

# PETSURANCE

from pdsa

Dogs and Cats (limits up to)					
Benefit	Classic	Advance	Advance Plus	Ultimate	Ultimate Plus
Veterinary fees	£2,000 per incident	£1,500 per year	£3,000 per year	£4,500 per year	£8,000 per year
Product type	12 month	Lifetime	Lifetime	Lifetime	Lifetime
Fixed excess (per incident, per year)	£75	£75	£75	£75	£75
Variable excess (per incident, per year)	10%	10%	10%	10%	10%
Inner limit MRI cost	£1,000	£1,500	£1,500	£1,500	£1,500
Inner limit CT scan cost	£600	£900	£900	£900	£900
Death of your pet (illness) (dogs aged 9 and over & cats aged 11 and over excluded)	£500	£500	£700	£1,000	£1,500
Death of your pet (injury)	£500	£500	£700	£1,000	£1,500
Advertising costs	£250	£250	£250	£250	£250
Reward costs	£250	£250	£450	£750	£1,250
Theft and straying	£500	£500	£700	£1,000	£1,500
Boarding fees	£500	£500	£700	£1,000	£1,500
Third party legal liability (dogs only)	£1M	£1M	£1M	£1M	£1M
Third party legal liability excess	£250	£250	£250	£250	£250
Holiday cancellation/curtailment	£500	£500	£700	£1,000	£1,500
Quarantine costs	£150	£150	£150	£150	£150
Overseas cover	30 days	30 days	30 days	30 days	90 days
Loss of PETS passport	£250	£250	£250	£250	£250
Emergency expenses cover abroad	£150	£150	£150	£150	£150
Helplines	Yes	Yes	Yes	Yes	Yes

## 12 month policy explanation

Our Classic cover level is a “time-limited” policy which enables you to claim up to the specified limit of £2,000 for vet fees for treatments arising from the same incident (whether that is illness or accident, or death by either) for up to 12 months from when it is first noted by you or your vet. The cover levels decrease with each claim you make. When you renew your policy the cover levels will be set at the sum available as at the last day of cover prior to the renewal date and for only the balance of any 12 month period left since the date that the condition was first noted. The 12 month period of cover for the condition does not reset when you renew the policy. For example, if your pet suffers an illness or accident, you can claim for several treatments related to that incident for up to 12 months from when it originally occurred – but to a maximum of £2,000. After 12 months from the initial illness/accident OR when the specified £2,000 limit is reached (whichever is sooner) you will no longer be able to claim for treatment arising from that particular illness/accident, but you could claim for further separate incidents – again, the specified limits of £2,000 and 12 months would apply.

### **Example veterinary fees claim -**

Maximum cover £2,000 policy starts on 1st January

Condition first noted 1st June

Claim cost £250 for treatment on 1st June

Renewal cover level - £1,750 after 31st December

Date cover for the condition ends 31st May of following year.

## Lifetime policy explanation

Cover levels Advance, Advance Plus, Ultimate and Ultimate Plus are all lifetime contracts, which provide a fixed amount of money each year to cover all veterinary treatment. “Lifetime” refers to the ability to renew the contract each year, and the level of cover does reset when you renew the policy each year. Should your pet’s total veterinary treatment in the policy year exceed the limit applicable for your chosen level of cover there will be no further cover until the renewal of the policy when the cover does reset at renewal. So long as you keep your policy renewed, the premiums paid up to date and the insurer invites renewal, there is no limit on how long you can claim for each illness or injury.

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## Definitions

Certain words or phrases in your policy have a particular meaning whenever they appear in bold. These words and their meanings are explained below:

**Accident:** One sudden and unexpected external event which happens during the **period of insurance** resulting in physical bodily **injury** or death to **your pet**.

**Alternative medicine:** Herbal or homoeopathic medicine recommended by **your vet** and prescribed by a suitably qualified **vet**.

**Behavioural illness:** A change in **your pet's** normal behaviour, directly caused by a medical, mental, or emotional disorder which could not have been avoided by training or medical intervention. **Treatment** to be carried out only after pre-approval and carried out by a member of approved behavioural training body.

**Behavioural modification:** A programme or training regime conducted by or under the supervision of a **veterinary** surgeon or a pre-approved program of **behavioural modification** carried out by a behaviourist who is a member of The Institute of Modern Dog trainers (IMDT), a Certified Clinical Animal Behaviourist (CCAB) or member of the Association of Pet Behaviour Counsellors (APBC) or Canine and Feline Behaviour Association (CFBA).

**Complementary medicine/therapy/treatment:** Acupuncture, hydrotherapy, osteopathy, physiotherapy and chiropractic therapy recommended by **your vet** and carried out by a suitably qualified person that has been specifically recommended by **your vet**.

**Commercial breeding:** Any **pet** that has had more than 2 litters in its lifetime will be considered **commercial breeding** and as such **we** will not insure the **pet**. In the event that a third or more litter occurs during a **period of insurance** **we** will not invite renewal of cover, but will continue to maintain cover previously agreed until the end of that **period of insurance**.

**Condition:** Any **injury** sustained during, or resulting from, a single **accident** or any manifestation of an **illness** having the same diagnostic classification or resulting from the same disease process regardless of the number of **incidents** or areas of **your pet's** body affected.

**Dental:** Any **treatment** of the teeth gums or mouth.

**Fixed excess:** The amount **you** are required to pay as part of certain claims made under the **policy** as shown in **your policy schedule** and will be payable each year for each **illness** or **injury**.

**Guarding:** This **policy** excludes all **pets** used for commercial security work or those which have been trained to attack. All cover is excluded for any policyholders who also hold a Security Industry Authority (SIA) licence of any description whilst undertaking the designated activity that the SIA licence allows.

**Holiday:** Means a pleasure trip to a European State or Territory included in the **Pet Travel Scheme (PETS)** which starts from and ends at **your** address as shown in **your policy schedule**.

**Incident:** Any clinical sign of **injury** or **illness** in **your pet**.

**Injury/injuries:** Clinical sign or symptoms of changes in normal healthy state resulting from one individual **accident**, including directly or indirectly related problems, no matter where these are noticed or occur in or on **your pet**. Recurring and/or chronic **injuries** shall be considered as one loss. Such **injuries** being defined as:

- Clinical manifestations resulting in the same diagnosis (regardless of the number of **injury** or areas of the body affected) to which **your pet** has an on-going predisposition or susceptibility related in any way to the original claim; or
- Injuries** which are incurable and likely to continue for the remainder of **your pet's** life; or
- Multiple **injuries** being caused by or resulting from one **accident** will be treated as one loss.

**Illness/illnesses:** changes in **your pets** state of health that are not caused by an **accident**, or any which may be resulting from gradual or biological cause. Recurring and/or on-going **illnesses** shall be considered as one loss. Such **illness** being defined as:-

- Clinical manifestations resulting in the same diagnosis (regardless of the number of **incidents** or areas of the body affected) to which **your pet** has an on-going predisposition or susceptibility related in any way to the original claim; or
- Illnesses** which are incurable and likely to continue for the remainder of **your pet's** life.

For **illnesses** that can have multiple sites or bilateral **illnesses** such as eyes, ears or legs **we** shall treat all occurrences of an **illness** as the same **illness** and apply just one **vet** fee limit and charge only one excess. This is the definition as to how benefits are provided under this **policy** of insurance if the **condition** diagnosis by **your veterinary surgeon** is the same as a previous **condition**, they will be treated as the same **condition** even if the problem is a different part of **your pets** body. If **your pet** has a growth on the left ear which is subsequently found on the right ear both will be treated in benefit terms as the one **condition**, benefit limits and the start date for the **condition** will be from the date that the left ear growth was found irrespective of the time difference between diagnoses. **We** will always treat the same diagnosis as one **condition** irrespective of when or where in **your pets** body the symptoms are found, even where the **condition** is diagnosed in different legs for the purposes of allocating benefits and deciding the start date for the **condition** it will be the date that the first symptom was diagnosed.

For the avoidance of doubt an **illness** is taken to start from the date that symptoms are first noticed, by either **you** or **your vet** (whichever is the sooner) not the date that an **illness** is first treated by **your vet**.

**Market value:** The average price **we** are able to determine paid at the date of death based on age, breed, pedigree, and breeding status of **your pet**.

**Period of insurance:** The period for which the premium has been paid and for which **your pet** is covered as shown on **your policy schedule**. Each renewal is the start of a new **period of insurance**.

