

## Maximum Benefit Terms and Conditions

**YOU** MUST READ THIS POLICY DOCUMENT AND THE CERTIFICATE OF INSURANCE WHICH FORM AN INTEGRAL PART OF THE POLICY

NCI Pet Insurance is a trading style of NCI Insurance Services Limited. NCI Pet Insurance policies are sold and administered by NCI Insurance Services Limited. Registered In England No 4741145. Registered Office: 4th Floor Clarendon House, Victoria Avenue, Harrogate, North Yorkshire HG1 1JD. NCI Insurance Services Limited is an Appointed Representative of NCI Vehicle Rescue plc, which is authorised and regulated by the Financial Conduct Authority (Firm Reference 307654).

This insurance policy is underwritten by Cranbrook Underwriting Limited on behalf of QIC Europe Limited, (reference number: B087514CoDD5001), No. 7, 4th floor, Block C, 179, Marina Street, Pieta PTA 9042, Malta. QIC Europe Ltd is authorised and regulated by the Malta Financial Services Authority number C67694.

These are the Terms and Conditions of **your** NCI Pet Insurance policy. **We**, QIC Europe Limited, underwrite this policy and these Terms and Conditions give **you** details of what is covered, what is not covered and the limits and conditions that apply.

This policy is a contract between **you** and **us**.

The following elements form the contract of insurance between **you** and **us**. Please read them and keep them safe:

- The policy Terms and Conditions.
- **Your** Certificate of Insurance and statement of fact.
- The information contained in the 'Important Information' document which **we** provide to **you** when **you** take out or renew **your** policy.
- Any changes to this insurance policy contained in notices issued by **us** at renewal.

In return for **you** paying **your** premium, **we** will provide the cover shown on **your** Certificate of Insurance, subject to these Terms and Conditions.

Please refer to **your** Certificate of Insurance to confirm which sections of cover apply to **your** pet.

Please read Section C for General conditions which apply to the whole policy.

### Information and changes we need to know about

**You** must take reasonable care to provide complete and accurate answers to the questions **we** ask when **you** take out, make changes to, and renew **your** policy. Please read any assumptions carefully and confirm if they apply to **your** circumstances.

Please tell **us** immediately if any of the information provided by **you** changes after **you** purchase **your** policy, or if there are any changes to the information set out in **your** Certificate of Insurance at **your** renewal. **You** must also tell **us** immediately if any of the following changes take place:

- **You** change address.
- **You** change **your** bank details (if **you** pay monthly premiums).
- **You** move abroad permanently.
- **You** are going to be temporarily resident outside the **UK** for more than 6 months during the period of insurance.
- **Your** pet is used for security, guarding, track racing or coursing.
- **Your** pet is neutered or spayed.
- **Your** pet is micro chipped.
- Any changes in the health of **your** pet, regardless of whether or not **you** have made a claim on this policy.
- **You** sell **your** pet or transfer ownership of **your** pet to another person.
- **Your** pet is diagnosed with a **behavioural illness**.
- **Your** pet dies.

If **you** are in any doubt, please contact **us**.

When **we** are notified of a change, **we** will tell **you** if this affects **your** insurance, for example whether **we** are able to accept the change and if so, whether the change will result in revised terms and/or premium being applied to **your** policy. If **you** do not inform **us** about a change it may affect any claim **you** make.

If the information provided by **you** is not complete and accurate **we** may:-

- Revise the premium; and/or
- Cancel **your** policy; and/or
- Refuse to pay a claim; and/or
- Exclude cover for a **pre-existing condition**.

Each renewal invitation is offered using the information **we** have at the time it was issued. **We** may revise or withdraw it if, before the date **your** renewal takes effect, any event occurs that gives rise to a claim, even if **we** are notified after **your** renewal date.

**We** recommend that **you** keep a record (including copies of letters) of all information supplied to **us** for future reference.

### Your cancellation rights

**You** have a statutory right to cancel **your** policy within 14 days from the day of purchase or renewal of the contract or the day on which **you** receive **your** policy or renewal documentation, whichever is the later.

If **you** wish to cancel during this 14 day period, **you** will be entitled to a full refund of the premium paid, providing **you** have not made a claim. If **you** have made a claim, **you** will not be entitled to a refund of the premium paid, in respect of the cancelled cover.

To cancel, please contact **01423 535 057** or write to NCI at the following address:

**NCI Pet Insurance, 4th Floor, Clarendon House, Victoria Avenue, Harrogate, HG1 1JD**

If **you** do not exercise **your** right to cancel **your** policy, it will continue in force and **you** will be required to pay the premium.

For **your** cancellation rights outside the statutory cooling-off period, please refer to the 'Cancelling this policy' section of this policy booklet.

In the event of a claim:

To make a claim **you** may either:

- Telephone **01423 535 057** or email [petclaims@ncionline.co.uk](mailto:petclaims@ncionline.co.uk) and request a claim form to be sent to **you**; or
- Download a claim form from the website at: [www.ncipetinsurance.com/pet/how-to-claim](http://www.ncipetinsurance.com/pet/how-to-claim)

**You** can send this in writing to: The Claims Department, NCI Pet Insurance, 4th Floor, Clarendon House, Victoria Avenue, Harrogate, HG1 1JD.

Unless **you** are claiming for **veterinary fees**, **you** must let **us** know of any circumstances which are likely to lead to a claim. The claim form must be completed fully and truthfully and returned with documentation, evidence or other information that **we** may reasonably require in order to assess **your** claim.

