable solely because of a contract or agreement **you** have entered in to.
7. **We** will not pay for any amount arising as a result of any deliberate act, willful default or neglect by **you** or members of **your** immediate family.
8. **We** will not pay any cost arising as a result of any person handling **your** dog without your consent.
9. **We** will not pay any fines or penalties imposed on **you** from criminal proceedings including any amount a court requires **you** to pay to punish **you** or to try to stop the same circumstances that led to the incident happening again or because **you** have caused someone distress, embarrassment or humiliation.
10. **We** will not pay any claim or other proceedings against **you** or **your** immediate family in a court of law outside the **United Kingdom** or where the incident which resulted in the claim occurred outside the **United Kingdom**.
11. **We** will not pay the cost for any bodily **injury** to, or loss or damage to property in the ownership, custody or control of, **you** or members of **your** immediate family or household, or any person employed by **you** or members of **your** household, or who were looking after **your** insured dog with **your** permission.
12. **We** will not pay the cost for damage to property or bodily **injury** (fatal or non-fatal) to any person who has contact with **your** insured dog for professional purposes, such as a **vet**, or any person employed in a veterinary practice, a dog walker or trainer, a dog-sitter or kennels employee or a person employed by or working in a grooming parlour.
13. **We** will not pay any amount which is in any way connected to **your**, or **your** immediate family's work, employment or profession, or place of work.
14. **We** will not pay any loss which occurs in a place which is licensed to sell alcohol if this is where **your** dog normally lives or is kept.
15. **We** will not pay any amount which is insured under another insurance policy, such as **your** household insurance policy, which covers the same loss unless that insurance cover has been exhausted.
16. **We** will not pay any amount whilst **your pet** is competing in any type of competition, including but not limited to field trials, dog shows and/or breeders' competitions.
17. **We** will not pay if **your** insured dog is an assistance dog as **we** are unable to provide cover under this section unless they have been trained, or are in the process of being trained, in strict accordance with the guidance of a member organisation of Assistance Dogs **United Kingdom** and **you** can provide evidence of this upon **our** request.
18. Regardless of how many of **your** dogs are involved within the same incident, the maximum indemnity payable will be limited to £2 million.
19. **We** will not pay any costs associated with a professional completing a claim form, postage and packaging, courier fees or other administration work.
20. **We** will not pay any amount that results from **your** dog being used as part of a business or where **you** have been paid for **your** dog's assistance and/or service.

## Third Party Policy Conditions

1. It is a condition precedent to **our** liability that on the happening of any bodily Injury or damage **you** or **your** legal personal representative shall at **your** own expense:
   - give immediate notice to **us**
   - take all reasonable precautions to prevent further bodily Injury or damage within 30 days submit full details of the incident
   - supply all information and assistance as may be required
   - send **us** any writ summons or other legal process issued or commenced against **you**, immediately and unanswered
   - notify **us** immediately of any impending prosecution inquest or fatal accident inquiry.
2. It is a condition precedent to **our** liability that **you** shall not negotiate admit or repudiate any liability without **our** written consent
3. **We** shall be entitled:
   **(a)** to negotiate defend or settle in the name of and on **your** behalf any claim made against **you** as **we** deems appropriate
   **(b)** to prosecute at **our** expense and for their own benefit any claim for indemnity damages or otherwise in **your** name
   **(c)** at any time to pay to **you** the Limit of Indemnity (after deduction of any amount or amounts already paid) or any lesser sum for which a claim or claims can be settled and upon such payment shall be under no further liability in respect of such claim or claims except for costs and expenses incurred prior to the date of such payment.

## Additional Information

### Law Applicable

This contract is governed by English law unless **you** have asked for another law and **we** have agreed to this in writing before the policy start date, and for the purpose of legal proceedings it is subject to the jurisdiction of the courts of England or of the country within the **United Kingdom** in which **your** main residence is situated.

### Language applicable to this contract

The contractual terms and conditions and other information relating to this contract will be in the English language.

### Legal

#### Data Privacy

Covea Insurance plc will be a data controller in respect of any data it processes in relation to the Underwriting and Claims Handling of **your** policy. Full details of how Covea insurance plc will process **your** data including how long **we** retain this for, other parties **we** may share this with and **your** data protection rights is available at www.coveainsurance.co.uk/dataprotection.

**You** can contact the Data Protection Officer at Covéa Insurance plc by writing to Data Protection Officer, Covea Insurance plc, A+ B Mills, Dean Clough, Halifax HX3 5AX
or email: dataprotection@coveainsurance.co.uk

#### Fraud

**You** must not act in a fraudulent manner. If **you** or anyone acting for **you** make a claim under the **policy** knowing the claim to be false or fraudulently exaggerated in any respect or make a statement in support of a claim knowing the statement to be false in any respect or submit a document in support of a claim knowing the document to be forged or false in any respect or make a claim in respect of any loss or damage caused by **your** wilful act or with **your** involvement. Then:

- **We** shall not pay the claim.
- **We** shall not pay any other claim, which has been or will be made under the **policy**.
- **We** may at **our** discretion declare the **policy** void.
- **We** shall be entitled to recover from **you** the amount of any claim already paid under the **policy** since the last renewal date.
- **We** shall not make any return of the premium.
- **We** have the right to inform the police and other appropriate authorities or share this information with the Insurance Fraud Investigators Group (IFIG) or other Fraud authorities.

In order to prevent fraud, **we** may share **your** information with credit reference agencies and other insurance companies either directly or through anti-fraud databases which they may have access to.

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