**Pet:** The dog or cat specified in **your policy schedule**.

**PDSA Petsurance:** Is a trading name of BDML Connect Limited. Policies are arranged and administered by BDML Connect Limited (registered no. 2785540). Registered at 45 Westerham Road, Sevenoaks, Kent TN13 2QB, however for all correspondence please write to: The Connect Centre, Kingston Crescent, Portsmouth, PO2 8QL. BDML Connect Limited act on behalf of the insurers in the administration of this policy of insurance. BDML Connect Limited is authorised and regulated by the Financial Conduct Authority (Financial Services Register number 309140). These details can be checked on the Financial Services Register at [www.fca.org.uk](http://www.fca.org.uk) or by calling the Financial Conduct Authority on 0800 111 6768.

**Pet Travel Scheme (PETS):** The Government scheme allowing **you** to take **your pet** abroad to certain specified countries and re-enter the **United Kingdom** without the need for **your pet** to go into quarantine, provided certain criteria have been adhered to.

**Policy:** **Your policy wording** and most recent **policy schedule**.

**Policy wording:** This booklet, which contains the terms and conditions of **your pet** insurance.

**Policy schedule:** This is a document issued by **us** to **you** with **your policy wording**. The **policy schedule** contains details about **you**, **your pet**, **policy** limits and excesses that apply to the specific cover that **you** have purchased.

**Pre-existing condition:** Any **illness** or **injury** or complication directly resulting from an **injury** or **illness**, whether diagnosed or undiagnosed that has been identified or investigated by a **vet** or is otherwise known to **you** prior to the start of the insurance or within the first 14 days of the **policy** for **illness** or 72 hours in the case of **injury**.

**Terrorism:** Means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

**Treatment:** Any examination, consultation, advice, tests, x-rays, ultrasound, CT scan, MRI scan, drugs, or medication administered or prescribed surgery, nursing, or care; provided by, or under the direction of, a **vet**.

**Unattended:** Any occasion where **your pet** is left alone or out of sight.

**United Kingdom/UK:** England, Scotland, Wales, Northern Ireland, and the Isle of Man.

#### **Variable excess/co-insurance:**

The percentage amount **you** are required to pay towards the costs of the **veterinary** fees in addition to the **fixed excess**. This amount will be deducted from the claims settlement.

*Example of how to calculate the amount **you** will have to pay in the event of a claim.*

A valid claim arises for **veterinary** fees totalling £300

Amount Claimed		£300
Less <b>fixed excess</b>	£75	£225
Less <b>variable excess</b>	10% = £22.50	£202.50
Total excess paid by <b>you</b>	<b>£97.50</b>	
Total paid by <b>us</b>		<b>£202.50</b>

**Vet/Veterinary/Veterinary Surgeon:** A member of the Royal College of Veterinary Surgeons actively working as a **veterinary surgeon** in the **UK** or a **veterinary surgeon** registered and actively working outside the **UK** in countries covered by the **Pet Travel Scheme (PETS)**.

**We/Us/Our:** BDML Connect Limited acting as administrators for Zenith Insurance plc and/or its Co-insurers Markerstudy Insurance Company Limited, registered in Gibraltar No 84085. Registered Office: 846-848, Europort, Gibraltar. Regulated by the Gibraltar Financial Services Commission and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority in respect of underwriting insurance business in the UK (Financial Services Register Number 211787). These details can be checked on the Financial Services Register at [www.fca.org.uk](http://www.fca.org.uk) or by calling the Financial Conduct Authority on 0800 111 6768, or the Prudential Regulation Authority on 020 7601 4444. Zenith Insurance plc. is a member of the Association of British Insurers.

**You/Your:** The person named on the **policy schedule** who is the owner and carer for the **pet**.

## **Consumer Insurance (Disclosure and Representations) Act 2012**

In entering into this contract **you** are under a duty to take all care in answering all questions in relation to this insurance honestly and to the best of **your** knowledge. This includes anything that appears within **your policy schedule** as well as any information relating to **your pet's** medical history. **Your** failure to take reasonable care to avoid misrepresentation in relation to the information provided could result in **your policy** being cancelled or **your** claim being rejected or not fully paid. If **you** are in any doubt about **your** duty to take reasonable care not to make a misrepresentation please contact **our** Customer Services Department on 0333 234 0605.

## **Introduction**

This is a **pet** insurance **policy** that lasts for a year and **you** must pay the full year's premium in one payment or by monthly instalments. **Your** insurance contract is made up of this **policy wording**, **your policy schedule** and the information **you** gave when arranging this insurance or at any time after. To know exactly what is covered by **your** insurance contract **you** need to read **your policy wording** together with **your policy schedule**.

In return for having accepted **your** premium, **we** will in the event of **injury**, **illness**, loss, or damage happening within the **period of insurance** provide insurance cover as described in the following pages and referred to in **your policy schedule**.

### **Who provides your insurance?**

**PDSA Petsurance** is arranged and administered by BDML Connect Limited, registered at Westerham Road, Sevenoaks, Kent TN13 2QB and the insurance is underwritten by Zenith Insurance plc and/or its Co-insurers Markerstudy Insurance Company Limited, registered in Gibraltar No 84085. Registered Office: 846-848, Europort, Gibraltar. Regulated by the Gibraltar Financial V2\_1 May 2018

Services Commission and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority in respect of underwriting Insurance business in the **UK** (Financial services Register Number 211787).

### **The law applicable to this policy**

**You** and **we** are free to choose the law applicable to the **policy**, but in the absence of agreement, to the contrary the law of the country in which **you** are resident at the time of the contract will apply. If **you** are not resident in the United Kingdom, the law which will apply will be the law of England and Wales and by purchasing this **policy** **you** have agreed to this.

### **Data consent**

By accepting the **policy** terms, **you** are giving **us** permission to obtain information from **your vet**, former  **vets** or specialist to assist **us** with **your** claim. **You** agree to obtain any documents that **we** require to assess **your** claim from **your vet**, specialist, or third party that **we** request at **your** own expense.

### **Territorial limits**

This **policy** is valid in the **UK** and includes cover while **you** travel on **holiday** with **your pet** in the **UK** and Republic of Ireland for up to 30 days in each **period of insurance**. It also provides cover while **you** travel on **holiday** with **your pet** in the European Union States and Territories included in the Government's **Pet Travel Scheme (PETS)** for 30 days under Classic, Advance, Advance Plus and Ultimate cover levels and 90 days under Ultimate Plus, within in each **period of insurance**.

### **Renewal terms**

If **we** offer further **periods of insurance**, **we** may change the premium and the **policy** terms and conditions as **your pet** gets older and to allow for future increases in **treatment** costs.

**We** will write to **you** by email or post where more appropriate at least 14 days before the anniversary date of **your policy**. **We** will inform **you** about any changes to the premium and/or **policy** terms and conditions for the next **policy** period.

If **you** pay **your** premium by Direct Debit there is no need for **you** to take further action, **your policy** will automatically continue at the end of the 12 month period, subject to **policy** terms and conditions. A further 12 equal monthly payments will be taken, reflecting the premiums stated within **your** renewal documentation.

**We** will email the last email address given to **us** by **you**. **We** are unable to prevent these from going into **your** spam or junk folders so please check these folders as well as **your** current inbox. If **your** email address changes between the commencement date and renewal date please inform **us** so that **we** can keep **your** record up to date.

If **you** pay by debit or credit card **you** need to contact **us** to make payment before the renewal date.

If **you** do not wish **your policy** to renew at the end of the **policy** period **you** should inform **us** immediately and before the date of renewal at the latest.

**You** should also cancel **your** Direct Debit.

### **Mid-term policy changes**

In the event of a change in **your pet** details or **your** details **we** will amend the premium for the rest of the **period of insurance**.

### **Upgrades or downgrades in cover level**

**We** do not allow changes in cover level in the **policy** year, should **you** decide to change the level of cover this can only be done at renewal. If **you** transfer **your pet** to a plan with additional or higher benefit limits, the additional or higher benefit limits will not apply if the **condition** signs or symptoms started before the transfer date. If **you** transfer **your pet** to a plan with lower benefit limits, the higher benefit limit will no longer apply to any claims **you** are currently making.

In cases where the cover is increased any **illness** or **injury** in existence prior to the change in cover level will be covered under the terms applicable when the **condition** first started. Should **you** choose to decrease **your** cover level all existing **conditions** will be subject to the new lower **policy** terms.

### **Dual insurance**

If at the time of any **incident** which results in a claim under this **policy**, there is another insurance covering the same **injury**, **illness**, bodily **injury**, death,

damage, destruction, expense, or liability **we** will not pay compensation unless that cover has been exhausted.

#### **Financial Services Compensation Scheme (FSCS)**

**We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme in the unlikely event **we** cannot meet **our** obligations to **you**. This depends on the type of insurance and circumstances of the claim. Further information about the compensation scheme arrangements is available from the FSCS ([www.fscs.org.uk](http://www.fscs.org.uk)).