Please ensure **you** follow the procedures set out in the relevant section under which **you** are claiming. Please make sure **your** claim form is fully completed by **you** and if **you** are claiming for **veterinary fees**, **your** vet, as any incomplete claim forms will be returned to **you**.

### Complaints

If **you** wish to complain about the service **we** have provided please contact **us** as shown in Section E. **We** will take steps to remedy the position, or where **you** remain dissatisfied details of the procedure to follow will be provided as detailed below in Section E.

### Regulatory Status

**We** are authorised and regulated by the Malta Financial Services Authority, number C67694. **We** are registered as: QIC Europe Ltd. Registered Office: Suite C7, 4th Floor, Block C, Skyway Office, 179 Marina Street, Pieta PTA, MALTA, 9042.

**You** may check this information and obtain further information about how the Financial Conduct Authority protects **you** by visiting [www.fca.org.uk](http://www.fca.org.uk) or by contacting them on 0800 111 6768.

## Telephone recording and call charges

Calls to 01- and 03- prefixed numbers are charged at national call rates (charges may vary dependent on **your** network provider) and are usually included in inclusive minute plans from landlines and mobiles.

For **our** joint protection telephone calls may be recorded and/or monitored.

**Our** Customer Services lines are open from 9am to 8pm Monday to Friday and 9am to 5pm on Saturdays (excluding public and bank holidays).

**Our** Pet Claims line is open from 8am to 6pm Monday to Friday and 10am to 6pm on Saturdays (excluding public and bank holidays).

(The Pet Emergency line is open 24/7, 365 days a year).

## SECTION A:

### THE MEANING OF WORDS IN THIS POLICY

If **we** explain what a word means, that word has the same meaning wherever it appears in these Terms and Conditions.

- 1. Administrator:**  
Davies Managed Systems (DMS) is the **administrator** for Section 6 – Third Party Liability claims for this insurance policy and can be contacted to assist **you** on **your** queries by telephoning 0344 856 3838.
- 2. Agreed countries:**  
Any European Union member States and Territories which are included in the **Pet travel scheme (PETS)**.
- 3. Behaviourist:**  
A Certified Clinical Animal **Behaviourist** or a member of one of the following organisations, from **our** list of approved specialists:
  - Association of Pet Behaviour Counsellors
  - Canine and Feline Behaviour Association
- 4. Behavioural illness:**  
Any change(s) to **your pet's** normal behaviour that is caused by a mental or emotional disorder, **illness** or disease, but not **injury** which could not have been prevented by training.
- 5. Certificate for treatment against parasites:**  
A certificate issued under the terms of the **Pet travel scheme (PETS)**.
- 6. Clinical sign(s):**  
Changes in **your pet's** normal healthy state, its bodily functions or behaviour.
- 7. Complementary therapist:**  
A member of one of the following organisations, from **our** approved list of specialists:
  - Canine Hydrotherapy Association
  - McTimoney Chiropractic Association
  - International Association of Animal Therapists (**UK**)
- 8. Complementary treatment:**  
The cost of any examination, consultation, advice, test and legally prescribed medication for the following procedures where they treat an **injury**.
  - Acupuncture and homeopathy carried out by, and herbal medicine prescribed by, a veterinary practice.
  - Chiropractic manipulation carried out by a veterinary practice or a qualified animal chiropractor from **our** list of approved list of specialists who is a member of the McTimoney Chiropractic Association or the International Association of Animal Therapists (**UK**).
  - Hydrotherapy carried out:
    - i. In a pool which has full Canine Hydrotherapy Association membership, or
    - ii. By a veterinary practice, providing the hydrotherapy is carried out in a pool they own.
  - Osteopathy carried out by a veterinary practice or a qualified animal osteopath who is a member of the International Association of Animal Therapists (**UK**) and on **our** list of approved specialists.
- 9. Elective treatment or diagnostics:**  
Any **treatment** or diagnostic **you** request, which the **vet** confirms or would reasonably consider as not necessary.
- 10. Excess:**  
The amount shown on **your** Certificate of Insurance; this is the first part of each unrelated claim and the amount **you** have to pay.  
For **Veterinary fees** this will either be a fixed amount only or a fixed amount and a percentage amount. If **you** claim under **Veterinary fees** for the same **illness** or **injury**, **you** will pay the below amounts under each benefit.
- a) A fixed amount only. The fixed amount is the amount that **you** have to pay towards each **illness** or **injury** that is not related to any other **illness** or **injury** treated. This amount will be deducted from the first claim(s) for that **injury** or **illness**.
- b) A fixed amount and a percentage amount if **your pet** is 4 years old or over. The fixed amount will be deducted as explained in a) above. In addition, **you** must also pay a percentage of all **treatment** costs. The percentage is shown on **your** Certificate of Insurance. This will be deducted from all claims submitted and will be calculated on the amount left after the fixed amount has been deducted.
- 11. Family:**  
**Your** husband, wife, civil partner, life partner, parents, grandparents, brothers, sisters, sons, daughters, grandsons and granddaughters.
- 12. Home:**  
The place in the **UK** where **you** usually live.
- 13. Illness:**  
Any change(s) to a normal healthy state, sickness, disease, defects and abnormalities, including defects and abnormalities **your pet** was born with or were passed on by its parents.
- 14. Illness which starts in the first 14 days of cover:**
  - a) An **illness** that showed clinical signs in the first 14 days of **your pet's** first **policy year**, or
  - b) An **illness** which is the same as, or has the same diagnosis or clinical signs as an **illness** that showed clinical signs in the first 14 days of **your pet's** first **policy year**, or
  - c) An **illness** that is caused by, relates to, or results from, a clinical sign that was noticed, or an **illness** that showed clinical signs in the first 14 days of **your pet's** first **policy year**, no matter where the **illness** or clinical signs are noticed or happen in, or on, **your pet's** body.
- 15. Incident(s):**  
A specifically identifiable accident, **injury** or **illness**. Recurring and/or chronic incidents shall be considered as one loss and/or condition. Such incidents being defined as:
  - a) 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 ongoing predisposition or susceptibility or **injury** related in any way to the original claim; or
  - b) Incidents which are incurable and likely to continue for the remainder of **your pet's** life.
- 16. Injury:**  
Physical damage or trauma caused immediately by a sudden and unforeseen accident. Not any physical damage or trauma that happens over a period of time.
- 17. Journey:**  
Travel from **your home** to any of the **agreed countries** for a maximum of 45 days for all journeys for each incident, **injury** or **illness** claimed. This includes the duration of **your** holiday or business trip and any travel in and between **agreed countries** and return journeys to **your home**.
- 18. Market value:**  
The price generally paid for an animal of the same age, breed, pedigree, sex and breeding ability at the time **you** took ownership of **your pet**.
- 19. Maximum benefit:**  
The most **we** will pay as shown on the Certificate of Insurance for each section of cover. Once this limit has been reached, there will be no further coverage in respect of **veterinary fees** relating to the **injury** or **illness**.
- 20. Passport:**  
A **passport** issued under the terms of the **Pet travel scheme (PETS)**.
- 21. Pet travel scheme (PETS):**  
A Government Scheme that allows people in the **UK** to take their pets abroad to specific countries and bring them back again into the United Kingdom without the need for quarantine, providing certain criteria have been met.
- 22. PETS certificate:**  
A certificate issued under the terms of the **Pet travel scheme (PETS)**.
- 23. Policy year:**  
The time during which **we** give cover as shown on **your** Certificate of Insurance.
- 24. Pre-existing condition:**
  - a) An **injury** that happened or an **illness** that first showed clinical signs before **your pet's** cover started, or
  - b) An **injury** or **illness** that is the same as, or has the same diagnosis or clinical signs as an **injury**, **illness** or clinical sign **your pet** had before its cover started, or

