

Petsure



**Lifetime cover for your
pet from Petsure**

Welcome to Petsure

Thank **You** for choosing Petsure and letting **Us** protect **Your** Pet. **We** hope **We** have given **You** all the information **You** need so **You** can relax and not have to worry about **Vet** bills if **Your Pet** becomes unwell. If there is anything else **We** can do for **You**, please call Petsure Customer Services on the number below. **We** are here to help **You** should **You** need **Us**.

This product meets the demands and needs of someone wishing to insure against unexpected veterinary costs for their **Pet**. More than one level of cover is available and the options **You** have selected will be shown on **Your Confirmation of Cover**. Petsure has not provided **You** with any advice or recommendations as to whether this product meets **Your** specific insurance requirements.

How we can help



Email

info@petsure.com



Phone Us

0333 006 3211



Social

Facebook: Petsure UK
Twitter: Petsure_UK



Claims

Tel: 0333 009 0998
claims@petsure.com

If You have a query or need to amend Your Policy in any way:

Petsure Customer Services

Tel: **0333 006 3211**

Email: **info@petsure.com**

If You want to make or have a query about a claim:

Petsure Claims

Tel: **0333 009 0998**

Email: **claims@petsure.com**

Address: **Petsure Claims, The Connect Centre, Kingston Crescent, Portsmouth, PO2 8QL**

If You are unhappy with any aspect of Our service:

Petsure Complaints

Tel: **0333 0063211**

Email: **complaints@petsure.com**

To ensure **We** are consistent in providing **Our** customers with quality service, **We** may record **Your** telephone call.



Lifetime Cover for Your Pet

We will offer ongoing annual cover for **Illness** and **Accidental Injury** to **Your Pet**, year after year. **We** will provide cover up to and until the **Sum Insured** is paid in each **Policy Year**. Every 12 months, if **You** renew **Your Policy**, the **Sum Insured** will be reinstated and **You** will be able to claim up to the **Sum Insured** again in the next **Policy Year**. If **Your Policy** is cancelled or stops for any reason (including when the **Premium** is not paid), all cover for **Your Pet** will end and no further claims will be paid.

Each section of the **Policy** has a limit on the amount **We** will pay under that section, called the **Sum Insured**. Some sections also include **Inner Limits** which are the maximum amounts **We** will pay for certain items. The **Sum Insured** and **Inner Limits** for each section are shown in the “Table of benefits”.

You can choose to increase some of the **Sums Insured** and to add extra covers. **You** can also choose to increase the level of **Excess** and the **Bill Share** that **You** will pay if **You** claim, in return for a **Premium** reduction. The options **You** have chosen, including the **Sums Insured** payable under **Your Policy**, the **Excess** and **Your Bill Share** (if applicable), are all shown on **Your Confirmation of Cover**.

Where **We** are making a claims payment to **You**, **We** will deduct the **Excess** and the **Bill Share** from the payment amount. Where **We** are settling a claims invoice directly with a **Vet** or other provider, **You** will be responsible for paying **Us** the **Excess** and the **Bill Share**.

The things which are not covered by **Your Policy** are stated in:

- The “General Policy Exclusions”
- “What we don’t cover” in each section of cover

If **You** have any queries about **Your** cover, **You** can call Petsure Customer Services on **0333 0063211** and tell **Us Your Policy** number. **We** want **You** to get the most from **Your Policy** and to do this **You** should:

- Read **Your Policy** carefully and make sure that **You** have the level of cover that meets **Your** needs.
- Make sure that **You** understand the conditions and exclusions which apply to **Your Policy** because if **You** do not meet these conditions it may affect any claim that **You** make.

Essential Information

It is important that **You** read this **Policy** document and **Your Confirmation of Cover** carefully to ensure that it meets **Your** requirements and so that **You** understand the extent of cover provided, what is and is not covered along with any terms, or conditions of cover.

For information about **Your** rights to cancel the **Policy** and the cooling off period, please see **Cancelling Your Policy** on page 31 of this policy booklet.

Please take this document and **Your Confirmation of Cover** with **You** when **You** go to see a **Vet** in case they need to see them or **You** need to contact **Us**. If **You** have any questions about the cover provided, please call Petsure Customer Services on **0333 0063211**. **We** are open Monday to Saturday between 8.30am and 6pm (but not Bank Holidays).

It is important that **You** call **Us** as soon as **You** need to make a change to **Your Policy**, to ensure **You** are accurately covered.

About Your insurance Policy

Throughout **Your Policy**, certain words have special meanings, and these are listed and explained in the section “Definitions **we** use”. These words are highlighted in bold wherever they appear.

You may insure more than one **Pet** under this **Policy**. **We** will use the singular “**Pet**” to refer to one or more insured animals throughout this **Policy**. However, the **Sum Insured**, **Inner Limits**, **Excess** and **Bill Share** (if applicable) apply to each insured **Pet** individually.

Renewing Your Annual Policy

Unless **You** have advised **Us** that **You** do not want **Your Policy** to be automatically renewed, or **You** no longer meet the eligibility criteria, Petsure will send **You Your** renewal invitation at least 21 days before **Your** renewal date which will include **Your Premium** for the next year.

If **You** renew on a continuous payment method, **We** will automatically renew **Your Policy** each year using the payment details **You** have given **Us**. Please contact **Us** prior to **Your** renewal date if **You** wish to renew using a different payment method and/or if **You** need to update **Your** or **Your Pets’** details or amend **Your** cover options.

Failure to notify **Us** of any material changes may invalidate the cover provided.

Contents

Welcome to Petsure	Page 2
How we can help	Page 2
Lifetime Cover for Your Pet	Page 3
Essential Information	Page 3
About Your insurance Policy	Page 4
Renewing Your Annual Policy	Page 4
Table of Benefits	Page 6
Making a claim	Page 8
FirstVet	Page 8
Definitions We use	Page 8
Your Declaration	Page 11

Sections of cover

Section 1: Vet Fees	Page 12
Section 2: Emergency care	Page 14
Section 3: Third-party liability (dogs only)	Page 15
Section 4: Dental Illness (optional)	Page 17
Section 5: Missing Pet (optional)	Page 17
A: Loss, theft or straying	Page 17
B: Advertising and reward	Page 18
Section 6: Farewell (optional)	Page 19
A: Death from Accidental Injury or Illness	Page 19
B: Cremation or burial	Page 20
Section 7: Travel and Holiday (optional)	Page 20
A: Vet Fees Abroad	Page 20
B: Emergency repatriation	Page 22
C: Trip Cancellation	Page 23
D: Cutting short Your trip	Page 24
E: Delayed return	Page 25
F: Quarantine expenses	Page 26
General policy exclusions	Page 27
General policy conditions	Page 29
About Your contract	Page 30
Changes to Your Cover	Page 30
The Insurer	Page 30
Compensation Scheme	Page 31
Cancelling Your Policy	Page 31
Fraud	Page 32
Claims conditions	Page 32
Important information	Page 33
Your application and changes	Page 33
Data protection notice	Page 33
Complaints procedure	Page 34

Table of Benefits

Section	Cover	Sum Insured	Excess	Bill Share
1	Vet Fees	Your chosen amount (£1,000 / £3,000 / £5,000 / £7,500 / £10,000 or £15,000 as shown on your Confirmation of Cover)	Y	Y
	<ul style="list-style-type: none"> Behavioural Treatment and Complementary Therapy 	Your chosen Vet fee amount or the cost of up to 12 sessions, whichever is lower	Y	Y
	<ul style="list-style-type: none"> Dental (Accident Injury only) 	Your chosen Vet fee amount	Y	Y
	<ul style="list-style-type: none"> Euthanasia 	£250	N	N
	<ul style="list-style-type: none"> Clinical diet 	£250	Y	Y
	<ul style="list-style-type: none"> Cruciate ligaments 	Your chosen Vet fee amount or £2,000 whichever is lower	Y	Y
	<ul style="list-style-type: none"> MRI and CT scans 	Your chosen Vet fee amount or £2,000 whichever is lower	Y	Y
2	Emergency Care – kennel/cattery fees/dog-walking/pet-minding	<ul style="list-style-type: none"> £35 per day up to £1,500 (professional) £15 per day up to £1,500 (friend) 	N	N
3	Third Party Liability (Dogs only)	£2,000,000	Y	N

Section	Cover	Sum Insured	Excess	Bill Share
Optional Covers (available subject to additional Premium and only valid if shown on Your Confirmation of Cover)				
4	Dental Illness	Your chosen vet fee amount or £5,000 whichever is lower	Y	Y
5	Missing Pet			
	A. Loss, theft or straying	Up to Your Pet's Value or £5,000, whichever is lower	N	N
	B. Advertising and Reward		N	N
	<ul style="list-style-type: none"> Advertising 	£250	N	N
	<ul style="list-style-type: none"> Reward 	Up to twice Your Pet's Value or £5,000, whichever is lower	N	N
6	Farewell			
	A. Death from Accidental Injury or Illness	Up to Your Pet's Value or £5,000, whichever is lower	N	N
	B. Cremation or Burial	£250	N	N

Section	Cover	Sum Insured	Excess	Bill Share
7	Travel and Holiday			
	A. Vet Fees Abroad	Your chosen amount (£1,000 / £3,000 / £5,000 / £7,500 / £10,000 or £15,000 as shown on your Confirmation of Cover)	Y	Y
	<ul style="list-style-type: none"> Behavioural Treatment and Complementary Therapy 	Your chosen Vet fee amount or the cost of up to 12 sessions, whichever is lower	Y	Y
	<ul style="list-style-type: none"> Euthanasia 	£250	N	N
	<ul style="list-style-type: none"> Clinical diet 	£250	Y	Y
	<ul style="list-style-type: none"> Cruciate ligaments 	Your chosen Vet fee amount or £2,000 whichever is lower	Y	Y
	<ul style="list-style-type: none"> MRI and CT scans 	Your chosen Vet fee amount or £2,000 whichever is lower	Y	Y
	<ul style="list-style-type: none"> Dental (Accident Injury only) 	Your chosen Vet fee amount	Y	Y
	B. Emergency repatriation	Together with Vet Fees, up to Your chosen Vet fee amount	Y	N
	C. Trip Cancellation	£5,000 per person per trip	Y	N
	D. Cutting short Your trip	£5,000 per person per trip	Y	N
	E. Delayed return		Y	N
	<ul style="list-style-type: none"> Additional travel and accommodation expenses 	£2,500 per person per trip	Y	N
	<ul style="list-style-type: none"> Pet Travel Documents 	£1,000 per Pet per trip	Y	N
	F. Quarantine expenses	£35 per day up to £1,500 per Pet per trip	Y	N

All sums insured are per **Pet** per **Policy Year** unless otherwise stated.

The **Excess** and **Bill Share** amounts that **You** have chosen will be stated on **Your Confirmation of Cover**.

The **Excess** amount is per condition per year for claims under 1: Vet Fees, Section 4: Dental Illness and Section 7: Travel and Holiday – A. Vet Fees Abroad; and per person per claim under Section 7: Travel and Holiday – C. Trip Cancellation and Cutting Short Your trip; and per claim per section for all other sections of cover, where it applies.

The **Bill Share** amount is per claim.

Making a claim

As part of **Your Policy**, **You** agree to and accept the following conditions in the event that **You** submit a claim:

1. **We** will request relevant information or records from **Your** current or previous veterinary practice, specialist, breeder or rescue centre at any time in order for **Us** to be able to fully assess **Your** claim.
2. **Your** veterinary practice or any veterinary practice treating **Your Pet** can openly discuss and receive information about **Your** claims with **Your Policy** administrator where appropriate. This also includes the transfer of **Your** claim via an electronic service using a third party application.
3. **We** will only ever ask for information which is relevant to the details and circumstances of the claim and previous medical history, which is necessary for claims processing purposes.

You must notify Petsure Claims Service as soon as possible when something happens that will or might result in a claim.