### **General conditions applicable to all policy sections**

**You** must comply with and agree to the following conditions to have the full protection of **your policy**. If **you** do not follow these conditions **we** may cancel **your policy**; refuse to deal with **your** claim; or reduce the amount of any claim payment.

Should **your** circumstances change in the **policy** year please contact **us** to confirm that **your** cover remains in force.

1. To the best of **your** knowledge and belief that at the start of this insurance **your pet** is in good health and free from any **injury, illness** or physical disability and where you are aware of any health problem with **your pet you** agree to inform us of that **condition** and accept that the **condition** will be treated as a **pre-existing condition**.
2. **Your pet** has never shown aggressive tendencies and has not been trained to attack.
3. **You** must be the owner of the **pet** and **your pet** must be a minimum of eight weeks old and no older than the age set out in the **policy schedule** on the start date of the **policy**.
4. **Your pet** must be named on the **policy schedule**.
5. **Your pet** must live with **you** at the **UK** address given in the **policy schedule**. **Your** cover will cease immediately if **your pet** is sold or where any financial interest whatsoever is parted with by **you**, whether temporarily or permanently or if **your pet** is no longer ordinarily resident in **your** home.
6. **You** must contact **us** as soon as **you** become aware of any circumstances that could result in a claim.
7. **You** must take **your pet** for regular annual check-ups and keep **your pet** vaccinated:  
DOGS; against distemper, hepatitis, leptospirosis and parvovirus.  
CATS; against feline infectious enteritis, feline influenza, feline herpes virus, feline calicivirus and feline leukaemia  
OR:  
As advised by **your vet** due to the particular needs or circumstances of **your pet**. All vaccinations must be administered under **vet** supervision.
8. Furthermore there is no cover provided for these diseases in the event that the required vaccinations have not been administered to **your pet** by a **vet**.
9. Homeopathic vaccines are not acceptable.
10. **You** must provide proper care and attention to **your pet** at all times and pay to have any **treatment** normally recommended by a **vet** to prevent **illness, injury**, or disease.
11. **You** must provide and pay for all information, documents, and assistance that **we** request; including **vet** certificates and records, details of any other relevant insurance that may apply, and supporting evidence of any claim and the circumstances around the claim.
12. **You** agree that **your** current and/or previous **vet** may release all information or records regarding **your pet** to **us** or **our** agent and that **we** may release information about **your policy** to any **vet** who has either treated **your pet** or is about to treat **your pet**. If the **vet** charges **you** for this information **you** will be responsible for the costs.
13. If there is a disagreement between **your vet** and **our vet**, an independent **vet** mutually agreed upon by both sides will be appointed and act as arbiter, whose decision both **you** and **we** must keep to.
14. **You** agree that **we** may take over any claim and deal with it in **your** name.
15. **We** will not make any payment for any claim covered by other insurance until that cover has been exhausted.
16. **You** agree to observe the terms of the Animal Welfare Act 2006, and Control of Dogs Order 1992. Any dog in a public place must wear a collar with the name and address of the owner engraved on it, or engraved on a tag. **Your** telephone number is also advisable.
2. Any claims made for any event, **accident, illness, incident, or injury** that happens outside of the **period of insurance**.
3. Any death or destruction of **your pet** as a result of **illness** resulting from the failure to vaccinate **your pet** in accordance with the practice recommended by the British Small Animal Veterinary Association.
4. Any claims for a **pet** under the age of eight weeks.
5. Any claims under any section of cover where the premium has not been paid.
6. Any claims arising outside the territorial limits of the **United Kingdom** and the Member Countries of the **Pet Travel Scheme (PETS)** (excluding long haul countries as defined by DEFRA).
7. Claims arising due to war, invasion, act of foreign enemy, hostilities (whether war declared or not), civil war, rebellion, **terrorism**, revolution, insurrection or military or usurped power.
8. Claims arising due to ionising radiations or contamination by radioactivity from any fuel or from any nuclear waste from the combustion of nuclear fuel.
9. Claims arising due to the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
10. The confiscation or destruction of **your pet** by Government or Public Authorities, or under the Animals Act 1971 **United Kingdom** and the Control of Dogs Act 1986 and Control of Dogs (amendment) Act 1992 Republic of Ireland or Contravention of the Dogs (Protection of Livestock) Act 1953.
11. The cost and compensation for euthanasia of **your pet** under a court order or the Contagious Diseases Act. Claims arising due to the intentional slaughter, irrespective of any order by Government, Local Authority or any person having jurisdiction in the matter.
12. **You** breaking the **United Kingdom** or Republic of Ireland laws, or regulations, including those relating to animal health or importation.
13. Malicious or wilful **injury** or gross negligence to **your pet** caused by **you, your** agents, employees, or members of **your** family.
14. Any medication or **treatment** not recommended by a **vet**.
15. Any dog that is an, American Pit Bull Terrier, Dogo Argentino, Fila Brasileiro, Japanese Tosa, Perro de Presa Canario, Pit Bull, Pit Bull Terrier, wolf or wolf hybrid, or a dog crossed with these, or any animal registered under the Dangerous Dogs Act 1991 and The Dangerous Dogs (Northern Ireland) order 1991 or Dangerous Dogs (amendment) Act 1997 or any subsequent amendments or a dog crossed with any of these.
16. The recurrence or continuation of **illness** or disease from which **your pet** previously suffered arising prior to or within 14 days of the start of this insurance.
17. The recurrence or continuation of **an injury** or disease resulting from an **injury** from which **your pet** previously suffered arising prior to or within 72 hours of the start of this insurance.
18. **Your pet** being used for **commercial breeding** purposes, **guarding**, track racing, coursing, or used in connection with any business, trade, profession, or occupation.
19. Any loss due to variations in exchange rates of any and every description.
20. Where fraud has been committed against **us** or where false information has been provided to **us**.
21. Any liability where **you** are entitled to cover or benefit under any other insurance unless that cover is exhausted.
22. Any infringement of **UK** animal health and importation legislation.
23. Any **pet** sold or where any financial interest whatsoever is parted with by **you**, whether temporarily or permanently.
24. Any claim under section 3, Death of **your pet (illness)** for dogs aged 9 and over or cats aged 11 and over.
25. Liability in respect of pollution or contamination of buildings or other structures or of water or land or the atmosphere unless directly caused by a sudden identifiable unintended and unexpected occurrence which takes place in its entirety at a specific moment in time and place during the period of insurance provided that:  
(a) All pollution or contamination which arises out of one occurrence will be deemed to have occurred at the time such occurrence takes place;  
(b) **Our** liability for all damages and claimants costs and expenses payable in respect of all pollution or contamination which is deemed to have occurred during the **period of insurance** shall not exceed £1,000,000 in the aggregate.

### **Section 1: Veterinary fees**

What is covered?

#### **Cover level – Classic**

**We** will pay **you** for all customary charges made for **treatment** carried out by a **vet**. Cover is provided for an **accident, illness, or injury** occurring to **your pet**,



subject to the **policy vet** fees limit shown on **your policy schedule**. The limit of cover, is on a per **accident, illness** or **injury** basis and is for a period of 12 months from the date that the **incident** is first noted.

The **fixed excess** and **variable excess** are on a per **incident, per period of insurance** basis.

This policy level provides an amount for each **illness** or **injury** and that is the maximum **we** will pay for a **condition** for the 12 month period. The amount available for each **condition** is reduced after each claim and does not revert to the maximum cover level when you renew each year.

#### **Cover level - Advance, Advance Plus, Ultimate and Ultimate Plus**

The cover is provided for an **accident, illness** or **injury** occurring to **your pet**, subject to the limit of cover shown on **your policy schedule** for each **period of insurance** to cover all **injuries** or **illness** from the one annual **policy** limit.

The **fixed excess** and **variable excess** are on a per **incident, per period of insurance** basis.

Cover is continuous for each separate **illness** or **injury** up to the limit overall of the **policy** for the **period of insurance**, subject to cover still being in force and relevant premiums having been paid. **Treatment** in respect of any **illness** or **injury** can continue into the next **period of insurance**. Continuous **treatment** is subject to the **policy** remaining in force, being continuously renewed at each anniversary and premiums paid up to date.

**We** cover fees for any **alternative** or **complementary medicine** which the **vet** recommends and as approved by **us**, including up to five (Classic) or ten sessions (Advance, Advance Plus, Ultimate and Ultimate Plus) of hydrotherapy provided by hydrotherapy pool operators who are members of the CHA (Canine Hydrotherapy Association) or NARCH (National Association of Registered Canine Hydro-therapists).