- c) An **injury** or **illness** that is caused by, relates to, or results from, an **injury**, incident, **illness** or clinical sign **your pet** had before its cover started. No matter where the **injury, illness** or clinical signs are noticed or happen in, or on, **your pet's** body. This is in addition to any exclusion(s) stated on **your** Certificate of Insurance.

#### 25. Select breeds:

African Crested Dog, African Hairless, Akita, American Eskimo Dog, Basset Hound, Bavarian Mountain Hound, Bernese Mountain Dog, Bloodhound, Boar Hounds, Boxer, Brittany, Bulldog (English), Bulldog (Toy), Bullmastiff, Canadian Eskimo Dog (Canadian Inuit), Catalan Sheepdog, Central Asian Shepherd Dog, Chow Chow, Cirneco Dell'Etna, Continental Landseer, Coonhound, Dachsbracke, Deerhound, Dobermann, Dogue De Bordeaux, Drentse Partridge Dog, French Bulldog, Great Dane, Greyhound, Hungarian Kuvasz, Alaskan Husky, Irish Wolfhound, Japanese Akita, Korthals Griffon, Landseer, Leonberger, Maremma Sheepdog, Mastiff, Neapolitan Mastiff, Newfoundland, Northern Inuit, Norwegian Lundehund, Pointing Wired Haired Griffon, Poodle (Miniature), Portuguese Warren Hound, Pug, Pyrenean Mastiff, Pyrenean Mountain Dog, Rottweiler, Schapendoes, Shar Pei, Siberian Husky, St. Bernard, Tibetan Mastiff, Egyptian Mau, Sphynx, Tonkinese.

#### 26. Treatment:

Any examination, consultation, advice, tests, x-rays, medication, surgery, hospitalisation, nursing and care provided by either a veterinary practice or **vet** recommended **complementary therapist**.

#### 27. UK:

The United Kingdom, the Isle of Man and the Channel Islands.

#### 28. Vet:

Registered Veterinary Surgeon.

#### 29. Veterinary fees:

The cost or expense of any **treatment** or amount vets in general or referral practices usually charge.

#### 30. Veterinary treatment:

The cost of the following when required to treat an **illness** or **injury**:

- Any examination, consultation, advice, test, x-ray, surgery and nursing carried out by a **vet**, a veterinary nurse or another member of the veterinary practice under the supervision of a **vet**, and
- Any medication legally prescribed by a **vet**. This includes physiotherapy (not including hydrotherapy) carried out by a veterinary practice or a physiotherapist and **treatment** of a **behavioural illness** carried out by a veterinary practice or a **behaviourist**.

#### 31. We, us, our, insurer:

Cranbrook Underwriting Limited on behalf of QIC Europe Limited, (reference number: Bo87514CoDD5001), No. 7, 4th floor, Block C, 179, Marina Street, Pietà PTA 9042, Malta. QIC Europe is authorised and regulated by the Malta Financial Services Authority number C67694.

#### 32. You, your, the policyholder:

The person named on the Certificate of Insurance of Cover.

#### 33. Your pet:

Means the dog or cat identified as insured in the Certificate of Insurance.

## SECTION B:

### INSURED EVENTS WE WILL COVER

This insurance provides the cover set out in the sections below.

#### Section 1A - Veterinary fees

Cover under this section applies in the **UK** and **agreed countries** only.