For all claims

1. Check **Your Confirmation of Cover** and the **Policy Wording** to see whether the loss is covered.
2. Carefully read the “Additional conditions applying to this section” in the **Policy** section(s) under which **You** intend to claim.
3. Log on to **Your** MyPetsure Portal where **You** can submit an online claim. Alternatively, if **You** prefer, **You** have the option to download a claim form and fill in the sections required. The claim form will tell **You** what documentation **We** require in order to process **Your** claim.
4. **You** must obtain, keep and produce at **Your** own expense all receipts, invoices, reports and other documentary evidence required by **Us** to support **Your** claim. Original documents (not photocopies) will be required.
5. If **You** would like to contact Petsure Claims Service:

Petsure Claims

Tel: **03330090998**

Email: **claims@petsure.com**

Address:

Petsure Claims
The Connect Centre
Kingston Crescent
Portsmouth
PO2 8QL

Monday – Friday: **8am – 6pm**

Saturdays: **9am – 2pm**

Sundays and Bank Holidays: **closed**

FirstVet

As a Petsure customer, **We** have arranged for **You** to have 24/7 access to video consultations with qualified **Vets**, through **Our** partnership with FirstVet. For more information, please see Page 37.

Definitions We use

Accidental Injury

A sudden and unforeseen injury to **Your Pet** which is the result of an identifiable and known cause or event during the **Policy Year**. This includes any **Symptoms**, whether or not diagnosed. (The accidental or unintended consequences of surgical intervention by a **Vet**, will not be considered **Accidental Injury**.)

Assistance Dog

A working dog owned by **You** which is task-trained to help mitigate **Your** disability by an accredited member organisation of Assistance Dogs International (ADI) or the International Guide Dog Federation (IGDF).

Behavioural Treatment

Treatment or therapy recommended by a **Vet** due to **Your Pet** suffering from a mental or emotional disorder which was not caused by lack of training or socialisation and which could not have been prevented by training or socialisation, and provided by a **Vet** or Certified Clinical Animal Behaviourist or member of the Association of Pet Behaviour Counsellors (APBC) or Certified Animal Behaviourist from the International Companion Animal Network (ICAN) or member of the Canine and Feline Behaviour Association (CFBA).

Bill Share

The percentage share of any claim for **Vet Fees**, dental **Illness** or **Vet Fees Abroad** which **You** have chosen to pay, in addition to the **Excess**, in return for a **Premium**

reduction. The **Excess** and percentage **Bill Share You** have chosen will be stated on **Your Confirmation of Cover**.

eg. If **You** have chosen an **Excess** of £100 and 10% **Bill Share**:

Valid claim amount (for one Condition)		£700
Less Excess	£100	£600
Less Bill Share	10% = £60	£540
Total Excess and Bill Share paid by You	£160	
Total paid by Us	£540	

Where **We** are making a claims payment to **You**, **We** will deduct the **Bill Share** from the payment amount. Where **We** are settling a claims invoice directly with a **Vet** or other provider, **You** will be responsible for paying the **Bill Share**.

Complementary Therapy

Treatment or therapy recommended by a **Vet** due to **Your Pet** suffering from a physical disorder including physiotherapy, hydrotherapy, osteopathy, massage, laser **Treatment**, electrical muscle stimulation, acupuncture, chiropractic **Treatment**, homeopathic **Treatments**, or the use of complementary and herbal medicines of any kind administered by a **Vet** or a qualified member of the Association of Chartered Physiotherapists in Animal Therapy/ National Association of Vet Physiotherapists, the Institute of Registered Veterinary and Animal Physiotherapists (IRVAP), the International Association of Animal Therapists, the Canine Hydrotherapy Association, International Veterinary Acupuncture Society (IVAS), the Association of British Veterinary Acupuncturists (ABVA) or the National Association of Registered Canine Hydrotherapists (NARCH).

Condition(s)

Any **Accidental Injury** or **Illness**, including those arising from hereditary and congenital defects, regardless of whether it results in a diagnosis. Some **Conditions** may fall into the following categories:

a. Bilateral Condition(s)

Any **Condition** affecting right and left sides or paired organs or body parts of **Your Pet**

such as, but not limited to, ears, eyes, cruciate ligaments, hips and patellae, where there is an underlying cause;

b. Recurring Condition(s)

Any previous **Illness** or any **Symptoms** relating to that **Illness** or a previous **Accidental Injury** or any **Symptoms** relating to that **Accidental Injury** that may come back or that **Your Pet** is prone to, no matter how many times this comes back or how many areas of the body are affected;

c. Related Condition(s)

Any **Illness**, **Accidental Injury** or **symptom** which is:

- diagnosed as one **Illness** or **Accidental Injury**; or
- caused by, related to, or resulting from another **Illness**, **Accidental Injury** or **symptom**.

When applying a **Sum Insured**, **Excess** or exclusion, **We** will consider **Bilateral**, **Recurring** or **Related Conditions** as one **Condition**.

Confirmation of Cover

The **Confirmation of Cover** setting out the details of **Your** cover, and which should be read in conjunction with this **Policy Wording**.

Continuous Cover

Where the cover provided to **Your Pet** under this **Policy** follows on, without any gap in cover, from the cover provided by another insurer and **You** provide **Us** with full details of **Your** previous policy. Cover must be specific to the section for it to be deemed continuous, so as an example, if **Your** previous policy provided cover for **Vet Fees** at the time of **Your** switch, but not for Trip Cancellation, **You** will have **Continuous Cover** for **Vet Fees** but not for Trip Cancellation under this **Policy**.

Cover Start Date

The date on which **Your Pet** first becomes covered under this **Policy** as shown on **Your Confirmation of Cover**. If the **Policy** is renewed, without a gap in cover, the **Cover Start Date** refers to the start of cover in the first **Policy Year**. If **You** allow **Your Policy** with **Us** to lapse and subsequently purchase a new **Policy**, the **Cover Start Date** refers to the start of cover under the new **Policy**. If additional cover is added to **Your Policy** after the purchase or renewal of this **Policy**, the **Cover Start Date** for this additional cover

will be the date that cover is added unless otherwise stated.

ERGO TIS/We/Our/Us

ERGO Travel Insurance Services Ltd (**ERGO TIS**) on behalf of Great Lakes Insurance SE.

Excess

The amount of money, as shown on **Your Confirmation of Cover**, which **You** have chosen to pay towards the cost of a claim:

- a. per **Condition** per **Policy Year**, for claims under Section 1: **Vet Fees**, Section 4: Dental **Illness** and Section 7: Travel and Holiday – A. **Vet Fees** Abroad; and
- b. per person per claim under Section 7: Travel and Holiday – C. Trip Cancellation and D. Cutting short **Your** trip; and
- c. per claim per section for all other sections of cover, where it applies.

Family

You and **Your** spouse or civil partner, or the person with whom **You** are permanently cohabiting in a marriage-like relationship and **Your**:

- a. Unmarried dependent children (including adopted, foster and step-children) aged 17 or under (or aged 22 or under if in full-time education), living in **Your** household (or living away while attending full time education); and/or
- b. If **You** are divorced or separated, **Your** natural children aged 17 or under (or aged 22 or under if in full-time education), who do not live with **You** on a permanent basis.

Geographical Area of Cover

- a. The geographical area in which cover applies under this **Policy**, meaning **Your** country of residence; the **United Kingdom**.
- b. If the appropriate additional **premium** has been paid and “Travel and Holiday” cover is shown on **Your Confirmation of Cover**, cover is extended for the whole **Policy** for a maximum of 183 days Worldwide travel per **Policy Year** of no more than 90 days per trip.

Illness

Physical disease, sickness, abnormality, infection or failure which is not caused by an **Accidental Injury**. This includes any **Symptoms**, regardless of whether diagnosed.

Inner Limit(s)

Within the overall or total **Sum Insured** for a section of cover, a lower **Sum Insured** for specific items, as shown in the Table of Benefits.

Insurance Event

One occurrence, or all occurrences of a series, consequent on or attributable to one source or originating cause, giving rise to a claim.

Insured Journey

A pre-booked leisure trip from **Your** home, started and ended during the **Policy Year** and which includes a flight or pre-booked overnight accommodation away from **Your** home.

Microchipping Legal Requirements

The Microchipping of Dogs (England) Regulations 2015, as amended or replaced and the, or any, equivalent legislation applying in Wales, Scotland and Northern Ireland providing for the compulsory microchipping of dogs.

Pet

A cat or dog insured under this **Policy**, named and described on **Your Confirmation of Cover**.

Pet’s Value

The lowest of:

- a. The amount that **You** declared that **You** paid or donated for **Your Pet**, as shown on **Your Confirmation of Cover**; and
- b. The amount that **You** paid or donated for **Your Pet**, for which **You** are able to provide documentary evidence when making a claim; and
- c. In the event that **You** did not pay for, or made a donation for **Your Pet**, or that **You** are unable to provide documentary evidence to prove what **You** paid for **Your Pet**, the estimated market value of **Your Pet** based on its age, breed, pedigree, sex and breeding ability at the time of the Insurance Event resulting in a claim.

Pet Travel Documents

Any documents legally required to allow **Your Pet** to travel abroad including a Pet Passport or Pet Health Certificate. When travelling abroad with **Your Pet**, what **You** need to do will depend on which country **You** are going to. For the latest information please see www.gov.uk/taking-your-pet-abroad

Policy Wording

This document.

Policy

The contract of insurance consisting of the **Policy Wording** and **Your Confirmation of Cover**.

Policy Year

The 12-month period shown on **Your Confirmation of Cover** during which **Your Premium** and benefit levels are guaranteed, unless **Your** circumstances change or **Your Pet's** details are corrected.

Pre-existing Condition

1. Any **Condition** for which **Your Pet** has been subject to examination, consultation, advice, tests, X-rays, medication, surgery, nursing or other care provided by a **Vet** in the 24 months prior to the **Cover Start Date** including in relation to:
 - a. Changes in **Your Pet's** health or behaviour; or
 - b. Existing physical abnormalities; or
 - c. Existing **Illnesses** or injuries; or
 - d. Existing **Illnesses**, injuries or physical abnormalities which lead to other health issues or injuries; or
 - e. **Illnesses** or injuries which are medically linked to existing **Illnesses**, injuries or physical abnormalities; and
2. Any **Condition** or **Symptom**, or anything related to it, that **You** were aware of before the **Cover Start Date** but for which **You** did not consult with or seek the advice of a **Vet**.

Premium

The amount payable by **You** for **Your Annual Policy**, either as a single amount in advance or in monthly installments for the cover provided by this **Policy**.

Sum(s) Insured

The most **We** will pay in respect of any element of cover as set out on **Your Confirmation of Cover**.

Symptom

A change in **Your Pet's** normal healthy state, its bodily functions or behaviour.

Treatment

Any examination, consultation, advice, tests, X-rays, medication, surgery, nursing and

care provided by a **Vet**, veterinary practice or member of an approved professional organisation following **Your Vet's** instruction, which **We** deem necessary in line with the Royal College of Veterinary Surgeons code of professional conduct up to the limits set out on **Your Confirmation of Cover**. **We** may contact **Your Vet** to confirm that **Treatment** was appropriate for the particular **Condition**.

United Kingdom – The United Kingdom of Great Britain and Northern Ireland, the Isle of Man or the Channel Islands.

Vet:

- a. In the **United Kingdom** a member of the Royal College of Veterinary Surgeons, actively working as a veterinary surgeon or holding a veterinary degree approved by the Royal College of Veterinary Surgeons; or
- b. Outside the **United Kingdom** a veterinary surgeon who is registered and actively working in a country **Your Pet** is able to travel to and return from with **Pet Travel Documents**.

Vet Fees / Vet Fees Abroad

Fees charged to provide **Treatment** for a **Condition**, including **Behavioural Treatment** and **Complementary Therapy**.

You, Your, Yourself

The person named on **Your Confirmation of Cover** who is responsible for **Your Pet**. Joint policyholders are not permitted. If **Your Pet** is owned by more than one person, **You** must select one to be the policyholder.

Your Declaration

Your Policy contains terms, conditions and exclusions which relate to the health of **Your Pet**. **Pre-existing Conditions** will not be covered unless **You** have declared them to **Us** and **We** have accepted them in writing. **You** must therefore ensure that **You** answer all **Our** questions fully, honestly and to the best of **Your** knowledge, as failure to answer accurately may affect the cover **We** provide and **Our** ability to pay **Your** claim.

We may be able to provide cover for **Pre-existing Conditions** if they are declared to **Us**. If **We** do so **We** may charge **You** an additional **Premium** and details of the **Pre-existing**

Conditions covered will be shown on **Your Confirmation of Cover**.