**Dental** (all levels of cover) - **we** will pay fees for **dental treatment** as a result of an **accident** only.

**We** will contribute to the cost of **your pet's** prescription food, up to a maximum of £100 per **period of insurance** as long as it is prescribed by **your vet** and can only be bought from a **veterinary** surgery or online pharmacy and it is to dissolve bladder stones or crystals in urine and for no other purpose.

**We** will deduct 53p a tin or £1.00 per kilo for dry food as **your** normal feeding costs for **your pet**. **We** will not be liable for any other dietary costs under this **policy**. The maximum that **we** will pay for special diet is £100 for up to 60 days per **period of insurance**. Please note any special diet payment for bladder stones or crystals in urine will cease once these are dissolved. **We** will not continue to pay as a preventative measure to stop the stones re-occurring.

There is no cover for treatment for **behavioural illness, behavioural modification treatment** or any forms of training.

CT scan and MRI scan limits - **We** will pay up to the benefit limit shown in **your policy schedule** for each CT scan or MRI, per **condition** (Classic) and per year (Advance, Advance Plus, Ultimate and Ultimate Plus). These limits are not separate but form part of the total **veterinary fee** limits. The limit will be calculated against the total cost for the treatment on the day of the scan or procedure, and will include all setup costs, consultancy cost, surgical time, plates', screws and fittings, scan costs, contrast agents and anaesthetics used on the day of the treatment.

Fees for putting **your pet** to sleep (euthanasia) - it is a condition of this **policy** that **we** provide cover or benefit in respect of euthanasia up to a maximum of £100 and only if it is recommended by **your vet** to alleviate incurable and inhumane suffering.

This insurance also extends to cover **your pet** under the **Pet Travel Scheme (PETS)** whilst temporarily located in any European member country of the **Pet Travel Scheme (PETS)** (EU countries only as defined by DEFRA), but only for a maximum stay of 30 days during the **policy** period (Classic, Advance, Advance Plus and Ultimate) and 90 days (Ultimate Plus).

#### **What is not covered?**

1. **Policy** excess, this is shown on **your policy schedule**.
  - i. The **fixed excess** is a fixed amount payable once per **injury** or **illness** per **period of insurance**, each separate **injury**, or **illness** not resulting from the same **incident** will require a separate **fixed excess**.

- ii. Depending on the age and breed of **your pet** there may also be a **variable excess** - this will be detailed in **your policy schedule**.
  - iii. If **treatment** is received at the same time for a number of **injuries** or **illnesses**, including **treatment** carried out under one anaesthetic a **fixed excess** will apply and depending upon the age and breed of **your pet**, a **variable excess** will also apply to the **treatment** received for each **injury** or **illness**.
  - iv. Where **treatment** for different **injuries** or **illnesses** are carried out at the same time and the cost of **treatment** cannot be identified, the cost of **treatment** will be split equally between each **injury** or **illness** and the **fixed excess** and depending upon the age and breed of **your pet** a **variable excess** applied to each part.
2. For Classic cover any **treatment** where the **policy** limit per **injury** or **illness** has been reached.
  3. For Classic cover any **treatment** more than 12 months from the date that the **injury** or **illness** has been first noted by **you** or **your vet**.
  4. For all other cover levels, any **treatment** more than the **policy** limit shown on the **policy schedule** for all **incidents** in the **period of insurance**. Any **treatment** after the **policy** has lapsed/expired.
  5. Any **illness** arising prior to or within the first 14 days of the inception date of the insurance or **pre-existing condition**.
  7. Any **accident** or **injury** arising prior to or within the first 72 hours of the inception date of the insurance or **pre-existing condition**.
  8. More than the number of hydrotherapy sessions above per **illness** or **injury**, or hydrotherapy as an aid to weight loss.
  9. For any cost of spaying, or partial cost of any **treatment** that includes ovarian hysterectomy as a preventative, or **treatment** solution for any **illness**, including (but not limited to) false pregnancy, or mammary tumours.
  10. Preventative or elective **treatments**, routine examinations and **treatment** including but not limited to :
    - i. Killing and controlling fleas
    - ii. Routine spaying or castration
    - iii. Whelping or kitting
    - iv. Routine removal of dewclaws
    - v. Routine worming
    - vi. Routine blood tests
    - vii. Any **treatment** in connection with pregnancy or parturition
    - viii. Or any cost as a result of failure to carry out these procedures.
  11. **We** exclude all costs for elective spay or castration and in situations where the spay or castrate are in order to prevent future medical or behavioural complications of any sort. Cover will be provided when **your pet** is suffering an immediate and critical medical **condition** and the spay or castrate is essential and necessary for the **treatment** of that **condition**.
  12. Any claim or **treatment** for cryptorchidism (retained testicle(s)) unless **your pet** was under 12 weeks of age at the start of the **policy**.
  13. The cost of bathing, grooming or de-matting **your pet** regardless of **your** personal circumstances.
  14. Behavioural problems and training unless caused as a direct result of an insured **incident** occurring during the **period of insurance**.
  15. The cost of spay or castrate as a **treatment** of a behavioural **condition**.
  16. Sex hormonal problems unless directly resulting from a valid claim.
  17. Any cost of pheromone products, including DAP diffusers and Feliway and/or similar feline facial pheromone products used in either a spray or an electric diffuser format.
  18. The cost of any **treatment** outside normal surgery hours except for **treatment** that a **vet** considers cannot wait until normal surgery hours (necessary **treatment**) because it would seriously endanger **your pet's** health regardless of **your** personal circumstances. The **vet** that treated **your pet** must also confirm this in writing when, **your veterinary** claim is submitted for necessary **treatment** outside of normal hours the additional charge is limited to a maximum of £100.
  19. Non-essential hospitalisation and/or ambulance charges and/or house calls unless the **vet** declares that to move **your pet** would seriously endanger its life.
  20. Travelling expenses incurred by **your vet** unless the **vet** deems that to move **your pet** would seriously endanger its health.
  21. Any charges greater than £100 in respect of euthanasia even in the case of **your vet** putting **your pet** to sleep to alleviate incurable and inhumane suffering following an **accident** or **illness**.
  22. Any claim for any form of housing, cage, or bedding needed for the **treatment** or wellbeing of **your pet**.
  23. Every claim will be reviewed by an internal pet claims assessor and compared to charges for the same or similar **treatment** within the same area to ensure that the **treatment** and **veterinary** fees are reasonable, necessary, essential, and not excessive. **We** will only pay up to a maximum of 100% mark up on the manufacturers or wholesalers price of **veterinary** medicines, this will include any

dispensing fees.

24. Any charge for surgical equipment that can be used more than once.
25. Any fee charged by **your vet** to complete the claim form or any ancillary administration fees including but not limited to dispensing fees, late payment fees, claim form completion fees, administration referral fees to specialist vets, or referral fees and x-ray referral fees.
26. Prescription foods or diets of any type including obesity and weight control prescription foods except prescription food subject to a maximum of £100 to dissolve bladder stones and crystals in urine where we will pay the difference above normal feeding costs.
27. Nutritional supplements and vitamins unless prescribed by a **vet** to take the place of medication and if they have a proven effect upon an **injury or illness** or something directly caused by an **injury or illness**.
28. Any **treatment** administered outside the **period of insurance**.
29. Fees for unapproved **alternative medicine** or **complementary medicine** (including but not limited to pulsed magnetic field therapy, matrix energy field therapy, the Bowen technique, Reiki massage, and faith healing).
30. The cost of any **treatment** or **complementary therapy** connected to or resulting from organ transplants and fitting full or partial artificial limbs (prosthesis) with the exception of costs relating to replacement hip, elbow and or knee joints including pre and post-operative care.
31. The cost of any **treatment**, or complications arising from **treatment**, that **you** choose to have carried out that is not directly related to an **injury or illness**, including cosmetic dentistry or surgery.
32. Any overseas **treatment** costs where the journey abroad was specifically made to obtain **treatment** or where the **vet** confirms **treatment** can be delayed safely until **your** return home.
33. **Complementary treatments** that are not carried out under the direction of a **vet** or listed therapist and previously authorised by **us**.
34. The cost of routine or investigative tests or diagnostic procedures, unless these are being undertaken specifically to diagnose an **injury or illness** due to specific existing symptoms or clinical signs and where such a diagnosis will potentially alter the course of **treatment**.
35. The cost of any procedures involved in the **diagnosis** of an **injury or illness** that are carried out again when **your pet** is referred to another **vet**.
36. The cost of routine blood tests including blood tests carried out before surgery, or before anaesthetic for surgery or routine blood tests before any other procedure if **your pet** is less than eight years old. Unless there is something in **your pet's** medical history to suggest **your pet's** health may be at risk from the anaesthetic, surgery, or procedure.
37. Fees resulting from an **injury or illness** that is excluded on **your policy schedule**.
38. The cost of dentistry except as a result of an **accident**.
39. Any claim as a result of a 'notifiable' disease (as defined by DEFRA) e.g. rabies.
40. Any post mortem costs.
41. Any charges in respect of disposal, cremation, or burial of **your pet**.
42. Incremental costs caused as a result of the late submission of **your** claim.