##### What we will pay

The cost of **veterinary fees** for the **veterinary treatment** **your pet** has received; this is to treat an **illness** or **injury** up to the **maximum benefit** as shown on **your** certificate of insurance.

Cover for any ongoing incident will continue into a new **policy year** providing **you** renew **your** policy and continue to pay the premiums due and the **maximum benefit** has not been reached.

##### What you pay

The **excess** shown on **your** Certificate of Insurance.

##### What we will not pay

- More than the **maximum benefit** for the **treatment** costs of any incident, **illness** or **injury**.
- The cost of any **treatment** for a **pre-existing condition**.
- The cost of any **treatment** for an **illness which starts in the first 14 days of cover** and the cost of any **treatment** as a result of an accident or **injury** in the first 24 hours of cover.
- The cost of any **treatment** to prevent **injury** or **illness**.
- The cost of any **elective treatment or diagnostics**, including any complications that arise.
- The cost of killing and controlling fleas and the cost of general health improvers.
- The cost of any **treatment** in connection with breeding, pregnancy or giving birth.
- The cost of any food (including food prescribed by a **vet**) unless it is:
  - Used to dissolve existing bladder stones and crystals in urine, which is limited to a maximum of 40% of the cost of food for up to 6 months. The cost of this food is only covered for the first occurrence of bladder stones and crystals; **we** will not pay for the cost of this food if the bladder stones or crystals recur.
  - Liquid food, used for up to 5 days while **your pet** is hospitalised at a veterinary practice, providing the **vet** confirms the use of the liquid food is essential to keep **your pet** alive.
- The cost of pheromone products, including DAP diffusers including AdaptiL™ and Feliway® products, unless used as part of a structured behaviour modification programme, and then limited to a maximum period of 6 months. If the **behavioural illness** recurs after these 6 months, **we** will not cover the cost of any further pheromone products for that **behavioural illness**.
- The cost of any vaccination, other than the cost of treating any complications that arise from this procedure.
- The cost of spaying (including spaying following a false pregnancy) or castration, unless:
  - The procedure is carried out when **your pet** is suffering from an **illness** or **injury** and is essential to treat the **illness** or **injury**, or
  - The costs claimed are for the **treatment** of complications arising from this procedure.
- The cost of any **treatment** in connection with a retained testicle(s) if **your pet** was over the age of 16 weeks when cover started.
- The cost of any **treatment** in connection with false pregnancy if **your pet** has received **veterinary treatment** for more than 2 episodes of false pregnancy.
- The cost of treating any **injury** or **illness** deliberately caused by **you** or anyone living with **you** or, while on **your journey**, anyone travelling with **you**.
- The costs of having **your pet**:
  - Put to sleep, including any veterinary consultations/visits or prescribed medications specifically needed to carry out the procedure, or
  - Cremated, buried or disposed of.
- The cost of a house call unless the **vet** or **complementary therapist** confirms that moving **your pet** would further damage its health, regardless of **your** personal circumstances.
- Extra costs for treating **your pet** outside usual surgery hours, unless the **vet** or **complementary therapist** confirms an emergency consultation is essential, regardless of **your** personal circumstances.
- The cost of hospitalisation and any associated **treatment**, unless the **vet** or **complementary therapist** confirms **your pet** must be hospitalised for essential **complementary treatment**, regardless of **your** personal circumstances
- Costs resulting from an **injury** or **illness** specified as excluded on **your** Certificate of Insurance or generally not covered within these Terms and Conditions.
- The cost of surgical items that can be used more than once.
- The cost of hydrotherapy, acupuncture, homeopathy, chiropractic manipulation, osteopathy or any other complementary or alternative **treatment**. This includes any **veterinary treatment** specifically needed to carry out the particular complementary or alternative **treatment**. Please refer to Section 1B - **Complementary treatment** where details of cover for these types of **treatment** can be found.
- The cost of buying or hiring equipment or machinery or any form of housing, including cages.
- The cost of bathing, grooming or de-matting **your pet** unless:
  - You** have taken all reasonable steps to maintain **your pet's** health, and
  - A **vet** confirms veterinary expertise is needed and therefore only a **vet** or a member of a veterinary practice can carry out these activities, regardless of **your** personal circumstances.
- The cost of dental **treatment** unless **your pet** had a dental examination carried out by a **vet** in the 12 months before the clinical signs of the **injury** or **illness** were first noted.
- The cost of a post-mortem examination.
- The cost of transplant surgery, including any pre- and post-operative care.
- The cost of any prosthesis, including any **veterinary treatment** needed to fit the prosthesis, other than the cost of hip and/or elbow replacement(s).
- The cost of any **treatment** while on a **journey** if:
  - A **vet** believes the **treatment** can be delayed until **your pet** returns **home**, or
  - The **journey** was made to get **treatment** abroad.

**Special conditions apply to this section. Please see 'Special conditions that apply to Section 1A - Veterinary fees and Section 1B - Complementary treatment'. Full details regarding how and when to claim for Veterinary fees can be found in 'How and when to claim under Section 1A - Veterinary fees and Section 1B - Complementary treatment'.**

## Section 1B - Complementary treatment

Cover under this section applies in the **UK** only.

### What we will pay

If recommended by the **vet**, the cost of **complementary treatment to your pet**; this is to treat an **illness or injury** up to the **maximum benefit** as shown on **your** certificate of insurance.