We may not be able to cover all **Pre-existing Conditions**; for example, those where test results are outstanding, where **Your Pet** is awaiting surgery, where symptoms are unexplained or where **You** have not consulted a **Vet**. In some cases, **We** may only be able to offer cover which excludes the **Pre-existing Conditions You** have declared.

In purchasing this **Policy**, **You** have confirmed the following to be true:

Your declaration: dogs

- a. **You** live in the **United Kingdom**, the Isle of Man or the Channel Islands, **Your** dog lives with **You** and doesn't live at or is kept on a premises which sells alcohol.
- b. **Your** dog has had a check-up with a **Vet** (including dental) in the last 12 months and is up to date with all vaccinations.
- c. **Your** dog is not used for commercial or work purposes (other than as an **Assistance Dog**), or for hunting or breeding.
- d. **Your** dog has never been involved in an accident involving a third party or attacked, bitten or been aggressive towards a person or other animal or has shown aggressive tendencies.
- e. **Pre-existing Conditions** for **Your** dog will not be covered unless **You** have declared them, and **We** have confirmed cover.

Your declaration: cats

- a. **You** live in the United Kingdom, the Isle of Man or the Channel Islands and **Your** cat lives with **You**.
- b. **Your** cat has had a check-up with a **Vet** (including dental) in the last 12 months and is up to date with all vaccinations.
- c. **Your** cat is not used for breeding, commercial or work purposes.
- d. **Pre-existing Conditions** for **Your** cat will not be covered unless **You** have declared them, and **We** have confirmed cover.

Sections of cover

Section 1: Vet Fees

We will reimburse **You** for the cost of any necessary **Treatment Your Pet** receives for a **Condition(s)**, up to the **Sum Insured** (including any **Inner Limits**) set out below and on **Your Confirmation of Cover**, as follows:

What We cover

1. **Vet Fees**.
2. Up to 12 sessions of **Behavioural Treatment** or **Complementary Therapy** per **Policy Year**, recommended by **Your Vet** to treat **Your Pet** for, or aid their recovery from, a mental or emotional disorder or **Condition**.
3. Up to £250 to have **Your Pet** put to sleep (euthanasia) if recommended or agreed by **Your Vet**.
4. Up to £250 towards the cost of a clinical diet for **Your Pet**, recommended by **Your Vet** for the **Treatment** of a **Condition** other than obesity.
5. Up to £2,000 (or the overall **Sum Insured** for this Section, whichever is lower) to treat **Your Pet** for **Conditions** relating to cruciate ligaments.
6. Up to £2,000 (or the overall **Sum Insured** for this Section, whichever is lower) in total for Magnetic Resonance Imaging (MRI) scans or Computerised Tomography (CT) scans.
7. Dental **Treatment** of **Your Pet** following **Accidental Injury**.

What We don't cover

1. Any amount above the **Sum Insured** stated on **Your Confirmation of Cover** or the **Inner Limits** specified above, where applicable.
2. The **Excess** as stated on **Your Confirmation of Cover**.
3. An amount corresponding to the **Bill Share** that **You** have chosen.
4. Any **Pre-existing Condition** unless declared to **Us** and accepted by **Us** in writing.
5. Any excluded **Condition** as stated on **Your Confirmation of Cover**.
6. The cost of **Treatment** for a dental **Condition** and any **Related Conditions** not caused by **Accidental Injury**.
7. The cost of any **Treatment** for any **Illness** which occurs or shows **Symptoms** within 14 days of the **Cover Start Date** unless **You** have **Continuous Cover**.
8. Any **Treatment** for **Accidental Injury** or poisoning which occurs or shows **Symptoms** within 2 full days of the **Cover**

- Start Date** unless **You** have **Continuous Cover**.
9. House calls, any additional costs for out of hours **Treatment**, or ambulance fees, regardless of **Your** personal circumstances, unless **Your Vet** confirms that moving **Your Pet** or waiting until normal surgery hours would either endanger its life or significantly worsen the **Condition**.
 10. Any cost relating to routine or investigative tests including but not limited to pre-operative blood tests, unless these are to diagnose a **Condition** due to specific existing **Symptoms** and the **Condition** is covered under this **Policy**.
 11. Any routine and preventative **Treatments**, vaccinations, cosmetic dentistry, cosmetic surgery, cleaning and descaling of teeth, spaying, castration, routine removal of dew claws, parasite control **Treatments**, grooming and nail clipping or any complications arising from these **Treatments**.
 12. The cost of any dental crowns, root canals or fillings.
 13. Any **Treatment** related to deciduous teeth (baby/milk teeth) if **Your Pet** is over 16 weeks of age at the **Cover Start Date**.
 14. Any **Treatment** related to retained testes if **Your Pet** is over 16 weeks of age at the **Cover Start Date**.
 15. The cost of any food except as set out in "What **We** cover" point 4.
 16. The cost of any post mortem examination.
 17. Any **Treatment** for an **Illness** that is preventable by vaccination if **You** failed to vaccinate as recommended by **Your Vet**.
 18. The cost of any **Treatment** for fleas except where this is used to treat a skin **Condition**, in which case **We** will pay the cost of one flea **Treatment**.
 19. Any more than one protective collar (or cone), protective boot (one per foot), protective shirt or harness per **Treatment**.
 20. Any **Treatment** related to pregnancy, giving birth or breeding and any related complications.
 21. Any post-operative or convalescent **Treatment** which **Your Vet** confirms **You** could have provided in **Your** home **Yourself**.
 22. Any organ or stem cell transplants, prostheses and any associated **Treatment**.
 23. The cost of surgical items which can be used more than once.
 24. Travelling expenses.
 25. Claims resulting from **Your** dog being involved in a fight where **Your** dog has a history of fighting.
 26. Any **Treatment** following a fight between two or more of **Your Pets**.
 27. Any fees charged by **Your Vet** for completing claim forms.
 28. Any fees charged by **Your Vet** for referral to another **Vet**.
 29. Any claims for **Treatment** not supported by an original receipt endorsed with the address and telephone number of the veterinary surgery providing **Treatment**.
 30. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to this section

1. **We** may contact **Your Vet** to confirm that the **Treatment** provided was appropriate for the particular **Condition**. If **We** consider the **Vet Fees** and/or **Treatment** to be excessive, **We** will negotiate with **Your Vet** on **Your** behalf.
2. **We** reserve the right to obtain a second opinion from **Our Vet** advisor where **We** consider:
 - a. The **Vet** fees charged appear to be in excess of conventional fees charged by an attending/referral veterinary practice; or
 - b. The **Treatment** received may have been unnecessary or excessive when compared with **Treatment** conventionally undertaken by an attending/referral veterinary practice.
3. Where there is a dispute, **We** will pay only those **Vet** fees deemed reasonable and essential by **Our Vet** advisor. **We** reserve the right to pay only up to a 100% mark-up on the manufacturer's price for veterinary medicines, inclusive of any dispensing fee charged by **Your Vet**.

4. If the total **Vet** fees appear likely to exceed £1,000 **You** must notify **Us** immediately for pre-authorization. **We** will only pay those **Vet** fees deemed reasonable and essential by **Our Vet** advisor.
5. A **Bilateral Condition** will be considered as one **Condition** when applying the **Sum Insured** or an exclusion.
6. If **We** are dissatisfied, **We** may ask **You** to find an alternative **Vet** for future **Treatment**. Otherwise, **We** may be unable to pay future claims.
7. **We** can refer **Your Pet's** case history to a **Vet** of **Our** choice and if **We** require, **You** must arrange for **Your Pet** to be examined by this **Vet**. **We** will pay any costs for this.
8. If **You** decide to take **Your Pet** to a different **Vet** for a second opinion because **You** are unhappy with the diagnosis or **Treatment** provided by **Your** own **Vet**, **You** must tell **Us** in advance. If **You** fail to do so, the costs relating to the second opinion will not be covered by **Us**. If **We** require, **You** must use a **Vet** of **Our** choice. If **We** decide the diagnosis or **Treatment** currently being provided is correct, **We** will not cover any costs relating to the second opinion.
9. To make a claim **You** must send **Us**:
 - a. The invoices from the veterinary practice or therapist which show what **You** are claiming for; and
 - b. If **You** are making the first claim for **Your Pet** under this **Policy** – **Your Pet's** full clinical history which is a record of all visits **Your Pet** has made to a **Vet** and can be obtained from each veterinary practice that **Your Pet** has attended; and
 - c. If **You** are covered by the Travel and Holiday section and are claiming for **Vet** fees abroad - the booking invoice for **Your Insured Journey** or any other official documents which show the dates of **Your Insured Journey**.

Section 2: Emergency care

In the event that:

- a. **You**, or a member of **Your Family**, are hospitalised for 24 hours or more consecutively as a result of injury or illness; or
- b. **You** become incapacitated by injury or illness in **Your** own home and no member of **Your** household is able to walk **Your** dog; or
- c. **Your** home becomes uninhabitable due to fire, explosion, storm, flood, subsidence or burglary,

We will reimburse **You**, up to the **Sum Insured** set out on **Your Confirmation of Cover**, for:

What We cover

1. Up to £35 per day towards the cost of **Your Pet** staying in a licensed kennel or cattery or with a **Pet**-minder while **You** are hospitalised or **Your** home is uninhabitable; or
2. Up to £35 per day towards the cost of a professional dog-walker to walk **Your** dog twice a day while **You** are incapacitated; or
3. Up to £15 per day for someone who does not live with **You** to look after **Your Pet** while **You**, or a member of **Your Family**, are hospitalised or **Your** home is uninhabitable.

What We don't cover

1. More than the **Sum Insured** set out on **Your Confirmation of Cover**, in total, for all claims occurring during the **Policy Year**.
2. Any claim if:
 - a. The person looking after **Your Pet** normally lives with **You**; or
 - b. **You** or a member of **Your Family** stay in a convalescent or nursing home.
3. Hospitalisation directly or indirectly arising from:
 - a. Illness or injury which occurred or showed Symptoms before the **Cover Start Date**; or
 - b. Pregnancy or childbirth, unless due to complications which occurred or first showed symptoms after the **Cover Start Date**; or

- c. An elective cosmetic procedure or any other **Treatment** not related to illness or injury or not on the advice of a doctor, specialist or consultant; or
 - d. Alcohol or solvent abuse, drug abuse, drug addiction, attempted suicide or self-inflicted injury or **illness**.
4. Anything mentioned in the “General Policy Exclusions”.

Additional conditions applying to this section

1. **You** must obtain and provide **Us** with a Medical Certificate from the hospital **You** or the member of **Your Family** attended or from **Your GP**, showing **You** and their name and address, the dates of, and reason for, hospitalisation or incapacity; and
2. **You** must obtain and provide **Us** with original receipts from the boarding kennel, cattery or **Pet**-minder where **Your Pet** stayed, showing the name of **Your Pet**, **Your** name and address, the dates of the stay and the amounts charged for each day; or
3. **You** must obtain and provide **Us** with original receipts from the dog-walker, showing the name of **Your Pet**, **Your** name and address, the dates of walking and the amounts charged for each day; or
4. Written confirmation that **Your Pet** was looked after by another person, stating their name, address and telephone number and the number of days **Your Pet** was looked after.

Section 3: Third-party liability (dogs only)

In the event that **Your dog** causes:

1. Death or bodily injury to another person; or
2. Loss of or damage to the tangible, material property of another person,

We will pay up to the **Sum Insured** set out on **Your Confirmation of Cover**, for:

What We cover

1. Material damages and compensation for which **You** are legally liable; and
2. Legal costs and expenses incurred in defending an action against **You** or in negotiating the settlement of such an action; and
3. **Your** costs and expenses incurred in the event that **Your** attendance or participation is required by **Us** in the defence of such an action.