#### Signs of injury

**You** must arrange for a **vet** to examine and treat **your pet** as soon as possible after it shows clinical signs of an **injury**. If **we** decide this may not be the case **we** may refer the case to an independent **vet**. If it can be established that the delay in arranging **treatment** has or is likely to result in additional costs or expenses being incurred **we** reserve the right to either refuse to admit the claim or make a deduction from any settlement to reflect these increased costs or expenses.

#### Second Opinion Vets

There may be times when **you** wish to take **your pet** to a different **vet** as **you** are unhappy with their diagnosis or **treatment** suggestions. All requests for second opinions must be agreed by **us** in advance of **treatment**, however should the second opinion **vet** agree with the first diagnosis or **treatment** then **we** shall only pay for one claim.

#### Cover Overseas

Cover overseas is subject to 30 days during the **policy** period under Classic, Advance, Advance Plus and Ultimate and 90 days under Ultimate Plus and only applicable to cats and dogs.

In the event that **your pet** requires **veterinary treatment** whilst temporarily in a European Member Country of the **PETS Travel Scheme (PETS)**, payment of any **treatment** will be made by **you** to the **vet** whilst **you** are there. Upon return home, **you** should telephone **us** immediately and report the claim – 033 234 0599.

**We** will forward to **you** a claim form for completion. This form must be returned complete with all paid **veterinary** receipts. Settlement of eligible claims will be made to **you**, after any applicable deductions have been made, in sterling at the rate of exchange applicable at the date the bills were settled, such payments discharging **us** from all further liability connected with such claim.

#### Claims Information

Before **your pet** is treated check that **your vet** is willing to complete the claim form, provide medical history and supply **us** with the supporting invoices. **We** will not pay for the **vet** to do this.

The claim form and invoices along with a full clinical history must be returned to **us** within 60 days of the **pet** receiving the **treatment** or as soon as possible thereafter. Please make sure that the form is signed by both **you** and **your vet** and that it is indicated to whom **we** should make the payment.

If **you** are submitting a claim for an on-going **injury your vet** must still complete a claim form and supply **us** with the supporting invoices on each occasion that **treatment** is provided.

If **your pet** is referred to a specialist please make sure that the **vet** who normally treats **your pet** has completed a separate claim form for the initial costs. **We** will not normally be able to assess the claim form and supporting invoices from the referral practice until **we** have processed the initial **treatment** from **your own vet**.

With **your** authority **we** will pay **your** claim settlement directly to the **vet** on **your** behalf.

If **you** have asked **us** to pay **your vet** **we** will send payment directly to the practice and if there is any amount other than the **fixed excess** or **variable excess** that **we** cannot pay because the costs are not covered **we** will tell **you** in writing. **You** must settle with **your vet** any amount **we** cannot pay.

#### Policyholders who are veterinary surgeons or staff

If **you** are a **veterinary surgeon**, **you** may treat **your own pet** but another **vet** must countersign the claim form confirming the **treatment** has gone ahead. The same applies if **you** are a **vet** nurse, **you** cannot complete **your own** claim form.

## Section 2: Third party legal liability (dogs only)

#### What is covered?

**We** will pay up to the third party liability limit of indemnity, dependent on the cover level shown on **your policy schedule** sums which **you** become legally liable to pay in the **UK** courts as damages (including costs) during the **period of insurance** for any claim or series of claims arising from any one event or multiple events and in respect of all and any incidents occurring during the **period of insurance** involving **your dog** causing:

1. Bodily injury, death, sickness, or disease to any person who is not in **your** employment or who is not a member of **your** family or household.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, anyone in **your** employment or any member of **your** family or household within:
  - a) the **United Kingdom** or
  - b) whilst temporarily in a member state of the European Union provided that **your dog** complies with all the relevant legislation relating to movement across international borders, but only for a maximum stay of 30 days during the **policy** period under Classic, Advance, Advance Plus and Ultimate and 90 days under Ultimate Plus

The most **we** will pay under this section of the **policy** for all incidents occurring within the **period of insurance** will be £1,000,000.

If someone else is looking after **your dog** when the injury or damage happens, **we** will still pay as long as:

1. **You** asked them to look after **your dog**.
2. **You** did not agree to pay them to look after **your dog**.
3. The injury or damage was not to them or their property.

#### What is not covered?

1. **Policy** excess, this is shown on **your policy schedule**.
2. **You** must pay any **policy** excess due under this section of the **policy**, as shown on **your policy schedule**, when **we** request it following an incident that may give rise to a claim. Failure to pay the excess when requested may result in **us** refusing to pay additional costs incurred or in **us** refusing to deal with any third party claim.

3. Claims where no legal liability is established.
4. Claims within 72 hours of the commencement of **your policy**.
5. Compensation or legal costs if the injured person is part of **your family**, lives in **your home**, works for **you**, or is looking after **your pet** or is paid to look after **your pet**.
6. Compensation or legal costs if the damaged property belongs to **you** or a person who is part of **your family**, lives in **your home**, works for **you**, is looking after **your pet** or is paid to look after **your pet**.
7. Compensation or legal costs if **you** or someone listed above is looking after the property or holding it in trust or any liability when **your pet** is under the control or custody of a professional dog sitter, walker, groomer, or other similar professional caring for **your dog** where payment is made.
8. Any claim resulting from a period when **your pet** was left **unattended**.
9. Cover is not in force at any place where **you** or members of **your family** are subject to a contract of employment, carry out self-employed or voluntary work.
10. Cover is not provided at any event of confirmation show, agility event, working trial or Schutzhund competition.
11. Cover is not provided at any organised shooting or sporting event.
12. Any liability arising from an agreement which imposes a liability on **you** which **you** would not be under in the absence of such an agreement.
13. Compensation or legal costs where the injury or damage was caused by the deliberate acts or omissions of **you** or members of **your family**.
14. Any claim if **your pet** is a cat.
15. Any claim resulting from **your pet** passing on any disease or virus.
16. Any claim where **you** have not followed advice given to **you** by previous owners of **your dog** or by any rehoming organisation about **your dog's** behavioural traits.
17. Any claim whilst **your pet** is being transported in a motorised vehicle.
18. Fines, penalties or **your** breach of quarantine restrictions or import or export regulations.
19. Any damages, costs or expenses if **you** are insured under any other liability **policy** (including **your** household insurance) unless that cover has been exhausted.
20. Any claim costs in excess of the **policy** limit under this section of **your policy**.
21. Any amount in excess of £1,000,000 in respect of all incidents occurring during the **period of insurance**.

#### **Special conditions that apply to this policy section.**

1. **You** must contact **us** as soon as there is an incident that could give rise to a claim.
2. **You** must not admit to anyone that **your pet** was at fault, offer any compensation, make a payment, or try to negotiate.
3. **You** must forward on to **us** any letters, writs, summons, or other legal documents **you** receive, without delay, and **you** must not answer them.
4. **You** must tell **us** or assist **us** to establish the full circumstances of an incident, provide written statements and go to court if necessary.
5. **We** may pay a reasonable amount for the compensation and costs which will release **us** from any more payments under this **policy**.
6. **We** will have complete control of any claim or the defence of any legal proceedings.
7. **You** must not give anybody information or anything that could help them claim against **you other than** disclosing **your policy** number and name and address of **us**.

In relation to any third party liability claims, **we** may pay up to the limit of **your** stated **policy** cover or lesser amounts for which any claim can be settled (after deduction of any sum or sums already paid as compensation) and shall be released from any further liability under this **policy** (except for costs and expenses of litigation recoverable or incurred with **our** consent prior to the date of such payment).

### **Section 3: Death of your pet (illness)**

**This section does not apply in the case of dogs aged 9 and over or cats aged 11 and over.**

#### **What is covered?**

If **your pet** dies because of an **illness**, or as a result of **your vet** putting **your pet** to sleep, if recommended by a **vet** as necessary to alleviate incurable and inhumane suffering of **your pet**, due to **illness** during the **period of insurance**.