### What we will not pay

1. More than the **maximum benefit** for the **treatment** costs of any incident, **illness** or **injury**.
2. The cost of any **treatment** for a **pre-existing condition**.
3. The cost of any **treatment** for an **illness which starts in the first 14 days of cover** and the cost of any **treatment** as a result of an accident or **injury** in the first 24 hours of cover.
4. The cost of any **treatment** to prevent **injury** or **illness**.
5. The cost of any **elective treatment or diagnostics**, including any complications that arise.
6. The cost of killing and controlling fleas and the cost of general health improvers.
7. The cost of any **treatment** in connection with breeding, pregnancy or giving birth.
8. The cost of any food, including food prescribed by a **vet**.
9. The cost of more than 10 sessions of hydrotherapy for each **illness or injury**.
10. The cost of any vaccination, other than the cost of treating any complications arising from this procedure.
11. The cost of treating any **injury or illness** deliberately caused by **you** or anyone living with **you** or while on **your journey**, anyone travelling with **you**.
12. The cost of a house call unless the **vet** or **complementary therapist** confirms that moving **your pet** would further damage its health, regardless of **your** personal circumstances.
13. Extra costs for treating **your pet** outside usual surgery hours, unless the **vet** or **complementary therapist** confirms an emergency consultation is essential, regardless of **your** personal circumstances.
14. The cost of hospitalisation and any associated **treatment**, unless the **vet** or **complementary therapist** confirms **your pet** must be hospitalised for essential **complementary treatment**, regardless of **your** personal circumstances.
15. Costs resulting from an **injury or illness** specified as excluded on **your** Certificate of Insurance or generally not covered within these Terms and Conditions.
16. The cost of buying or hiring equipment or machinery or any form of housing, including cages.
17. The cost of bathing, grooming or de-matting **your pet** unless:
  - a) **You** have taken all reasonable steps to maintain **your pet's** health, and
  - b) The **vet** or **complementary therapist** confirms veterinary expertise is needed and therefore only a **vet**, a member of a veterinary practice or the **complementary therapist** can carry out these activities, regardless of **your** personal circumstances.
18. The cost of dental **treatment** unless **your pet** had a dental examination carried out by a **vet** in the 12 months before the clinical signs of the **injury or illness** were first noted.

### Special conditions that apply to Section 1A - Veterinary fees and Section 1B - Complementary treatment

1. The maximum amount **we** will pay for the cost of **treatment** or **complementary treatment** is the **maximum benefit**.
2. If the claim includes medication, these costs will be subject to the **maximum benefit**.
3. If **we** agree for a claim settlement to be paid directly to **your vet** and **you** allow this, then if the **vet**, who has treated **your pet** or is about to treat **your pet**, asks for information about **your** insurance that relates to a claim, **we** will tell the **vet** what the insurance covers, what **we** will not pay for, how the amount **we** pay is calculated and if the premiums are paid to date.
4. If **we** receive a request to pay the claim settlement directly to a veterinary practice, **we** reserve the right to decline this request.
5. If the **veterinary fees** or the fees charged for **complementary treatment** are higher than the fees usually charged by a general or referral practice, **we** reserve the right to request a second opinion from a **vet** that **we** choose. If the **vet we** choose does not agree with the **veterinary fees** charged **we** may decide to pay only the **veterinary fees** usually charged by a general or referral practice in a similar area.
6. If **we** consider the **veterinary treatment** or **complementary treatment your pet** receives may not be required or may be excessive when compared with the **treatment** that is normally recommended to treat the same **illness or injury** by general or referral practices, **we** reserve the right to request a second opinion from a **vet** that **we** choose. If the **vet we** choose does not agree with the **veterinary treatment** or **complementary treatment** provided, **we** may decide to pay only the cost of the **veterinary treatment** or **complementary treatment** that was necessary to treat the **injury or illness**, as advised by the **vet** from whom **we** have requested the second opinion.
7. **We** may refer **your pet's** case history to another **vet** in **your** local area that **we** choose and pay for. If **we** request that **you** do so, **you** must arrange for **your pet** to be examined by this **vet**.

8. If **you** decide to take **your pet** to a different **vet** or **complementary therapist** for a second opinion because **you** are unhappy with the diagnosis or **treatment** provided, **you** must tell **us** before **you** arrange an appointment with the new **vet** or **complementary therapist**. If **you** do not, **we** will not pay any costs relating to the second opinion. If **we** request, **you** must use a **vet** or **complementary therapist we** choose. If **we** decide the diagnosis or **treatment** currently being provided is correct, **we** will not cover any costs relating to the second opinion.
9. It is **your** responsibility to ensure the veterinary practice or **complementary therapist** is paid within the required time frame. If an additional charge is added to the cost of **treatment** due to the late payment of fees, **we** will deduct this charge from the claim settlement.
10. If the veterinary practice or **complementary therapist** provides a discount for paying the cost of **treatment** within a certain time frame, **you** must provide payment within this time frame. If **you** do not, **we** will deduct the discount, which would have been provided, from the claim settlement.

### How to claim for Section 1A - Veterinary fees and Section 1B - Complementary treatment

Before **your pet** is treated, **you** must make sure that **your vet** is prepared to fill in **our** claim form and provide invoices. For **Complementary treatment** claims the **complementary therapist** must provide invoices and the **vet** must complete the claim form. **You** must fill in a claim form and ask **your vet** to fill in their part.

Please send **us**:

1. **Your** completed claim form,
2. The invoices showing the costs involved, and
3. For **veterinary fees** only, if the claim is for **treatment** in an agreed country, **you** must also provide the booking invoice for **your journey** or any other official documents which show the dates of **your journey**.

**We** will not pay for the cost of this information or the cost of the **vet** completing the claim form.

### When to claim

It is important **you** register **your** claim as soon as possible after the **treatment** date.