What We don't cover

1. Any liability directly or indirectly arising from:
 - a. Death or bodily injury to **You**, **Your** relative, a member of **Your** household, a person **You** employ, a person with whom **You** have arranged to stay or a person looking after **Your** dog with **Your** permission; or
 - b. Loss of or damage to material property, buildings or land owned by, or in the care, custody or control of **You**, a relative, a member of **Your** household, a person **You** employ, a person with whom **You** have arranged to stay or a person looking after **Your** dog with **Your** permission; or
 - c. **Your** trade, profession or business or that of a member of **Your** household, a person **You** employ, a person with whom **You** have arranged to stay or a person looking after **Your** dog with **Your** permission; or
 - d. Any incident occurring at **Your** place of work or that of a member of **Your** household, a person **You** employ, a travelling companion, a person with whom **You** have arranged to stay or a person looking after **Your** dog with **Your** permission; or
 - e. A contract, unless such liability would exist in any event in the absence of the contract; or
 - f. **Your** deliberate, unlawful, malicious or willful act or omission; or
 - g. A matter which is subject to criminal proceedings against **You**.
 - h. Any incident occurring when **Your** dog is in the care of a business or a professional and **You** are paying for their services, including, but not limited to, when **Your** dog is in the care of a

- dog walker/minder/sitter, a boarding kennel, a **Vet** or a grooming parlour.
- i. Any incident if **You** have failed to follow the instructions or advice given to **You** by a re-homing organisation or a qualified behaviourist about the behaviour of **Your** dog.
 - j. Any incident occurring in an area or place where dogs are specifically prohibited, unless **Your** dog escapes and enters the area outside of **Your** control; or
 - k. **Your** dog's interaction with other animals or worrying livestock; or
 - l. Any person handling **Your** dog without **Your** permission or consent.
2. Any claim if **Your** dog lives at, or is kept on, premises which sell alcohol. There is no cover if an incident happens at, or away from, the premises. For the purposes of this **Policy**, **We** consider a dog to be living at, or being kept on, premises which sell alcohol if the business premises can be accessed from the residential premises.
 3. Any liability directly or indirectly arising where cover is provided under any other insurance or guarantee.
 4. Punitive or exemplary damages.
 5. Any claim if, when **You** bought or renewed the **Policy**, **You** failed to disclose to **Us** that **Your** dog had previously been involved in an accident involving a third party or attacked, bitten or been aggressive towards a person or other animal or has shown aggressive tendencies.
 6. Any claim arising outside of **Your** country of residence (the **United Kingdom**) unless **You** have purchased our optional Travel and Holiday cover.
 7. Any fines, compensation and prosecution costs following **Your** prosecution under the provisions of the Dogs Act 1871, Dogs (Protection of Livestock) Act 1953, Dangerous Dogs Act 1991 or Dangerous Dogs (Northern Ireland) Order 1991 or any supplementary or replacement legislation.
 8. Any fines, penalties or breach of quarantine restrictions, or import or export regulations.
 9. Any claim if **You** are responsible for air, water or soil pollution, unless it can be proven that the pollution took place immediately after and as a result of an accident caused by **Your** dog.
 10. Any claim where **You** have failed to notify **Us** of the **Insurance Event** within a reasonable time of it occurring and where this failure adversely affects **Our** ability to defend the claim or to limit **Our** liability.
 11. Any liability arising from **Your** ownership of a cat.
 12. The **Excess** as stated on **Your Confirmation of Cover**.
 13. Anything mentioned in the "General Policy Exclusions."

Additional conditions applying to this section

1. If **You** know of any **Insurance Event** which may result in a claim under this section **You** must:
 - a. Inform **Us** in writing without delay; and
 - b. Send all correspondence and legal documents to **Us** unanswered without delay; and
 - c. Not discuss liability with any third party.
2. **You** must make no admission of liability, or offer, promise, or make payment or indemnity without **Our** prior written agreement.
3. **You** must provide **Us** with details of any other insurances which may provide cover for the death, bodily injury or loss or damage in question.
4. **We** are entitled to take over the defence and settlement of any claim against **You** in **Your** name and have full discretion in the conduct of any proceedings and the settlement of any claim.
5. **We** may, at **Our** own expense, take over proceedings in **Your** name with full discretion to recover compensation or indemnity from any third party in respect of any loss, damage or expense.
6. In the event that **Your** attendance or participation is required by **Us** in the defence or negotiation of an action against **You**, **We** will pay **Your** reasonable and necessary transport and accommodation costs and expenses, provided that these are agreed by **Us** in advance, in writing.

7. If more than one dog is insured under this **Policy** and are involved in, or contribute towards, an incident, the most **We** will pay for the incident in total is the **Sum Insured**.
8. If a business or professional, including but not limited to a dog walker/minder/sitter, a boarding kennel, a **Vet** or a grooming parlour, is being paid to care for **Your** dog in any way it is **Your** responsibility to:
 - a. Ensure that the business or professional has appropriate third-party liability insurance; and
 - b. Tell them if **Your** dog has any behavioural problems or requires any special handling so that they can handle **Your** dog in an appropriate manner.

Section 4: Dental Illness (optional)

This section only applies if the appropriate additional **premium** has been paid and **Dental Illness** is shown on **Your Confirmation of Cover**, in which case the cover provided for **Vet Fees** under Section 1 is extended as follows (all other exclusions and conditions from Section 1, apply to this Section):

What is covered

Up to the overall **Sum Insured** for Section 1: Vet Fees for the cost of **Treatment** for a **Dental Condition** and any **Related Conditions** not caused by **Accidental Injury**, providing:

- a. There is a history of annual check-ups (or if not annual, as recommended by **Your Vet**) and evidence that any advice given has been followed within 6 months; and
- b. The **Treatment** is to relieve suffering due to **Illness**.

What is not covered

See Section 1.

Additional conditions applying to this section

See Section 1.

Section 5: Missing Pet (optional)

This section only applies if the appropriate additional **Premium** has been paid and **Missing Pet** cover is shown on **Your Confirmation of Cover**. This section only covers **Pets** which are microchipped.

A. Loss, theft or straying

In the event that **Your Pet** is lost, stolen or strays and is not recovered within 30 days, **We** will pay **You**:

What We cover

1. **Your Pet's Value**, up to £5,000 as set out on **Your Confirmation of Cover**.

What We don't cover

1. Any claim if **Your Pet** goes missing before, or within 14 days after, the **Cover Start Date** unless **You** have **Continuous Cover**.
2. Any claim for **Your** dog if it is not microchipped in accordance with the applicable **Microchipping Legal Requirements** or the microchip information held on record is not kept up to date.
3. Any claim for **Your cat** if it is not microchipped or the microchip information held on record is not kept up to date.
4. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to this section

1. Within 24 hours of finding out that **Your Pet** is missing **You** must tell the appropriate authority; **Your** local authority or the Police depending on where **You** live and whether **You** believe **Your Pet** was stolen. If **Your Pet** is a cat and **You** do not believe it has been stolen, this is not required.
2. Within 48 hours of finding out that **Your Pet** is missing, **You** must notify **Your** microchip provider and at least one veterinary practice in the area where **Your Pet** was last seen.

3. If **You** have purchased our optional Travel and Holiday cover, and **Your Pet** goes missing when outside of the **United Kingdom**, **You** must report the loss to the local Police or, if the loss happens on a ship, aircraft, train or coach or while in the custody of a transport provider, to that transport provider and obtain written confirmation of **Your** report.
4. **You** must advise **Us** as soon as possible in writing, but not later than 30 days after **Your Pet** goes missing.
5. **You** must provide **Us** with proof of what **You** paid for **Your Pet**; a purchase receipt, or a donation certificate if **You** got **Your Pet** from an animal charity. If **You** have no formal proof of payment, **We** will pay **You** the estimated value of **Your Pet** based on its age, breed, pedigree, sex and breeding ability at the time of the Insurance Event resulting in a claim, not exceeding the **Sum Insured**.
6. If **You** claim for a pedigree **Pet**, **You** must send **Us** the original recognised Breed Club registration document and Pedigree Certificate.
7. If **We** pay a claim under this section, **We** will not automatically cancel **Your Pet** from the **Policy** (if there are multiple **Pets** on **Your Policy**), or cancel the **Policy** entirely (if there is only one **Pet** on **Your Policy**) unless **You** ask **Us** to. Cover can continue for **Your Pet** while it is missing, as long as **You** continue to pay the **Premium** and renew the **Policy**.
8. If **We** pay a claim under this section and **Your Pet** is subsequently recovered alive, **You** will repay the claim amount to **Us**.

B: Advertising and reward.

In the event that **Your Pet** is lost, stolen or strays, **We** will reimburse **You** for the following costs of attempting to recover **Your** missing **Pet**, in total up to the **Sum Insured** set out on **Your Confirmation of Cover**:

What We cover

1. Up to £250 towards the cost of advertising materials (posters, flyers, leaflets and similar) and advertising on social media; and
2. The reward **You** have offered and paid to recover **Your** missing **Pet**, up to twice **Your Pet's Value** or the **Sum Insured**, whichever is lower.

What We don't cover

1. Any claim:
 - a. If **Your Pet** goes missing before, or within 14 days after, the **Cover Start Date** unless **You** have **Continuous Cover**; or
 - b. Where **You**, or the person looking after **Your Pet**, have voluntarily parted with or abandoned it, even if tricked into doing so; or
 - c. For **Your** dog if it is not microchipped in accordance with the applicable **Microchipping Legal Requirements** or the microchip information held on record is not kept up to date; or
 - d. Any claim for **Your** cat if it is not microchipped or the microchip information held on record is not kept up to date.
 - e. Made more than 90 days after the date **Your Pet** went missing.
2. Payment of any reward:
 - a. To **You**, **Your** relative, a member of **Your** household, a person **You** employ or any other person known to **You** before **Your Pet** went missing; or
 - b. To the person who stole **Your Pet**, or any person who is in collusion with the person who stole **Your Pet**; and
 - c. That **We** have not agreed to before **You** advertised it.
3. Any costs for the services of any person, company, organisation or **Pet** detective to search for **Your Pet**, either on foot or with search dogs or equipment.
4. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to this section

1. Within 24 hours of finding out that **Your Pet** is missing **You** must tell the

appropriate authority; **Your** local authority or the Police depending on where **You** live and whether **You** believe **Your Pet** was stolen. If **Your Pet** is a cat and **You** do not believe it has been stolen, this is not required.

2. Within 48 hours of finding out that **Your Pet** is missing, **You** must notify **Your** microchip provider and at least one veterinary practice in the area where **Your Pet** was last seen.
3. If **You** have purchased our optional Travel and Holiday cover, and **Your Pet** goes missing when outside of the **United Kingdom**, **You** must report the loss to the local Police or, if the loss happens on a ship, aircraft, train or coach or while in the custody of a transport provider, to that transport provider and obtain written confirmation of **Your** report.
4. **Your Pet** must have been missing for at least 48 hours before a claim can be made.
5. If **Your Pet** is recovered, to claim for payment of a reward **You** must obtain and provide **Us** with a signed receipt showing the full name, address, telephone number and email address of the person who found **Your Pet** and received the reward.
6. **You** must obtain and provide **Us** with original receipts for all costs incurred.

Section 6: Farewell (optional)

This section only applies if the appropriate additional **Premium** has been paid and Farewell cover is shown on **Your Confirmation of Cover**.

A: Death from Accidental Injury or Illness

In the event that **Your Pet** dies or has to be put to sleep (euthanasia) by a **Vet**, as a result of **Accidental Injury** or **Illness**, **We** will pay **You**:

What We cover

1. **Your Pet's Value**, up to £5,000 as set out on **Your Confirmation of Cover**.

What We don't cover

1. Death as a result of an **Accidental Injury** that occurs before or within 2 full days after the **Cover Start Date** or an **Illness**

that occurs or shows **Symptoms** before, or within 14 days after the **Cover Start Date** unless **You** have **Continuous Cover**.

2. Death as a result of any **Pre-existing Condition** unless declared to **Us** and accepted by **Us** in writing.
3. Death as a result of breeding, pregnancy or giving birth.
4. Death as a result of the accidental or unintended consequences of preventative, routine or elective **Treatment** or surgical intervention.
5. Euthanasia following **Accidental Injury** or **Illness**, unless the **Vet** confirms that it was not humane to keep **Your Pet** alive.
6. Euthanasia due to any act of any legal or legislative authority for any reason whatsoever, including any order made in respect of a notifiable disease.
7. Euthanasia due to behavioural problems or for financial reasons.
8. Any claim under this section if **We** have already paid a claim under the **Missing Pet – Loss, theft or straying** section arising from the same **Insurance Event** and **Your Pet** is subsequently found to have died.
9. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to this section

1. The death must occur during the same **Policy Year** as the **Accidental Injury**.
2. **You** must advise **Us** as soon as possible in writing, but not later than 30 days after **Your Pet's** death.
3. **You** must provide **Us** with proof of what **You** paid for **Your Pet**; a purchase receipt, or a donation certificate if **You** got **Your Pet** from an animal charity. If **You** have no formal proof of payment, **We** will pay **You** the estimated value of **Your Pet** based on its age, breed, pedigree, sex and breeding ability at the time of the **Insurance Event** resulting in a claim, not exceeding the **Sum Insured**.
4. If **You** claim for a pedigree **Pet**, **You** must send **Us** the original recognised Breed Club registration document and Pedigree Certificate.