**We** will pay the purchase price **you** paid for **your pet** as declared by **you** and detailed on the **policy schedule**. This payment is subject to the maximum **policy** limit shown on **your policy schedule**.

If **you** are unable to provide **us** with formal proof of the amount paid for **your pet** we will pay a current **market value** based on average prices at the time of **your pet's** death.

#### **What is not covered?**

1. If **your pet** dies from an **accident**.
2. If the death is a result of any **illness** that occurs prior to or within 14 days of **your pet's** insurance first starting.
3. Any claim where the **illness** is excluded from claim under Section 1 **veterinary** fees.
4. If at the time of death **your pet** is over 8 years of age in the case of dogs or over 10 years of age in the case of cats.
5. If **your pet** is put to sleep due to aggression unless this can be attributed to an **illness**.
6. Any claim if a **vet** believes it is more humane to keep **your pet** alive rather than put it to sleep, but despite this **you** still have **your pet** put to sleep.
7. If **you** are not able to provide **us** with confirmation from **your vet** or statement from an independent witness.

### **Section 4: Death of your pet (injury)**

#### **What is covered?**

If **your pet** dies because of an **injury**, or as a result of **your vet** putting **your pet** to sleep, if recommended by a **vet** as necessary to alleviate incurable and inhumane suffering of **your pet**, due to **injury** during the **period of insurance**.

**We** will pay the purchase price **you** paid for **your pet** as declared by **you** and detailed on the **policy schedule**. This payment is subject to the maximum **policy** limit shown on **your policy schedule**.

If **you** are unable to provide **us** with formal proof of the amount paid for **your pet** we will pay a current **market value** based on average prices at the time of **your pet's** death.

#### **What is not covered?**

1. If **your pet** dies from an **illness**.
2. If the death is a result of any **injury** that happens prior to or within 72 hours of **your pet's** insurance first starting.
3. If **your pet** is put to sleep due to aggression unless this can be attributed to an **injury**.
4. Any claim if a **vet** believes it is more humane to keep **your pet** alive rather than put it to sleep, but despite this **you** still have **your pet** put to sleep.
5. If **you** are not able to provide **us** with confirmation from **your vet** or statement from an independent witness.

### **Section 5: Advertising costs**

#### **What is covered?**

If **your pet** is lost or stolen, **we** will reimburse **you** for advertising in a local newspaper or other approved expenditure for recovery of **your pet** (previously agreed by **us**) up to the maximum sum as shown in **your policy schedule** per **period of insurance**.

#### **We will not be liable for:**

1. Reimbursing any money **you** spend trying to find **your pet** if **we** have not agreed to the way **you** are doing this.
2. More than £50 for cost of advertising materials.
3. Any amount in excess of the **policy** limit under this section of **your policy**.

### **Section 6: Reward costs**

#### **What is covered?**

If **your pet** is lost or stolen, for a suitable reward to be offered for recovery of **your pet** (previously agreed by **us**) up to the maximum sum as shown in **your policy schedule** per **period of insurance**.

Although **you** are free to decide the amounts **you** wish to offer as reward **we** apply a maximum of the lower of the full maximum benefit available for rewards or the purchase price declared on **your policy schedule**.

#### **What is not covered?**

1. Any reward to anyone who is a member of **your family** or household or by any person employed by **you** or residing with **you**.
2. Any reward paid to the person who was caring for **your pet** when it was lost or stolen.



- Any reward to the person or persons who stole or was involved in the theft of **your pet**.
- Any reward greater than the declared value of **your pet** as shown on **your policy schedule**.
- Any reward not supported by a signed receipt giving the full name, address and telephone number of the person who found **your pet**.
- Any amount in excess of the **policy** limit under this section of **your policy**.

## **Section 7: Theft and straying**

### **What is covered?**

**We** will pay **you** up to the purchase price or the maximum sum shown on **your policy schedule**, whichever is the lesser amount in respect of permanent loss due to **your pet** being lost or stolen and after no recovery has been made after 45 days despite appropriate endeavours including advertising and reward, notifying local rescue centres and in the case of theft the notifying the Police to report the theft obtaining a crime reference number. This benefit can be paid once per **period of insurance**.

If **you** are unable to provide **us** with formal proof of the amount paid for **your pet** we will pay a current **market value** based on average prices at the time of **your pet's** death.

### **We** will not be liable:

- If **your pet** is lost, stolen or strays prior to or within 14 days of taking out this **policy**.
- Any amount if **you** or the person looking after **your pet** has freely parted with it.
- Any claim for theft where the loss was not reported to the police or case of straying where the missing pet was not reported to local rescue centres.
- Any claim is not submitted within 1 year of **your pet** going missing.
- We** will not pay a claim for loss or theft unless **you** can provide evidence or advertising and reward being offered.
- For any amount in excess of the **policy** limit per **period of insurance** under this section of **your policy schedule**.

## **Section 8: Boarding fees**

### **What is covered?**

**We** will reimburse **you** for boarding fees for **your pet** in a licensed boarding establishment, or daily minding in **your** own home up to the amount shown on **your policy schedule** if boarding and subject to a limit of £5 per day in pet sitting in **your** own home if during the **period of insurance**:

- You** have an illness or injury which requires **you** to go into hospital for more than 96 hours; or
- a family member who permanently resides with **you** has an illness or injury which requires **you** to attend hospital for periods of time of no less than seven hours a day over a continuous period of no less than 96 hours and **your pet** stays in a licensed kennel /cattery while **you** are in or attending hospital and no other member of **your** family permanently residing with **you** is able to look after **your pet**.

### **What is not covered?**

- Claims within the first 14 days of the commencement of insurance.
- Any costs if **you** are in hospital for less than 96 hours.
- Any costs if **you** or **your** family member who permanently resides with **you** goes into hospital if **you** or they had symptoms of being ill or injured before **your policy** first started.
- Any costs if **you** or **your** family member who permanently resides with **you** goes into hospital as a result of pregnancy, giving birth, alcoholism, drug abuse, drug addiction, attempted suicide, self-harm or hospitalisation that is not directly related to being ill or injured.
- Any costs resulting from nursing home care or any convalescence care that **you** do not receive in a hospital.
- Boarding fees if **you** or **your** family member who permanently resides with **you** have previously gone into hospital for the same illness or injury.
- Any stay in hospital that **you** were aware could happen when **you** arranged the **policy**.
- Transportation costs for **you** and **your pet** to or from the boarding kennel/cattery establishment.
- Where the **incident** which led to the incurring of boarding fees occurred outside of the **period of insurance**.
- Any payment to a person permanently residing at the address shown in **your policy schedule** or member of **your** family.
- Any claim in excess of the limit shown on **your policy schedule** per **period of insurance**.

- Any costs if **you** do not attend hospital for a continuous period of more than seven hours a day over a continuous period of no less than 96 hours whilst a family member who permanently resides with **you** have an illness or injury which requires **you** to attend hospital.

### **Claims Conditions**

When **you** or **your** family member who permanently resides with **you** leave hospital, **you/they** should obtain a medical certificate and send **us** the medical certificate and the receipt from the boarding kennels/cattery with a covering letter and send this to **us**.

## **Section 9: Holiday cancellation/curtailment**

### **What is covered?**

**We** will reimburse **you** up to the amount shown on **your policy schedule** (in any one **period of insurance**) for the non-recoverable cancellation and curtailment costs incurred by **you** if during the **period of insurance**:

- You** cancel **your holiday** within 7 days prior to departure or;
- You** come home early because **your vet** believes **your pet** needs lifesaving **treatment** or lifesaving surgery.

### **What is not covered?**

- Claims within the first 14 days of the commencement of **your policy**.
- Any amount if **your pet** does not have lifesaving **treatment** or lifesaving surgery.
- Any claim where the **veterinary treatment** is not covered by a **vet** fee claim.
- Any amount as a result of an **illness** or **injury** that first showed clinical signs or happened more than 7 days before the start date of **your holiday**.
- Costs for anyone else who is on **holiday** or who is going to be on **holiday** with **you**. Unless they are under 18 years of age and no other adult is able to take care of them.
- If **you** booked **your holiday** less than 28 days before **you** were due to leave.
- If **you** cancel **your holiday** or come home early as a result of any **pre-existing condition**.
- If **you** knew about the **injury** before going on **holiday** and the **injury** was likely to necessitate emergency **treatment** and/or surgery.
- Any additional costs which are incurred, e.g. if **you** fail to arrive on time at the airport/ferry port.
- If **you** can get these expenses back from anywhere else, for example, from **your** travel insurance.
- Any cost for food for **you** or **your pet**.
- Any additional cancellation charges incurred because **you** did not tell the company providing **your** transport or accommodation, their agents or any person acting for **you**, as soon as **you** knew **you** had to cancel **your holiday**.
- Any amount for a **holiday** that does not start and finish in the **period of insurance**.
- Any claim more than one year after **your** return.