## Section 2 - Death from Injury

Cover under this section applies in the **UK** only.

### What we will pay

The price **you** paid for **your pet** if it either dies or has to be put to sleep by a **vet** during the **policy year** as a result of an **injury**. If **you** have no formal proof of how much **you** paid, **we** will pay the **market value** or the purchase price, whichever is less. If **you** did not pay for **your pet** **we** will pay the **market value**.

### What we will not pay

1. More than the **maximum benefit**.
2. Any amount if the death results from an **injury** that happened before **your pet's** cover started.
3. Any amount if the death results from an **injury** specified as excluded on **your** Certificate of Insurance or generally not covered within these Terms and Conditions.
4. Any amount unless the death results from an **injury** that could not be treated and **your vet** confirms it was not humane to keep **your pet** alive because it was suffering.
5. Any amount if the main cause of death results from an **illness** and a claim is made under Section 3.
6. Any loss which starts in the first 24 hours of cover (not applicable to renewals)

Full details regarding how to claim for Death from **Injury** can be found in 'How to claim for Section 2 - Death from **Injury** or Section 3 - Death from **Illness**'.

## Section 3 - Death from Illness

Cover under this section applies in the **UK** only.

### What we will pay

The price **you** paid for **your pet** if it either dies or has to be put to sleep by a **vet** during the **policy year** as a result of an **illness**. If **you** have no formal proof of how much **you** paid, **we** will pay the **market value** or purchase price, whichever is less. If **you** did not pay for **your pet** **we** will pay the **market value**.

### What we will not pay

1. More than the **maximum benefit**.
2. Any amount if **your pet's** death results from a **pre-existing condition**.
3. Any amount if **your pet's** death results from an **illness which starts in the first 14 days of cover**.
4. Any amount if the death results from an **illness** in any dog aged 8 years or over or any other cat aged 10 years or over.
5. Any amount if the death results from breeding, pregnancy or giving birth.



6. Any amount if the death results from an **illness** specified as excluded on **your** Certificate of Insurance or generally not covered within these Terms and Conditions.
7. Any amount unless the death results from an incurable **illness** and the **vet** confirms it was not humane to keep **your pet** alive because it was suffering.
8. Any amount if the main cause of death results from an **injury** and a claim is made under Section 2.

#### How to claim for Section 2 - Death from Injury or Section 3 - Death from Illness

Please send **us**:

1. The death certificate from **your vet**,
2. The receipt from when **you** bought **your pet**,
3. If **your pet** is a pedigree, the original pedigree certificate, and
4. **Your** completed claim form.

Please note **we** will not pay for the cost of this information or the cost of the **vet** completing the claim form.

### Section 4 - Theft or Straying

Cover under this section applies in the **UK** only.

#### What we will pay

The price **you** paid for **your pet** if it is stolen or goes missing during the **policy year** and is not recovered or does not return. If **you** have no formal proof of how much **you** paid, **we** will pay the **market value** or the purchase price, whichever is less. If **you** did not pay for **your pet** **we** will pay the **market value**.

#### What we will not pay

1. More than the **maximum benefit**.
2. Any amount if **your pet** is lost or stolen within 14 days after the start of **your** policy.
3. Any amount if **you** or the person looking after **your pet** has freely parted with it, even if tricked into doing so, unless anyone was looking after or transporting **your pet** in return for money, goods or services.

Special conditions apply to this section. Please see 'Special conditions that apply to Section 4 - Theft or Straying and Section 5 - Advertising and Reward'.

#### How to claim

Please send **us**:

1. The purchase receipt from when **you** bought **your pet**,
2. If **your pet** is a pedigree, the original pedigree certificate, and
3. **Your** completed claim form.

Please note **we** will not pay for the cost of this information

### Section 5 - Advertising and Reward

Cover under this section applies in the **UK** only.

#### What we will pay

If **your pet** is stolen or goes missing during the **policy year**, **we** will pay:

- The cost of advertising up to the **maximum benefit** and no more than 10% of the **maximum benefit** towards sundries to make **your** own posters and advertising materials, and
- The reward which **we** have agreed to and what **you** have offered and paid to get **your pet** back, up to the **maximum benefit**.

If **your pet** is stolen or goes missing during **your journey**, **we** will also pay the cost of **your** accommodation and additional travel costs, to stay and look for **your pet** if it has not been found or returned by the scheduled last date of **your journey**.

#### What we will not pay

1. Any expense incurred without **our** prior consent.
2. Any reward that **we** have not agreed before **you** advertised it.
3. Any reward not supported by a signed receipt giving the full name and address of the person who found **your pet**.
4. Any reward paid to a member of **your family**, any person living with **you** or employed by **you**, including any person travelling with **you** during **your journey**.
5. Any reward paid to the person who was caring for **your pet** when it was lost or stolen.
6. If **your pet** is stolen or goes missing during **your journey**:
  - a) More than 7 days' accommodation costs and more than £30 for each day's accommodation.
  - b) Any amount if the cost of accommodation is at a property owned by **you** or **your family**.

- c) Any amount unless there is some official documentation to certify the theft or loss was reported to the police or the ship, aircraft, train or coach operator if the loss or theft happened while **you** were travelling with them.