5. **You** must obtain and send **Us** a **Vet** certificate stating the cause of death at **Your** own expense and arrange a post-mortem examination if **We** require one.
6. If **We** pay a claim under this section, **We** will automatically cancel **Your Pet** from the **Policy** (if there are multiple **Pets** on **Your Policy**), or cancel the **Policy** entirely (if there was only one **Pet** on **Your Policy**) from the day after **You** inform **Us** of **Your Pet's** death.

B: Cremation or burial

In the event that **Your Pet** dies or is put to sleep by a **Vet** as a result of **Accidental Injury** or **Illness**, **We** will reimburse **You**, up to the **Sum Insured** set out on **Your Confirmation of Cover**, for:

What We cover

Up to £250 in total towards:

1. The costs of cremation or burial or having **Your Pet** disposed of; and
2. The cost of an urn, casket or box.

What We don't cover

1. Any claim if **Your Pet** dies as a result of **Accidental Injury** or **Illness** not covered elsewhere under this **Policy**.
2. Ongoing or periodic cemetery fees for maintenance of **Your Pet's** grave or the cemetery in general.

Additional conditions applying to this section

1. **You** must obtain and provide **Us** with original receipts for all costs incurred.

Section 7: Travel and Holiday (optional)

In order to travel abroad with **Your Pet**, **You** may need to get certain **Pet Travel Documents** such as a Pet Passport or Pet Health Certificate. What **You** need to do will depend on which country **You** are going to.

For the latest information please see www.gov.uk/taking-your-pet-abroad.

If **You** are a resident of Northern Ireland travelling to Great Britain or **You** are a resident of Great Britain, travelling to Northern Ireland, the covers detailed below in relation to the requirements for **Pet Travel Documents** are automatically provided for such trips under this section with no additional **Premium**.

Otherwise, this section only applies if the appropriate additional **Premium** has been paid and purchased our optional Travel and Holiday cover. is shown on **Your Confirmation of Cover**, in which case the **Geographical Area of Cover** applicable to this section is extended to Worldwide, and the additional cover detailed below applies.

Cover is provided for a maximum of 183 days abroad per **Policy Year** of no more than 90 days per trip. Cover applies to **You** and to any **Family** member accompanying **You** on **Your** trip.

We will reimburse **You** up to the **Sum Insured**, in total, set out on **Your Confirmation of Cover**, as a result of:

A. Vet Fees Abroad

The **Sums Insured** and **Inner Limits** which apply to **Vet Fees Abroad** apply in total together with **Vet Fees**. i.e. if **You** have chosen an overall **Sum Insured** for Section 1: **Vet Fees** of £5,000 the most **We** will pay for **Vet Fees** in the **United Kingdom** and Abroad in total in a **Policy Year**, is £5,000.

We will reimburse **You** for the cost of any necessary **Treatment Your Pet** receives for a **Condition(s)**, up to the **Sum Insured** (including any **Inner Limits**) set out below and on **Your Confirmation of Cover**, as follows:

What We cover

1. **Vet Fees**.
2. Up to 12 sessions of **Behavioural Treatment** or **Complementary Therapy** per **Policy Year**, recommended by **Your Vet** to treat **Your Pet** for, or aid their recovery from, a mental or emotional disorder or **Condition**.
3. Up to £250 to have **Your Pet** put to

sleep (euthanasia) if recommended or agreed by **Your Vet**.

4. Up to £250 towards the cost of a clinical diet for **Your Pet**, recommended by **Your Vet** for the **Treatment** of a **Condition** other than obesity.
5. Up to £2,000 (or the overall **Sum Insured** for this Section, whichever is lower) to treat **Your Pet** for **Conditions** relating to cruciate ligaments.
6. Up to £2,000 (or the overall **Sum Insured** for this Section, whichever is lower) in total for Magnetic Resonance Imaging (MRI) scans or Computerised Tomography (CT) scans.
7. Dental **Treatment** of **Your Pet** following **Accidental Injury**.

What We don't cover

1. Any amount above the **Sum Insured** stated on **Your Confirmation of Cover** or the **Inner Limits** specified above, where applicable.
2. The **Excess** as stated on **Your Confirmation of Cover**.
3. An amount corresponding to the **Bill Share** that **You** have chosen.
4. Any **Pre-existing Condition** unless declared to **Us** and accepted by **Us** in writing.
5. Any excluded **Condition** as stated on **Your Confirmation of Cover**.
6. The cost of **Treatment** for a dental **Condition** and any **Related Conditions** not caused by **Accidental Injury**.
7. The cost of any **Treatment** for any **Illness** which occurs or shows **Symptoms** within 14 days of the **Cover Start Date** unless **You** have **Continuous Cover**.
8. Any **Treatment** for **Accidental Injury** or poisoning which occurs or shows **Symptoms** within 2 full days of the **Cover Start Date** unless **You** have **Continuous Cover**.
9. House calls, any additional costs for out of hours **Treatment**, or ambulance fees, regardless of **Your** personal circumstances, unless **Your Vet** confirms that moving **Your Pet** or waiting until normal surgery hours would either endanger its life or significantly worsen the **Condition**.
10. Any cost relating to routine or investigative tests including but not limited to pre-operative blood tests, unless these are to diagnose a **Condition** due to specific existing **Symptoms** and the **Condition** is covered under this **Policy**.
11. Any routine and preventative **Treatments**, vaccinations, cosmetic dentistry, cosmetic surgery, cleaning and descaling of teeth, spaying, castration, routine removal of dew claws, parasite control **Treatments**, grooming and nail clipping or any complications arising from these **Treatments**.
12. The cost of any dental crowns, root canals or fillings.
13. Any **Treatment** related to deciduous teeth (baby/milk teeth) if **Your Pet** is over 16 weeks of age at the **Cover Start Date**.
14. Any **Treatment** related to retained testes if **Your Pet** is over 16 weeks of age at the **Cover Start Date**.
15. The cost of any food except as set out in "What We cover" point 4.
16. The cost of any post mortem examination.
17. Any **Treatment** for an **Illness** that is preventable by vaccination if **You** failed to vaccinate as recommended by **Your Vet**.
18. The cost of any **Treatment** for fleas except where this is used to treat a skin **Condition**, in which case **We** will pay the cost of one flea **Treatment**.
19. Any more than one protective collar (or cone), protective boot (one per foot), protective shirt or harness per **Treatment**.
20. Any **Treatment** related to pregnancy, giving birth or breeding and any related complications.
21. Any post-operative or convalescent **Treatment** which **Your Vet** confirms **You** could have provided in **Your** home **Yourself**.
22. Any organ or stem cell transplants, prostheses and any associated **Treatment**.

23. The cost of surgical items which can be used more than once.
24. Travelling expenses.
25. Claims resulting from **Your** dog being involved in a fight where **Your** dog has a history of fighting.
26. Any **Treatment** following a fight between two or more of **Your Pets**.
27. Any fees charged by **Your Vet** for completing claim forms.
28. Any fees charged by **Your Vet** for referral to another **Vet**.
29. Any claims for **Treatment** not supported by an original receipt endorsed with the address and telephone number of the veterinary surgery providing **Treatment**.
30. Anything mentioned in the “General Policy Exclusions”.

Additional conditions applying to this section

1. **We** may contact **Your Vet** to confirm that the **Treatment** provided was appropriate for the particular **Condition**. If **We** consider the **Vet Fees** and/or **Treatment** to be excessive, **We** will negotiate with **Your Vet** on **Your** behalf.
2. **We** reserve the right to obtain a second opinion from **Our Vet** advisor where **We** consider:
 - a. The **Vet** fees charged appear to be in excess of conventional fees charged by an attending/referral veterinary practice; or
 - b. The **Treatment** received may have been unnecessary or excessive when compared with **Treatment** conventionally undertaken by an attending/referral veterinary practice.
3. Where there is a dispute, **We** will pay only those **Vet** fees deemed reasonable and essential by **Our Vet** advisor. **We** reserve the right to pay only up to a 100% mark-up on the manufacturer’s price for veterinary medicines, inclusive of any dispensing fee charged by **Your Vet**.
4. If the total **Vet** fees appear likely to exceed £1,000 **You** must notify **Us** immediately for pre-authorisation. **We** will only pay those **Vet** fees deemed reasonable and essential by **Our Vet** advisor.

5. A **Bilateral Condition** will be considered as one **Condition** when applying the **Sum Insured** or an exclusion.
6. If **We** are dissatisfied, **We** may ask **You** to find an alternative **Vet** for future **Treatment**. Otherwise, **We** may be unable to pay future claims
7. **We** can refer **Your Pet**’s case history to a **Vet** of **Our** choice and if **We** require, **You** must arrange for **Your Pet** to be examined by this **Vet**. **We** will pay any costs for this.
8. If **You** decide to take **Your Pet** to a different **Vet** for a second opinion because **You** are unhappy with the diagnosis or **Treatment** provided by **Your** own **Vet**, **You** must tell **Us** in advance. If **You** fail to do so, the costs relating to the second opinion will not be covered by **Us**. If **We** require, **You** must use a **Vet** of **Our** choice. If **We** decide the diagnosis or **Treatment** currently being provided is correct, **We** will not cover any costs relating to the second opinion.
9. To make a claim **You** must send **Us**:
 - a. The invoices from the veterinary practice or therapist which show what **You** are claiming for; and
 - b. If **You** are making the first claim for **Your Pet** under this **Policy** – **Your Pet**’s full clinical history which is a record of all visits **Your Pet** has made to a **Vet** and can be obtained from each veterinary practice that **Your Pet** has attended; and
 - c. The booking invoice for **Your Insured Journey** or any other official documents which show the dates of **Your Insured Journey**.

B. Emergency repatriation

The emergency repatriation of **Your Pet** or its remains due to:

1. **Accidental Injury** or **Illness** of **Your Pet**; or
2. The death of **Your Pet**.

What We cover

1. Reasonable additional costs to transport **Your Pet** or its remains, home.

What We don't cover

1. Any additional costs not approved by **Us** in advance.
2. Any costs or expenses that **You** would have had to pay in any case.
3. Any claim in respect of B.1., unless a **Vet** has certified that **Your Pet** is too ill to travel home by the scheduled means of transport.
4. Any claim arising from **Accidental Injury** or **Illness** of **Your Pet** occurring prior to departure from **Your** home.
5. The cost of an urn, casket or box for **Your Pet's** remains.
6. The **Excess** as stated on **Your Confirmation of Cover**.
7. Anything mentioned in the "General Policy Exclusions"

Additional conditions applying to this section

1. Any additional travel and accommodation expenses must be approved by **Us** in advance.
2. **You** must obtain and provide **Us** with any written evidence **We** require to demonstrate the reason(s) for the emergency repatriation and original receipts for any additional costs claimed.

C. Trip Cancellation

In the event that **Your Pet**:

1. Is lost, stolen or strays; or
2. Dies or is put to sleep by a **Vet** as a result of an **Accidental Injury** or **Illness**; or
3. Requires urgent life-saving **Treatment** as a result of an **Accidental Injury** or **Illness**;

occurring (or in the case of **Illness**, deteriorating to the point of being life-threatening) within 7 days before **Your** scheduled departure, and **You** cancel **Your Insured Journey**.

What We cover

1. The cost of:
 - a. **Your** unused non-refundable pre-booked travel and accommodation which **You** have paid or are contracted to pay; and

- b. **Your** unused non-refundable pre-booked airport parking, car hire, airport lounge pass and excursions which **You** have paid or are contracted to pay; and
- c. **Your** unused non-refundable visa or other relevant travel permission which **You** have paid.
- d. **Your** unused non-refundable pre-booked kennel and/or cattery fees which **You** have paid or are contracted to pay.