### **Claims conditions.**

Forward to **us** all receipts for the expenses **you** are claiming, along with a booking invoice for the **holiday** detailing any cancellation charges. **You** must provide **us** with confirmation that **you** are unable to claim these costs back from **your** travel providers.

## **Section 10: Quarantine costs**

### **What is covered?**

**We** will pay up to the limit shown in **your policy schedule** per trip for:

- Quarantine kennelling costs and costs incurred in obtaining a replacement health certificate for **your pet** should a microchip of ISO Standard 11784 or Annex A to ISO Standard 11785 fail to operate as intended.
- Quarantine kennelling costs should, despite compliance with the relevant regulations, **your pet** be placed in quarantine due to **illness**.

All claims under this section of the **policy** must be supported with all relevant receipts and documentary evidence that **your pet** was micro-chipped prior to **your** journey with a microchip of ISO Standard 11784 or Annex A to ISO Standard 11785.

### **What is not covered?**

**We** will not pay for:

1. Any costs incurred where it was established that the microchip was not functioning prior to departure.
2. Any costs incurred where it can be established that **your pet** was suffering from an **illness** or **injury** prior to departure.

## **Section 11: Loss of PETS Passport**

### **What is covered?**

**We** will pay up to the level shown in **your** cover summary page the cost of a replacement health certificate should the original become lost during the trip. This includes any quarantine costs incurred as a direct result of such a loss.

All claims under this section of the **policy** must be supported by all relevant receipts and evidence of expenditure.

## **Section 12: Emergency expenses cover abroad**

### **What is covered?**

**We** will pay up to the level shown in **your policy** per trip in reimbursement for emergency expenses incurred by **you**. Cover is provided for:

1. Additional accommodation for up to 14 days and repatriation fees incurred by **you** should **your pet** require emergency **veterinary treatment** which results in **you** missing **your** return journey.
2. Reimbursement of accommodation and transportation costs incurred by **you** up to the limit shown on **your policy schedule** following **your pet** becoming lost during a journey, whilst **you** endeavour to find **your pet** prior to **your** due return date to the **UK**.
3. Reimbursement of additional accommodation and transportation costs incurred by **you** up to the limit shown on **your policy schedule**, for up to 4 days, should **your pet** become lost or stray prior to **your** return journey to the **UK** resulting in **you** remaining abroad whilst endeavouring to locate **your pet**.

All claims under this section of the **policy** must be supported by all relevant receipts and evidence of expenditure. Additionally, **you** must notify the Police or relevant transport operator within 24 hours of the **incident** and obtain, at **your** own expense, a written report should **you** wish to claim following the loss or theft of **your pet**.

## **Cancellation**

**You** may cancel this **policy** within 14 days of receipt of the **policy** documents (new business) or the renewal date by writing to **us** at the address given below. Any premium already paid by **you** will be refunded to **you** providing no claim has been made or is intended to be made and no **incident** likely to give rise to a claim has occurred. If **you** do not exercise **your** rights during the 14 day period, **your policy** will continue as normal.

PDSA Petsurance  
The Connect Centre  
Kingston Crescent  
Portsmouth  
PO2 8QL

If **you** make a claim within the first 14 days of the **policy** start date then this will be taken as accepting the **policy** cover, no refund would then be available.

The **policy** is an annual contract of insurance that can be paid monthly. If the premium is paid under a monthly instalment option and a claim has been settled during the **period of insurance**, **you** must continue with the instalment payments. Alternatively **we** will deduct outstanding instalments from any claim payment that may be due to **you**.

If the annual payment option is chosen and a claim is paid, no premium will be refunded if the **policy** is cancelled during the same **period of insurance**.

Provided there has been no claim or **incident** likely to give rise to a claim during the current **period of insurance** and **you** cancel **your policy**, **we** will calculate the proportionate premium for the period **you** have been insured and refund any balance.

If a claim has been submitted or there has been any **incident** likely to give rise to a claim during the current **period of insurance** no premium refund will be given.

If **your pet** dies or is reported as lost or stolen and **you** need to make a claim, the remaining premiums for the full policy year will not be charged.

**We** can cancel this **policy** if there are serious grounds to do so, for example:

1. Where **we** have been unable to collect a premium payment (payment terms including the procedures in the event of non-payment of the premium will have been agreed between **you** and **us** when **you** took out this **policy**); or
2. **You** have failed to take reasonable care in providing information in relation to this insurance as required by General Condition 1 of this **policy**; or
3. **You** have failed to co-operate or provide information and assistance in relation to any claim under this **policy** or with regards to the administration or operation of this **policy**; or
4. Where **you** fail to take **your pet** for annual check-ups and keep **your pet** vaccinated against distemper, hepatitis, leptospirosis and parvovirus in the case of dogs; against feline infectious enteritis, feline influenza feline herpes virus, feline calicivirus and feline leukaemia in the case of cats; and as advised by **your vet** in accordance with General Conditions 7 of this **policy**; or
5. Where **we** have grounds to suspect fraud; or
6. Where **you** use threatening or abusive behaviour towards a member of **our** staff or a member of staff of **your vet** or **our** supplier.

**We** will do this by giving notice in writing to **your** last address notified to **us**. **We** have the right to terminate this **policy** with immediate effect in the event that **your** premium is not received ten days after the due date.

## **Claims**

If **your vet** and **our vet** disagree about any **veterinary** issues connected to **your** claim **we** may appoint another **vet** as an independent expert that **we** both agree to use and whose decision **we** both agree to accept.

In the event of any possible claim under any sections of this insurance **you** must notify **us** as soon as possible and no later than 60 days after discovery of any possible **incident** likely to result in a claim.

Telephone: 0333 234 0599

If **you** do not contact **us** within 60 days of discovery of the **incident** and this prejudices **our** ability to verify the claim then, other than in exceptional circumstances, **we** will be unable to deal with **your** claim.

**You** do not need to contact **us** before any **treatment** begins except for **alternative medicine** or **complementary treatment**. **We** will require **your policy** number when **you** call so please have this ready.

Please note that calls may be monitored or recorded to assist with training and for quality control purposes.

### **Claim form completion**

**We** will never guarantee payment of a claim over the telephone. If **you** want to make a claim **you** must complete **your** sections of the claim form and for **veterinary** fees, arrange for **your vet** to fill in their part along with a full medical history and return to **us** within 60 days of the **pet** receiving the **treatment** or as soon as possible thereafter.

For death claims **we** will additionally require the original purchase receipt, **vet's** death confirmation, or independent witness statement.

**We** only accept invoices that are on a **veterinary** practice headed paper and contain VAT amounts and a VAT number if **your vet** is VAT registered. Financial and **treatment** histories headed "Insurance report" or similar are not acceptable.

**You** will be responsible for any costs charged for the completion of the form. If all or part of **your** claim cannot be paid **we** will tell **you** in writing.

Send **your** claim form and supporting documents to:

PDSA Petsurance  
The Connect Centre  
Kingston Crescent  
Portsmouth  
PO2 8QL

Subject to **policy** terms and conditions **we** will pay **your** claim if the claim form is correct and complete:

1. When **we** have all the information **we** need to support the claim.

2. When **we** are sure that the claim is valid.
3. When any legal action or other action has been settled.

If it is more convenient and **your vet** agrees, **we** can pay claims directly to **your vet**, after deductions. **You** can tell **us** to do this when **you** make a claim. **We** will not pay **veterinary** fees directly to anyone who is not a **vet**.

If **you** have asked **us** to pay **your vet** **we** will send payment directly to **your vet** and if there is any amount other than the **fixed excess** and **variable excess** that **we** cannot pay because the costs are not covered **we** will tell **you** in writing.

**You** must settle with **your vet** any amount not covered under this **policy**. If **we** have made any overpayment regarding claim settlements, this will be requested back in full and/or deducted from any future claims.

If any liability under this insurance is covered by any other insurance policy **we** will not pay any claims until that cover is exhausted.

Following a claim **we** shall be entitled to take over and exercise any rights in **your** name against any other party for **our** own benefit and at **our** own expense to recover any payment **we** have made under this **policy**.

## **Fraud**

It is unfortunate that with all types of insurance, fraud and attempted fraud can occur. **We** employ sophisticated fraud detection and prevention techniques to ensure **we** only pay out on genuine claims. By doing this **we** are protecting the interest of all policyholders and are able to offer a comprehensive **policy** with competitive premiums.