**Special conditions apply to this section. Please see 'Special conditions that apply to Section 4 – Theft or Straying and Section 5 - Advertising and Reward'.**

#### Special conditions that apply to Section 4 - Theft or Straying and Section 5 - Advertising and Reward

1. As soon as **you** discover **your pet** is missing:
  - If **your pet** is a dog **you** must tell the appropriate authority and ask for written confirmation of **your** report.
  - If **your pet** is a cat and it may have been stolen, **you** must tell the appropriate authority and ask for written confirmation of **your** report
  - If **your pet** was lost or stolen on a ship, aircraft, train or coach, **you** must report the loss or theft to the operator and obtain a report.
2. **You** must immediately take all reasonable steps to find or recover **your pet**. **You** must tell all vets and local rescue centres within a reasonable distance of the area where **your pet** was last seen within 5 days of **your pet** going missing. At least one veterinary practice must be notified.
3. For Theft or Straying only:
  - To submit a claim for Theft or Straying **you** must have advertised the loss of **your pet**.
  - If **your pet** has not been found within 30 days, please fill in a claim form and return it to **us** as soon as possible.
  - If the claim is paid the original pedigree certificate and purchase receipt will not be returned to **you**.
  - If **your pet** is found or returns, **you** must repay the full amount **we** have paid **you**.

#### How to claim

**You** must phone **us** on **01423 535 057** for the approval of any reward before **you** advertise it.

Please send **us**:

1. **Your** completed claim form,
2. The invoices and receipts to show the costs involved, including a receipt for any reward paid, and
3. If the loss or theft happened during **your journey**, the booking invoice for **your journey** or any other official documents to show the dates of **your journey**.

Please note **we** will not pay for the cost of this information.

### Section 6 - Third Party Liability

Davies Managed Systems (DMS) is the **administrator** for this section of this insurance policy.

Cover under this section applies in the **UK** only.

#### What we will pay

**We** will indemnify **you** against all sums which **you** become legally liable to pay as damages and claimants costs and expenses arising out of accidental bodily **injury** (fatal or non-fatal) or accidental damage to property not owned by **you** or in **your** custody or control caused by **your** dog within the territorial limits. **Our maximum benefit** in respect of all indemnity payable under this section in respect of, or arising out of any one occurrence or all occurrences of a series consequent on or attributable to one original cause or source will not exceed the **maximum benefit** as shown on **your** certificate of insurance.

#### What we will not pay

- The **excess** which is £250 per incident.
- Liability assumed by **you** under any agreement which imposes a liability on **you** which **you** would not be under in the absence of such an agreement.
- Liability arising as a result of any deliberate act, wilful default or neglect by **you** or members of **your family**.
- Liability arising as a result of any person handling **your** dog without **your** consent.
- The cost of fines, penalties and punitive, exemplary, aggravated, liquidated and multiple damages.
- Any claim or other proceedings against **you** or **your family** lodged in a court of law outside the United Kingdom.
- Loss or damage to property in the ownership, custody or control of **you** or members of **your family** or household or any person employed by members of **your** household.
- Bodily **injury** to **you** or a member of **your family** or persons permanently residing with **you**.
- Bodily **injury** to any person who is under a contract of service or apprenticeship with **you** when such bodily **injury** arises out of and in the course of employment by **you**.

- Liability insured under any other insurance policy that covers the same loss, such as **your** Household insurance policy, that covers the same loss, unless such insurance cover has been exhausted.
- Any claim arising from loss or destruction of, or damage to, any property, or bodily **injury** to any person, directly or indirectly caused by pollution or contamination, unless the pollution or contamination is directly caused by a sudden, identifiable, unintended and unexpected incident, which occurs in its entirety at a specific time and place during the **policy year** provided that:
- All pollution or contamination which arises out of one incident shall be deemed to have occurred at the time such incident takes place.
- **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 **policy year** shall not exceed in the aggregate the **maximum benefit** stated in **your** certificate of insurance.
- Liability arising at **your** work place.
- Any claim resulting from an incident outside the **UK**.

#### Special conditions that apply to this section

1. **You** shall not admit or accept liability, negotiate or make any payment or promise of payment without **our** written consent.
2. **You** are required to provide **us** with all the information that **we** may reasonably require.
3. **We** will have the sole conduct and control of any claim and legal proceeding relating thereto including the right to prosecute in the name of the insured but for **our** benefit for any claim, damages or liability

#### How to Claim:

Please contact Davies Managed Systems by phone on 0344 856 3838, as soon as **you** are made aware of a potential claim.

### Section 7 - Boarding Fees

Cover under this section applies in the **UK** only.

In this section, "**you**" means **you** or **your** husband, wife, civil partner or life partner.

#### What we will pay

The cost of boarding **your pet** at a licensed kennel or cattery, or £5 a day towards the cost of someone, who does not live with **you**, looking after **your pet** while **you** are in hospital during the **policy year**.

#### What we will not pay

1. More than the **maximum benefit**.
2. Any amount if **you** are in hospital for less than 4 consecutive days during each hospital stay.
3. Any costs resulting from **you** going into a hospital because of an **injury** or **illness** first occurring or showing symptoms before **your pet** was covered.
4. Any costs resulting from **you** being pregnant, giving birth or any **treatment** that is not related to an **injury** or **illness**.
5. Any costs resulting from **you** going into a hospital for the **treatment** of alcoholism, drug abuse, drug addiction, attempted suicide or a self-inflicted **injury**.
6. Any costs resulting from care in a nursing **home** or from convalescence care that **you** do not receive in a hospital.

#### How to claim

Please send **us**:

1. **Your** completed claim form, filled in by **your** doctor or consultant and where applicable the owner of the boarding kennel or cattery, and
2. An invoice from the kennel or cattery, or written confirmation from the person looking after **your pet**.

Please note **we** will not pay for the cost of this information.

### Section 8 - Holiday Cancellation

Cover under this section applies in the **UK** and **agreed countries** only.