What We don't cover

1. Any claim as a result of an **Accidental Injury** or **Illness** that occurs or shows symptoms before, or within 14 days after, the **Cover Start Date** unless **You** have **Continuous Cover**.
2. Any claim as a result of the loss, theft or straying of **Your Pet** unless it would be covered under the Loss, theft or straying section of this **Policy** (regardless of whether **You** have chosen that cover).
3. Any claim following the death of **Your Pet** as a result of **Accidental Injury** or **Illness** unless it would be covered under the **Farewell** section of this **Policy** (regardless of whether **You** have chosen that cover).
4. Any claim as a result of **Treatment** on **Your Pet** that a **Vet** confirms is not urgent and life-saving.
5. Any additional expenses resulting from **You** not cancelling **Your Insured Journey** as soon as reasonably possible after **You** become aware of the need to cancel.
6. Any claim for costs which are recoverable elsewhere, such as from a travel insurance policy.
7. Any loss in respect of Air Passenger Duty (this can be reclaimed by **You** through **Your** travel agent or airline).
8. Any claim for management fees, maintenance costs or exchange fees associated with timeshares, holiday property bonds or similar arrangements.
9. Any claim for promotional vouchers or reward points such as Air Miles or Avios points.
10. Any claim for anyone booked to travel with **You** who is not a member of **Your Family**, or for costs paid by **You** on behalf of other persons not insured under this **Policy**.

11. The **Excess** as stated on **Your Confirmation of Cover**. The **Excess** for this section of cover applies per person for each claim.
12. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to this section

1. **You** must notify the tour operator, travel agent or transport and accommodation provider as soon as **You** become aware of the need to cancel **Your Insured Journey**. **Our** liability will be restricted to the cancellation charges that would have applied had **You** not failed to do so.
2. **You** must contact Petsure Claims as soon as **You** know that there is a possibility of **Your** trip not going ahead.
3. **You** must provide **Us** with any written evidence and any original documents that **We** require to support **Your** claim, including proof of the reason for, and the costs of, cancellation.
4. Get authorisation from Petsure Claims before incurring any expenses in cancelling **Your** trip.
5. If **You** cancel **Your** trip due to the **Accidental Injury** or **Illness** of **Your Pet**, **Your Vet** should complete the Veterinary Certificate on the claim form.
6. Multipet cover will not entitle **You** to more than the **Sum Insured** for Trip Cancellation.

D. Cutting short Your trip

In the event that **Your Pet**:

1. Is lost, stolen or strays; or
2. Dies or is put to sleep by a **Vet** as a result of an **Accidental Injury** or **Illness**; or
3. Requires urgent life-saving **Treatment** as a result of an **Accidental Injury** or **Illness** in the **United Kingdom**; or
4. Requires emergency repatriation as a result of an **Accidental Injury** or **Illness** abroad covered under sub-section B. Emergency repatriation above;

occurring (or in the case of **Illness**, deteriorating to the point of being life-threatening) after **Your** departure, and **You** cut short **Your Insured Journey**.

What We cover

1. **Your** reasonable additional travel and accommodation expenses which **You** incur in cutting short **Your Insured Journey** and returning home; and
2. A pro-rata amount corresponding to the cost of the unused proportion of:
 - a. **Your** non-refundable pre-booked travel and accommodation which **You** have paid or are contracted to pay; and
 - b. **Your** non-refundable pre-booked airport parking, car hire, airport lounge pass and excursions which **You** have paid or are contracted to pay; and
 - c. **Your** non-refundable visa or other relevant travel permission which **You** have paid; and
 - d. **Your** unused non-refundable pre-booked kennel and/or cattery fees which **You** have paid or are contracted to pay.

What We don't cover

1. Any claim as a result of an **Accidental Injury** or **Illness** that occurs or shows symptoms before, or within 14 days after, the **Cover Start Date** unless **You** have **Continuous Cover**.
2. Any claim as a result of the loss, theft or straying of **Your Pet** unless it would be covered under the Missing Pet: Loss, theft or straying section of this **Policy** (regardless of whether **You** have chosen that cover).
3. Any claim following the death of **Your Pet** as a result of **Accidental Injury** or **Illness** unless it would be covered under the Farewell section of this **Policy** (regardless of whether **You** have chosen that cover).
4. Any claim as a result of **Treatment** on **Your Pet** that a **Vet** confirms is not urgent and life-saving.
5. Any claim for costs which are recoverable elsewhere, such as from a travel insurance policy.
6. Any loss in respect of Air Passenger Duty (this can be reclaimed by **You** through **Your** travel agent or airline).

7. Any claim for management fees, maintenance costs or exchange fees associated with timeshares, holiday property bonds or similar arrangements.
8. Any claim for promotional vouchers or reward points such as Air Miles or Avios points.
9. Any claim for anyone booked to travel with **You** who is not a member of **Your Family**, or for costs paid by **You** on behalf of other persons not insured under this **Policy**.
10. The **Excess** as stated on **Your Confirmation of Cover**. The **Excess** for this section of cover applies per person for each claim.
11. Anything mentioned in the "General Policy Exclusions".

Additional conditions applying to this section

1. **You** must notify the tour operator, travel agent or transport and accommodation provider as soon as **You** become aware of the need to cut short **Your Insured Journey**. **Our** liability will be restricted to the costs of cutting short **Your** trip that would have applied had **You** not failed to do so.
2. **You** must contact Petsure Claims as soon as **You** know that there is a possibility of **Your** having to be cut short.
3. **You** must provide **Us** with any written evidence and any original documents that **We** require to support **Your** claim, including proof of the reason for, and the costs of, cutting short **Your** trip.
4. Get authorisation from Petsure Claims before incurring any expenses in cutting short **Your** trip.
5. If **You** cut short **Your** trip due to the **Accidental Injury** or **Illness** of **Your Pet**, the treating **Vet** should complete the Veterinary Certificate on the claim form.
6. Multipet cover will not entitle **You** to more than the **Sum Insured** for cutting short **Your** trip.

E. Delayed return

Your unavoidable delay in returning home, beyond **Your** schedule return date, due to:

1. **Accidental Injury** or **Illness** of **Your Pet** making it unfit to travel home; or
2. Loss, destruction or theft of essential **Pet Travel Documents** for **Your Pet** during **Your** trip; or
3. Failure of **Your Pet's** microchip (requiring new certification) during **Your** trip; or
4. Lapse in the validity of **Your Pet's** parasite/worming certification following a delay in **Your** scheduled return travel outside of **Your** control; or
5. Loss, theft or straying of **Your Pet** abroad; or
6. The death of **Your Pet** abroad; or

What We cover

1. Reasonable additional travel and accommodation expenses (room only) for **You** to extend **Your** stay beyond **Your** scheduled return date, until;
 - a. **Your Pet** is medically fit to return home; or
 - b. **You** receive necessary replacement **Pet Travel Documents**; or
 - c. **You** receive necessary new microchip certification for **Your Pet**; or
 - d. **Your Pet** receives repeat parasite/worming **Treatment** and certification; or
 - e. **You** recover **Your Pet**; or
 - f. **You** are able to arrange to bury or cremate **Your Pet** abroad or arrange the repatriation of its remains; or
2. Reasonable additional costs of meeting the requirements for **Pet Travel Documents** so that **Your Pet** can return home.

What We don't cover

1. Any additional travel and accommodation expenses not approved by **Us** in advance.
2. Any costs or expenses that **You** would have had to pay in any case.
3. Any claim in respect of E.1, unless a **Vet** has certified that **Your Pet** is too ill to travel home on the scheduled departure date.
4. Any costs or expenses incurred after such

- a time as **You** and **Your Pet** could have returned home, if **You** choose not to do so.
5. Any claim arising from:
 - a. **Accidental Injury** or **Illness** of **Your Pet** occurring prior to departure from **Your** home.
 - b. **Your** failure to provide any **Pet Travel Documents** whether required by the regulations of the UK or a foreign Government, a transport provider or their agent or other authorities, unless specifically covered by this **Policy**.
 - c. Any **Pet Travel Documents** lost, destroyed or stolen prior to departure from **Your** home.
 - d. Microchip failure if **Your Pet's** microchip was not tested and found to be working prior to departure from **Your** home.
 - e. Confiscation, detention, requisition, damage, destruction or any prohibitive regulations by customs or any government officials or authorities of any country.
 6. The **Excess** as stated on **Your Confirmation of Cover**.
 7. Anything mentioned in the "General Policy Exclusions"

Additional conditions applying to this section

1. Any additional travel and accommodation expenses must be approved by **Us** in advance. **We** will only pay for economy class travel where this is available and for accommodation to a similar standard as the original booking.
2. If **You** do not hold a valid return ticket, **We** will deduct from **Your** claim an amount equal to **Your** original carrier's one-way charges, for the same class of ticket as **Your** outward travel, for the route used for **Your** return home.
3. **You** must take any actions necessary as soon as practical, with regard to **Your Pet** and to alternative transport arrangements, to allow **You** to return home at the earliest reasonable opportunity.

4. **You** must take reasonable care in protecting **Your Pet Travel Documents** against loss or theft at all times and, if left unattended, they must be kept in **Your** locked private accommodation or in the locked boot, covered luggage area or glove compartment of a locked vehicle.
5. **You** must report the loss or theft of **Your Pet Travel Documents** to the local Police or, if the loss happens on a ship, aircraft, train or coach or while in the custody of a transport provider, to that transport provider as soon as reasonably possible and obtain written confirmation of **Your** report.
6. **You** must obtain and provide **Us** with any written evidence **We** require to demonstrate the reason(s) for **Your** delayed return home and original receipts for any additional travel, accommodation, veterinary and other expenses claimed.

F. Quarantine expenses

The unexpected legally-required quarantine of **Your Pet**, due to:

1. The new **Illness** of **Your Pet**; or
2. The failure of **Your Pet's** microchip, or
3. The loss, destruction or theft of the **Pet Travel Documents** of **Your Pet**.

What is covered

1. The reasonable costs of quarantine for **Your Pet**.

What is not covered

1. Any additional costs not approved by **Us** in advance.
2. Any costs or expenses that **You** would have had to pay in any case.
3. Any claim arising from:
 - a. **Illness** of **Your Pet** occurring prior to departure from **Your** home.
 - b. **Your** failure to provide any **Pet Travel Documents** whether required by the regulations of the UK or a foreign Government, a transport provider or

their agent or other authorities, unless specifically covered by this **Policy**.

- c. Any **Pet Travel Documents** lost, destroyed or stolen prior to departure from **Your** home.
 - d. Microchip failure if **Your Pet's** microchip was not tested and found to be working prior to departure from **Your** home.
 - e. Confiscation, detention, requisition, damage, destruction or any prohibitive regulations by customs or any government officials or authorities of any country.
4. The **Excess** as stated on **Your Confirmation of Cover**.
5. Anything mentioned in the "General Policy Exclusions"

Additional conditions applying to this section

- 1. Any additional travel and accommodation expenses must be approved by **Us** in advance.
- 2. **You** must obtain and provide **Us** with any written evidence **We** require to demonstrate the reason(s) for **Your Pet's** quarantine and original receipts for any costs claimed.

General policy exclusions

These exclusions apply to all sections of **Your Policy**. In addition, individual sections of cover may have specific exclusions which apply only to those sections.

- A. This **Policy** does not provide cover unless:
- a. **You** and **Your Pet** are resident in the **United Kingdom**; and
 - b. **Your Pet** is more than 4 weeks old.
- B. **We** will not pay for any losses unless both the **Insurance Event** causing the claim and the resulting losses occur within the **Geographical Area of Cover**.
- C. **We** will not pay for any losses that are not directly associated with the **Insurance Event** causing the claim, for example loss of earnings if **You** are forced to take time off work or the cost of repairing or

cleaning **Your** furniture or carpets soiled or damaged by **Your Pet**.

- D. **We** will not pay for any losses recoverable from any other source. Where another insurance policy covers the same risk, **We** will only pay **Our** proportionate share of a valid claim.
- E. **We** will not pay for any loss, damage, cost or expense directly or indirectly caused by or arising from:

1. Civil authority order

A government, civil authority or court ordering that **Your Pet** be:

- a. Vaccinated against an illness as part of a compulsory mass vaccination programme. **We** will not pay any costs relating to the vaccination itself or any resulting complications.
- b. Confiscated or destroyed, including under the Animals Act 1971 United Kingdom and any amendments to it or replacement legislation, because it was worrying livestock.