**You** must not act in a fraudulent manner. If **you** or anyone acting for **you**:

- Make a claim under the **policy** knowing the claim to be false or fraudulently exaggerated in any respect.
- Make a statement in support of a claim knowing the statement to be false in any respect.
- Submit a document in support of a claim knowing the document to be forged or false in any respect.
- Make a claim in respect of any loss or damage caused by **your** wilful act or with **your** connivance.

Then:

- **We** shall not pay the claim.
- **We** shall not pay any other claim which has been or will be made under the **policy**.
- **We** may at **our** option declare the **policy** void.
- **We** shall be entitled to recover from **you** the amount of any claim already paid under the **policy** since the last renewal date.
- **We** shall not make any refund of premium already paid.
- **We** may inform the police of the circumstances.

### **Preventing fraud**

**We** and/or **our** agents, along with other insurers pass information to fraud prevention and credit reference agencies. **We** may pass **your** details to the Claims and Underwriting Exchange Register run by the Motor Insurers' Bureau and Insurance Hunter, a central insurance anti-fraud system and other databases, to which other insurers may have access.

## **Complaints procedure**

**We** are committed to providing **you** with an exceptional level of service and customer care.

**We** realise, however, that things can go wrong and there may be occasions when **you** feel that **we** have not provided the service **you** expect. When this happens **we** want to hear about it so that **we** can try to put things right. Although it can help to make complaints in writing **we** are happy to receive complaints communications in whatever form or medium is appropriate for **your** circumstances.

### **Who to contact**

The most important factors in getting **your** complaint dealt with as quickly and efficiently as possible are to be sure **you** are talking to the right person, and that **you** are giving them the right information.

When **you** contact **them** please give **them** **your** name and a contact telephone number. Please quote **your policy** and/or claim number and the type of **policy** **you** hold.

Please explain clearly and concisely the reason for **your** complaint.

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### **Step one – Initiating your complaint:**

Does **your** complaint relate to:

A: **your policy**?

B: a claim on **your policy**?

If A, **you** need to contact the customer service team on 0333 234 0605 and state **your** complaint.

If B, **you** need to contact whoever is currently dealing with **your** claim by calling the claims team on 0333 234 0599 and state **your** complaint.

In either case, if **you** wish to provide written details, the following checklist has been prepared for **you** to use when drafting **your** letter.

1. Head **your** letter 'Pet insurance COMPLAINT'.
2. Give **your** full name, post code and contact telephone number(s).
3. Advise them that **you** have a **PDSA Petsurance policy** and quote **your policy** and/or claim number.
4. Explain clearly and concisely the reason(s) for **your** complaint.

The letter should be sent to the Complaints Manager at the following address:

PDSA Petsurance  
The Connect Centre  
Kingston Crescent  
Portsmouth  
PO2 8QL

**We** will acknowledge **your** complaint promptly, normally within five days unless exceptional circumstances apply. The Complaints department will investigate **your** complaint impartially taking into account all relevant factors and will provide **you** with a written response to **your** complaint within eight weeks.

It is expected that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **you** are not satisfied, or if **you** have not heard from **us** within 8 weeks, **you** can take the issue further:

### **Step two - The Financial Ombudsman Service**

If **we** have given **you** **our** final response, or if **you** have not heard from **us** within 8 weeks, or if **you** are still not satisfied **you** may refer **your** case to the Financial Ombudsman Service (FOS).

The Ombudsman is an independent body that arbitrates on complaints about general insurance products and other financial services. It will only consider complaints after **you** have been provided with written confirmation that all internal complaints procedures have been exhausted.

Insurance Division  
Financial Ombudsman Service  
Exchange Tower  
Harbour exchange square  
London  
E14 9SR

Tel: 0300 123 9123  
Fax: 020 7964 1001

Please note that **you** have six months from the date of the final response in which to refer **your** complaint to the Ombudsman. Referral to the Ombudsman will not affect **your** right to take legal action.

### **Our promise to you:**

**We** will acknowledge all complaints promptly.

**We** will investigate quickly and thoroughly.

**We** will keep **you** informed of progress.

**We** will do everything possible to resolve **your** complaint.

**We** will learn from **our** mistakes.

**We** will use the information from complaints to continuously improve **our** service.

To help **us** improve **our** service, **we** may record or monitor telephone calls.

## **Data protection**

**We** believe in keeping your information safe and secure. Full details of what data **we** collect and how **we** use it can be found in our Privacy Policy which **you** can access via <https://pdsa.quote-my-pet.co.uk/> or by requesting a copy from **our** Data Protection Officer (contact details below). This section provides **you** with some basic information and briefly explains what **we** do with **your** information.

**We** are governed by the Data Protection legislation applicable in both the United Kingdom and Gibraltar.

**We** collect details in order to consider **your** application for insurance and to administer insurance services to **you**, including claims investigation and management.

**We** may use **your** information for a number of purposes. These include: providing **you** with **our** services; dealing with **your** claim; carrying out checks such as fraud checks and credit checks; and where agreed, providing **you** with information about **our** products and services.

In order to provide **our** services to **you**, **we** may share **your** information with other insurance companies, solicitors, regulators, business partners and third party suppliers. **We** may also have a legal obligation to provide **your** information, in certain circumstances, with regulators, police and other public bodies. Information **you** supply may be used for the purposes of insurance administration by **us** and third parties. These third parties may share **your** information with their own agents.

### **Providing you with details on our products and services**

Where **you** have given **us your** consent to do so, **we** will send **you** information about products and services of **ours** or other third parties which may be of interest to **you** via telephone, letter or email (as **you** have indicated). **You** have a right at any time to stop **us** from contacting **you** for marketing purposes or giving **your** information to other third parties.

If **you** no longer wish to be contacted for marketing purposes then please contact **us** by e-mailing [customerqueries@bdml.co.uk](mailto:customerqueries@bdml.co.uk)

### **Your rights as a Data Subject**

Under Data Protection laws **you** have certain rights; these include for example, a right to understand what data **we** hold on **you** and a right to ask **us** to amend that data if it is incorrect. If **you** would like to exercise any of **your** rights please contact **our** Data Protection Officer (contact details below).

### **Data Protection Officer**

If **you** have any questions about how **we** use **your** data, or to exercise any of **your** data rights please contact **our** Data Protection Officer at:

Data Protection Officer  
BDML Connect Limited  
45 Westerham Road  
Bessels Green  
Sevenoaks  
Kent  
TN13 2QB

Please make sure **you** provide **your** name, address, policy number and other relevant information to allow **us** to respond to **your** query.

**You** understand that all personal data **you** supply must be accurate.

If **you** would like any other person to discuss **your** policy or make amendments then **we** must have **your** permission.

### **Updating your records**

If **you** think **our** records are wrong or out of date, particularly **your** contact details, **you** must contact **us** immediately to correct them. **You** can do this by calling 0333 234 0605 or by emailing [customerqueries@bdml.co.uk](mailto:customerqueries@bdml.co.uk)

## **Helplines**

All policies include access to the following help lines (calls may be monitored or recorded):

### **Find a Vet**

If you or your pet are away from home whilst in the United Kingdom, Northern Ireland and the Isle of Man and your pet needs urgent veterinary care, this policy gives you access to our help lines so we can identify the nearest vet for you.

Telephone: 0333 234 0599

(Telephone lines are open from 8.00am to 6.00pm weekdays and 9.00am to 2.00pm Saturdays)

### **Bereavement Counselling**

An understanding, confidential and professional service enabling you to talk for as long as you need about the death or illness of your pet. Help and advice to address the symptoms brought about by bereavement is available 24 hours a day, 365 days a year.

Telephone: 0333 03 2258

(Telephone lines are open 24 hours a day, 365 days a year)

### **Pet Legal**

Lawyers are available to provide advice and explain legal issues in plain English and in a friendly and helpful way - available 24 hours a day, 365 days a year.

Telephone 0333 003 2258

(Telephone lines are open 24 hours a day, 365 days a year)

### **Pet Minders**

This enables you to locate a registered pet minder (on a national basis) for either a few minutes or indeed weeks, in order to look after your pet while you are away.

Telephone: 0333 234 0599

(Telephone lines are open from 8.00am to 6.00pm weekdays and 9.00am to 2.00pm Saturdays)

### **PDSA petanswer™**

This helpline provides advice on common illnesses, including vomiting, diarrhoea and skin problems. Help with minor issues including, fleas, exercise and diet. Advice on specific events such as going abroad, disease and poisoning. The helpline provides out of hours support when your local vet is closed.

Telephone 0303 334 0611

(Lines are open 24 hours a day 365 days a year. Calls are free from a BT Landline only. Calls from other networks and from your mobile may incur a cost)