2. Coronavirus

Any coronavirus or SARS-like virus, including but not limited to COVID-19, or any related/mutated form of the virus, or any disease transmitted from animals to humans and vice versa.

3. Default

The negligence, error or omission of:

- a. **You** or **Your** relative; or
- b. A **Vet** or any other employee or agent of a veterinary practice; or
- c. Any provider of **Pet**-related services; or
- d. Any provider of transport or accommodation, or agent or online booking service through which travel arrangements were made.

4. Epidemic

Any epidemic or pandemic as declared by the World Health Organisation.

5. Excluded Cats

Any cats:

- a. used for commercial or work purposes or breeding.
- b. which is, or is crossed with any breed which **We** are unable to cover. A full list of the

breeds **We** are unable to cover can be found at www.petsure.com/excluded-breeds/.

6. Excluded Dogs

Any dog:

- a. commercial or work purposes (other than as an **Assistance Dog**), or for hunting or breeding; or
- b. used as a gundog, or used for or in connection with shooting, pointing, field work or for the purposes of hunting of any kind; or
- c. used or trained for purposes other than as a domestic or household **pet** or as an **Assistance Dog**; or
- d. which is, or is crossed with any breed which **We** are unable to cover. A full list of the breeds **We** are unable to cover can be found at www.petsure.com/excluded-breeds/, or
- e. which is considered to match the description of a prohibited "type" as defined in the Dangerous Dogs Act 1991 and any amendments to it or replacement legislation, or deemed to be dangerous by the Secretary of State.

7. Failure to take precautions, advice and Treatment recommended by a Vet

Your failure to:

- a. Obtain any recommended vaccinations, inoculations or preventative medications for **Your Pet** in a timely manner; or
- b. Follow the veterinary advice, accept the **Treatment** or take the prescribed medication recommended by a **Vet**.

8. Foreseeable circumstances

Any circumstances that were known or could reasonably have been anticipated at the time the **Policy** or cover was purchased.

9. Nuclear, biological and chemical hazards

- a. Ionising radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any nuclear machinery or parts; or
- b. The use of nuclear, biological or chemical weapons, or contamination, poisoning, or prevention and/or limitation of the use of objects due to the effects of nuclear,

chemical, biological and/or radioactive substances.

10. Pollution

Air, water or soil pollution.

11. Pre-existing Conditions

Any Pre-existing **Condition** unless declared to **Us** and accepted by **Us** in writing.

12. Pressure waves

The transmission of an energy pulse through the atmosphere caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.

13. Reasonable care

Your failure, in the opinion of **Your Vet**, to take reasonable care of **Your Pet**.

14. Self-inflicted harm

You wilfully or negligently inflicting injury or **Illness** on **Your Pet**; or

- a. **You** wilful exposing **Your Pet** to needless peril; or
- b. **You** using any drug or **Treatment** on **Your Pet** not prescribed and directed by a **Vet**.

15. Terrorism/Terrorist Act

The actual or threatened use of force or violence against persons or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communications system or network, undertaken by any person or group, whether or not acting on behalf of or in connection with any organisation, government, power, authority or military force, when any of the following apply:

- a. The apparent intent or effect is to intimidate or coerce a government or business or to disrupt any segment of the economy; or
- b. The apparent intent or effect is to cause alarm, fright, fear of danger or apprehension of public safety in one or more distinct segments of the general public, or to intimidate or coerce one or more such segments; or
- c. The reasonably apparent intent or effect is to further political, ideological, religious or cultural objectives, or to express support for

(or opposition to) a philosophy, ideology, religion or culture.

16. Unlawful acts

- a. Any unlawful act deliberately or intentionally committed by **You** or a person acting on **Your** behalf, including those relating to animal health or importation; or
- b. The operation of law or the order of any court; or
- c. Civil or criminal proceedings against **You**.

17. War and Civil Unrest

- a. Any sort of war (whether declared or not), hostility, invasion, revolution, act of foreign enemy, civil war or unrest, rebellion, insurrection, mutiny, uprising or military usurped power, martial law, state of siege or United Nations or NATO enforcement action; or
- b. The explosion of war weapon(s), utilisation of nuclear, chemical or biological weapons or the hostile act of an enemy foreign to the United Kingdom or to the country in which the act occurs.

General policy conditions

These are the general conditions applying to all of **Your Policy**. Certain sections of cover have additional conditions specific to the section.

1. **We** promise to act in good faith in all **Our** dealings with **You**.
2. **We** may not pay **Your** claim if **You** do not:
 - a. Take all possible care to safeguard against accident, injury, **illness**, loss, damage or theft; and
 - b. Avoid any action or inaction which may increase the loss or liability that might arise from such a claim or which may result in any unreasonable or unnecessary expense; and
 - c. Give **Us** full details of any incident which may result in a claim under **Your Policy** as soon as is reasonably possible; and
 - d. Pass on to **Us** every claim form, summons, legal process, legal document or other communication in connection with the claim; and
3. **You** must not admit liability for any event, or offer to make any payment, without **Our** prior written consent.
4. The terms of **Your Policy** can only be changed if **We** agree. **We** may require **You** to pay an additional **Premium** before making a change to **Your Policy**.
5. **You** agree that **We** can:
 - a. Make **Your Policy** void where any claim is found to be fraudulent; and
 - b. Share information with other insurers to prevent fraudulent claims via a register of claims. A list of participants is available on request. Any information **You** supply on a claim, together with information **You** supplied when **You** bought **Your Policy** and other information relating to a claim, may be provided to the register participants; and
 - c. Take over and act in **Your** name in the defence or settlement of any claim made under **Your Policy**; and
 - d. Take proceedings in **Your** name but at **Our** expense to recover for **Our** benefit the amount of any payment made under **Your Policy**; and
 - e. Obtain information from **Vet's** records (with **Your** permission) for the purpose of dealing with any claims. No personal information will be disclosed to any third party without **Your** prior approval.
6. **We** will not pay **You** more than the amounts shown in the "Table of benefits" or on **Your Confirmation of Cover**.
7. **We** will cover the worsening and new symptoms of **Your Pet** and declared and accepted **Pre-existing Conditions** providing that **You** continue to follow the advice and treatment recommended by your **Vet**. **We** will not cover pre-existing medications including repeat prescriptions, ongoing therapies or diagnostics, routine or planned consultations for maintenance of their condition if their condition has not changed. Please note: **You** must continue

to follow the advice and treatment recommended by **Your Vet** for this cover to be valid.

8. **We** will consider and treat **You** (the named policyholder) as if **You** were the sole legal owner of **Your Pet**. If a **Pet** has more than one owner, that will not entitle **You** to any additional cover or benefit under this **Policy**.
9. **You** agree that **We** only have to pay a proportionate amount of any claim where there is another insurance **policy** in force covering the same risk. **You** must give **Us** details of such other insurance.
10. **We** shall not be liable to pay damages to **You** for the late payment of a claim under this insurance contract, unless **We** fail deliberately or recklessly to pay the claim within a reasonable time.
11. A person or company who is not a party to this **Policy** has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this **Policy** but this does not affect any right or remedy of a third party which exists or is available from that Act.
12. **You** cannot transfer **Your** interest in this **Policy** to anyone else.

About Your contract

Your Policy is a legal contract between **You** and **Us**.

The two parts – **Your Policy** Wording and **Your Confirmation of Cover** – make one legal document and **You** must read them together.

Our part of the contract is as follows:

We provide the cover set out in **Your Policy**. **Your Confirmation of Cover** shows which cover options **You** have chosen to purchase, the total **Premium** and other information about **Your** insured **Pet**. This cover will only apply to the specified **Pet**, during the **Policy Year**.

Your part of the contract is as follows:

You must pay the **Premium** for **Your** Annual **Policy**, either as a single amount in advance or in monthly installments. **You** can pay the **Premium** with a debit or credit card or any other agreed method.

Changes to Your Cover

You must inform **Us** as soon as possible in the event of changes to **Your** details or those of **Your Pet**.

You may choose to upgrade or downgrade **Your** cover at any time by choosing a different **Sum Insured** (where applicable) or by adding or removing optional sections of cover.

If **You** downgrade **Your** cover, any higher **Sums Insured** or optional covers which are removed will no longer apply, including any claims **You** are currently making and all existing **Conditions** will be subject to the new lower **Policy** terms. Please call **Us** for full details.

Your Policy is based on all the information **You** gave **Us** about **You** and **Your Pet**, specified on **Your Confirmation of Cover**, when **You** applied for the insurance or at any time after. Every time **We** or **You** make a change to **Your** insurance, **We** will send **You** a new **Confirmation of Cover**.

The law of England and Wales will apply to this contract.

If there is any disagreement, **We** will use **Your Policy** over any other assurances or statements, unless they are confirmed in writing and form part of the **Policy**.

All communication between **You** and **Us** will be in English.

The Insurer

This **Policy** is insured by Great Lakes Insurance SE (GLISE), a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich and UK Branch office at 10 Fenchurch Avenue London, EC3M 5BN, company number SE000083. Great Lakes Insurance SE, UK Branch, is authorised by the Bundesanstalt für Finanzdienstleistungsaufsicht, deemed authorised by the Prudential Regulation Authority and subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

This **Policy** is underwritten by **ERGO TIS** (ERGO Travel Insurance Services Ltd), registered in the UK, company number 11091555. **ERGO TIS** is authorised and regulated by the Financial Conduct Authority, register number 805870, with registered office at 10 Fenchurch Avenue London, EC3M 5BN.

Details of the extent of GLISE's authorisation and regulation by the Prudential Regulation Authority, and regulation by the Financial Conduct Authority are available from **Us** on request.

Compensation Scheme

If **You** are resident in England, Scotland, Wales or Northern Ireland, **You** are protected by the Financial Services Compensation Scheme. This provides compensation in case any of its members go out of business or into liquidation and are unable to meet any valid claims under their policies. Further information can be obtained from the Financial Services Compensation Scheme (www.fscs.org.uk) or by contacting the FSCS at 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU or by calling 0800 678 1100 or 020 7741 4100.

Cancelling Your Policy

Within the 14 day cooling-off period

Please tell **Us** immediately if **Your Policy** does not meet **Your** requirements. If **You** cancel **Your Policy** within 14 days of receipt of **Your** documentation and **You** have not made or intend to make a claim, **We** will give **You** a full refund.

Outside of the 14 day cooling-off period

Following this 14 day period, **You** continue to have the right to cancel **Your Policy** at any time by contacting **Us**. If **You** do so, and **You** have not made or intend to make a claim, **We** will cancel **Your Policy** and;

- a. If **You** pay **Your** annual **Premium** in **monthly installments**, **We** will not collect any further **Premium** from **You**; or
- b. If **You** pay **Your** annual **Premium** as a **single amount in advance**, **We** will refund the **Premium** **You** have paid for cover after the cancellation date.

If **You** have made or intend to make a claim, no **Premium** refund will be made. However, if the only claim **You** have made or intend to

make in the **Policy Year**, is due to the death, loss, theft or straying of **Your Pet**, then **Your Policy** may be cancelled and a pro rata refund made.

Multi-pet

In the event that more than one **Pet** is insured on **Your Policy**, the cancellation terms above will only apply to that part of the cover, **Premium** and claims, corresponding to the **Pet** whose cover is to be cancelled.

If We cancel Your Policy

We may cancel **Your Policy** at any time by giving **You** 14 days' notice in writing. If this happens:

- a. If **You** pay **Your** annual **Premium** in monthly installments, **We** will not collect any further **Premium** from **You**; or
- b. If **You** pay **Your** annual **Premium** as a single amount in advance, **We** will refund the **Premium** **You** have paid for cover after the cancellation date.

Once **Your Policy** has been cancelled **Your** cover will end and **You** will not be able to make a claim.

Amending Your Policy

In the event of a change in **Your** or **Your Pet's** details, **We** will amend the **Premium** for the rest of the **Policy Period**.

Upgrades or downgrades in cover level can be made mid-term or at renewal. Regardless of when **You** do this, if **You** transfer **Your Pet** to a plan with additional or higher **Sums Insured**, the additional or higher **Sums Insured** will not apply if a **Condition** has shown signs or symptoms before the transfer date. If **You** transfer **Your Pet** to a plan with lower **Sums Insured**, the previous higher **Sums Insured** will no longer apply to any **Conditions** treated previously or to claims **You** are currently making.

In cases where the cover is increased, any **Illness** or **Accidental Injury** in existence prior to the change in cover level will be covered under the terms applicable when the **Condition** first started, or the **Cover Start Date**, whichever is later. Should **You** choose to decrease **Your** cover level, all existing **Conditions** will be subject to the new lower **Sums Insured** and **Policy** terms. Please call **Us** for full details that will apply.

Fraud

The contract between **You** and **Us** is based on mutual trust.

However, if **You** or anyone acting for **You** provides false information or documentation or withholds important information to obtain cover under **Your Policy** for which **You** do not qualify, or to obtain cover at a reduced **Premium**, then:

- **Your Policy** may be void; and
- **We** may be entitled to recover from **You** the amount of any claim already paid under **Your Policy**; and
- **We** will not return any **Premium** paid; and
- **We** will inform the Police and criminal proceedings may follow.

In addition, in the event that **You** or anyone acting for **You**:

1. Makes a claim knowing this to be false or fraudulently exaggerated in any respect or to any degree; or
2. Makes a statement in support of a claim knowing the statement to be false in any respect; or
3. Submits a document in support of a claim knowing the document to be forged, amended or false in any respect; or
4. Makes a claim in respect of any loss or damage caused by **Your**/their wilful act, knowledge or connivance; or
5. Acts in any other manner in order to gain a financial advantage to which **You** would not otherwise be entitled;

Then **We**:

- Will not pay any part of the claim; and
- Will, at **Our** option, cancel **Your Policy**; and
- Will not return any **Premium** paid; and
- Will inform the Police and criminal proceedings may follow.

Claims conditions

Your Records

We strongly recommend that **You** keep a record of all information given to **Us**, including telephone calls, copies of all letters, emails and the application and claim forms **You** completed, whether in hard copy or online. A copy of the **Policy** is available on request.

Fraud

If **You** make any misrepresentation or concealment or dishonest statement in obtaining the **Policy** or in support of any claim, the insurance will be void and all rights both in relation to that claim and otherwise under this **Policy** will be lost.

No interest

No interest shall be added to any claims payments.

Other insurance

If **You** claim under this **Policy** for something which is also covered by another insurance **policy**, including travel or household insurance, **You** must provide **Us** with full details of the other insurance **policy**. **We** will only pay **Our** proportionate share of any claim.

Rights and responsibilities

We will be entitled to take over and conduct in **Your** name (at **Our** expense) the defence or settlement of any claim or to prosecute in **Your** name to **Our** own benefit in respect of any claim for indemnity or damage or otherwise, and will have full discretion in the conduct of any proceedings or in settlement of any claim and **You** will give all such information and reasonable assistance as **We** require. This will include legal action to get compensation from anyone else and/or legal action to get back from anyone else any payments that have already been made. **You** may not settle, reject or negotiate any claim without written permission to do so from **Us**.

In case of **Illness** or **Accidental Injury**, **We** may approach any **Vet** who may have treated **Your Pet** prior to the claim and **We** may, at **Our** own expense and upon reasonable notice to **You**, arrange for **Your Pet** to be examined by a **Vet** of **Our** choice, or in the event of **Your Pet's** death, have a post mortem examination carried out. **You** will supply, at **Your** own expense, a certificate from a **Vet** in the form required by **Us** in support of any **Vet** fees claimed under the **Policy**.

Reporting Claims

Petsure Claims

Tel: **0333 0090 998**

Email: **claims@petsure.com**

Address:
Petsure Claims
The Connect Centre
Kingston Crescent
Portsmouth
PO2 8QL

Claims Forms

Log on to **Your** MyPetsure Portal where **You** can submit an online claim. Alternatively, if **You** prefer, **You** have the option to download a claim form and fill in the sections required. The claim form will tell **You** what documentation **We** require in order to process **Your** claim. **You** can also telephone Petsure Claims and request a claim form.

Important information

We strongly recommend that **You** keep a record of all information given to **Us**, including telephone calls, copies of all letters, emails and the application and claim forms **You** completed whether in hard copy or on-line. A copy of the **Policy** is available on request.

Your application and changes

It is essential that all the information given to **Us** is accurate and that **You** have answered **Our** questions fully and accurately. **You** must tell **Us** immediately if there are any relevant changes in **Your** circumstances or to the information already given. Accurate information about **Your** **Pet(s)** is particularly important as the **Policy** contains specific conditions and exclusions.

If **You** are not sure whether something is important, please tell **Us** anyway as failure to do so may invalidate **Your** insurance.

Data protection notice

Consent

We will only use **Your** personal data when the law allows **Us** to. Most commonly **We** will use **Your** personal data under the following two circumstances:

1. When **You** gave explicit **Consent** for **Your** personal data to be collected and processed by **Us** in accordance with this Data Protection Notice.
2. Where **We** need to perform the contract which **We** are about to enter into or have entered into with **You**.

How We use Your Personal Data

We use **Your** personal data for the purposes of providing **You** with insurance, handling claims and providing other services under **Your** **Policy** and any other related purposes (this may include underwriting decisions made via automated means). **We** also use **Your** personal data to offer renewal of **Your** **Policy**, for research or statistical purposes and to provide **You** with information, products or services that **You** request from **Us** or which **We** feel may interest **You**. **We** will also use **Your** personal data to safeguard against fraud and money laundering and to meet **Our** general legal or regulatory obligations.

We collect and process **Your** personal data in line with the Data Protection Act 2018. The Data Controllers are Petsure and **ERGO TIS**. The Data Processor is Petsure.

Special Categories of Personal Data

Some of the personal data **You** provide to **Us** may be more sensitive in nature and is treated as a Special Category of personal data. The provision of such data is conditional for **Us** to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes as set out in this notice.

Sharing Your Personal Data

We will keep any information **You** have provided to **Us** confidential. However, **You** agree that **We** may share this information with Great Lakes Insurance SE and other companies within the ERGO Group and with third parties who perform services on **Our** behalf in administering **Your** **Policy**, handling claims and in providing other services under **Your** **Policy**. Please see **Our** Privacy **Policy** (www.ergotravelinsurance.co.uk/privacy-statement/) for more details about how **We** will use **Your** information.

We will also share **Your** information if **We** are required to do so by law, if **We** are authorised to do so by **You**, or where **We** need to share this information to prevent fraud.

We may transfer **Your** personal data outside of the European Economic Area ("EEA"). Where **We** transfer **Your** personal data outside of the EEA, **We** will ensure that it is treated securely and in accordance with all applicable Data Protection legislation.

Your Rights

You have the right to ask **Us** not to process **Your** personal data for marketing purposes, to see a copy of the personal information **We** hold about **You**, to have **Your** personal data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask **Us** to provide a copy of **Your** personal data to any controller and to lodge a complaint with the local data protection authority.

The above rights apply whether **We** hold **Your** personal data on paper or in electronic form.

Your personal data will not be kept for longer than is necessary. In most cases this will be for a period of seven years following the expiry of the insurance contract, or **Our** business relationship with **You**, unless **We** are required to retain the data for a longer period due to business, legal or regulatory requirements.

Further Information

Any queries relating to how **We** process **Your** personal data or requests relating to **Your** Personal Data Rights should be directed to:

Data Protection Officer

ERGO TIS

Afon House
Worthing Road
Horsham
RH12 1TL

Email: dataprotectionofficer@ergo-travel.co.uk
Phone: **+44 (0) 1403 788 510**

Complaints procedure

We aim to provide the highest service standards at all times. However, **We** recognise that **We** do sometimes get things wrong. Accordingly, **We** have set up a complaints procedure to allow **You** to tell **Us** about any aspect of **Our** service that **You** are dissatisfied with and to allow **Us** to review **Our** processes and any decisions **We** might have made. **Our** objectives are to ensure that **Your** concerns are dealt with promptly and fairly.

Please quote **Your** name, as shown on **Your Confirmation of Cover, Your Policy** number and if **Your** complaint is about a claim, the claim number, in all correspondence and telephone calls. In the first instance, **We** would encourage **You** to write to **Us** and ask for **Your** complaint to be investigated:

Petsure Complaints

Tel: **0333 006 8033**
Email: complaints@petsure.com

Address:
Complaints Team
Petsure
Britannia House
3-5 Rushmills Business Park
Bedford Road
Northampton
NN4 7YB

Alternatively, if **Your** complaint is about a claim, please forward details of **Your** complaint to:

Petsure Claims Service:

Tel: **0333 009 0998**
Email: claims@petsure.com

Address:
Petsure Claims
The Connect Centre
Kingston Crescent
Portsmouth
PO2 8QL

If **We** cannot resolve **Your** complaint to **Your** satisfaction **You** should contact:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR.

Email: complaint.info@financial-ombudsman.org.uk
Tel: **0800 023 4567**

Full details of their impartial complaints' procedure can be found on their website: www.financial-ombudsman.org.uk

The Financial Ombudsman Service can only deal with **Your** complaint after **You** have followed **Our** full complaints procedure. If **You** use **Our** complaints procedure or complain to the Financial Services Ombudsman, **Your** right to take legal action against **Us** is not affected.

FirstVet

As a Petsure customer, **We** have arranged for **You** to have 24/7 access to video consultations with qualified Vets, through **Our** partnership with FirstVet.

You can video-chat with a **Vet** at any time day or night if You are worried about **Your Pet's** health but aren't sure if **You** need to visit a **Vet**. They may be able to put **Your** mind at ease or resolve many minor issues and questions in **Your** own home.

FirstVet's friendly and experienced Vets can provide advice, information, treatment recommendations or refer **You** to a local **Vet** if necessary.

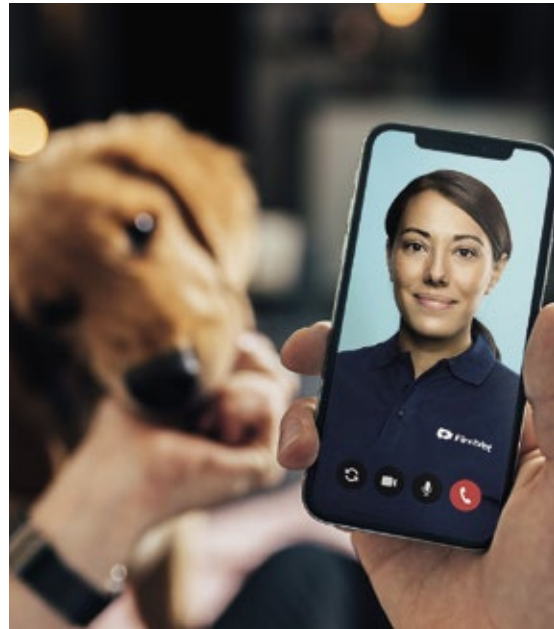
Using FirstVet won't affect **Your Premium** and there's no **Excess** to pay for this service either.

Here are some of the things FirstVet can help with:

- Vomiting and diarrhoea
- Poisoning
- Eye and ear problems
- Skin problems and itching
- Coughing and sneezing
- Minor injuries

Important!

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/>

Log in directly with Your Petsure details.

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 the meeting starts. We'll 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.

Petsure – Need to get in touch?

MyPetsure

Access your account 24/7 to view your documents, update your policy and manage your claims:

www.petsure.com

Customer Services Team

If you have a query or need to amend your pet(s) policy in any way

Tel: 0333 0063 211

Email: info@petsure.com

Opening hours:

Monday to Friday: 08.30am – 6pm

Saturday: 9am – 5pm

Sundays and Bank Holidays: closed

If you need to make a claim

Petsure Claims

Tel: 0333 009 0998

Email: claims@petsure.com

Address:

Petsure Claims, The Connect Centre, Kingston Crescent, Portsmouth PO2 8QL

Opening hours:

Monday to Friday: 8am - 6pm

Saturdays: 9am - 2pm

Sundays and Bank Holidays: closed

Please also see our claims procedure on page 8.

JUNE 2021