#### What we will pay

1. Any travel and accommodation expenses for **you** and **your** immediate **family** that **you** cannot recover if **you** have to cancel **your journey** during the **policy year** because **your pet**:
  - a) Is injured, or
  - b) Shows the first clinical signs of an **illness**, up to 7 days before **you** leave and needs immediate lifesaving **veterinary treatment**.
2. If **your pet** is staying in the **UK** during **your journey**, any travel and accommodation expenses for **you** and **your** immediate **family** that **you** cannot recover if **you** have to cut short **your journey** during the **policy year** because **your pet**:
  - a) Goes missing, or

- b) Is injured or shows the first clinical signs of an **illness** while **you** are away and needs immediate life-saving **veterinary treatment**.
3. If **your pet** goes with **you** on the **journey** and is injured or shows the first clinical signs of an **illness** during the **journey** and has to return **home** for **treatment**, which means **you** have to cut short **your journey**, **we** will pay:
    - The value of any unused travel and accommodation expenses for **you** and **your** immediate **family**, and
    - Any extra travel expenses to return **your pet** home.

#### What we will not pay

1. More than the **maximum benefit**.
2. Any amount or expense resulting from a **pre-existing condition**.
3. Any amount or expense resulting from an **illness which starts in the first 14 days of cover**.
4. Any amount unless a **vet** has certified **your pet** is too ill to travel or has to return **home** for **treatment**.
5. Any amount if the **journey** was made to get **treatment** abroad.
6. Any amount **you** can claim back from anywhere else.
7. The cost of food.
8. Any amount that results from an **injury** or **illness** **we** have specified as excluded on **your** Certificate of Insurance or generally not covered by these Terms and Conditions.
9. Any amount recoverable under **your** own Travel Insurance policy.

#### How to claim

Please send **us**:

1. **Your** completed claim form,
2. The booking invoice and cancellation invoice from the travel agent, tour operator or other holiday sales organisation, and
3. If **you** are claiming for extra travel costs, the receipts for **your** expenses.

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

Please note **we** will not pay for the cost of this information.

### Section 9 -Emergency Repatriation

Cover under this section applies to **agreed countries** only.

#### What we will pay

If **your pet** is injured or shows the first clinical signs of an **illness** during **your journey** and cannot travel **home** the same way it travelled abroad **we** will pay:

1. Any extra costs to get **your pet** home,
2. The cost of additional accommodation for **you** to stay after **your** scheduled date of travel **home** until **your pet** is well enough to travel and additional travel costs to get **home** if **you** are unable to use **your** return ticket, and
3. The cost of returning **your pet's** body **home** or the cost of disposal in an agreed country if **your pet** dies.

#### What you pay

The **excess** shown on **your** Certificate of Insurance.

#### What we will not pay

1. More than the **maximum benefit**.
2. Any costs resulting from a **pre-existing condition**.
3. Any costs resulting from an **illness which starts in the first 14 days of cover**.
4. Any costs that result from an **injury** that happens or an **illness** first showing clinical signs before the start of **your journey**.
5. Any costs unless a **vet** has certified **your pet** is too ill to travel **home** the same way it travelled abroad.
6. Any costs if the **journey** was made to get **treatment** abroad.
7. Any costs that can be reclaimed from anywhere else.
8. More than 14 days' accommodation costs.
9. Any costs that result from an **illness** or **injury** specified as excluded on **your** Certificate of Insurance or generally not covered within these Terms and Conditions.
10. The cost of a coffin, casket or any other container for **your pet's** remains.
11. The cost of food.

## How to claim

Please send **us**:

1. **Your** completed claim form,
2. **Your** booking invoice or any other official documents showing the dates of **your journey**, and
3. The receipts for any extra travel or accommodation costs and the expenses to get **your pet home** or dispose of its body.

Please note **we** will not pay for the cost of this information.

## Section 10 - Quarantine Expenses and Loss of Documents

Cover under this section applies in the **agreed countries** only.

### What we will pay

If **your pet** is either unable to return to the **UK** or must be quarantined on return to the **UK** because of:

1. An **illness** first showing clinical signs during the **journey**,
2. The failure of the microchip, or
3. The **PETS certificate, Certificate for treatment against parasites** or **Pet passport** being lost or stolen, **we** will pay:
  - a) The cost to keep **your pet** in quarantine,
  - b) The cost of getting a duplicate **PETS certificate, Certificate for treatment against parasites** or **Pet passport**,
  - c) The cost of temporary accommodation while getting the duplicate **PETS certificate, Certificate for treatment against parasites** or **Pet passport**, and
  - d) Any extra costs to travel **home** if the time in getting a duplicate **PETS certificate, Certificate for treatment against parasites** or **Pet passport** has caused **you** to miss **your** scheduled travel arrangements back to **your home** and **you** are unable to use **your** return ticket.

### What you pay

The **excess** stated on **your** Certificate of Insurance.

### What we will not pay

1. More than the **maximum benefit**.
2. Any costs resulting from a **pre-existing condition**.
3. Any costs resulting from an **illness which starts in the first 14 days of cover**.
4. Any costs that result from an **injury** that happens or an **illness** first showing clinical signs before the start of **your journey**.
5. Any costs that can be reclaimed from anywhere else.
6. Any costs that result from an **illness or injury** shown as excluded on **your** Certificate of Insurance or generally not covered in these Terms and Conditions.
7. Any costs that result from the failure of any microchip that does not meet the standards ISO 11784 or ISO 11785.
8. Any costs that result from a microchip reader failing to read a microchip.
9. Any costs unless there is some official documentation to certify the theft or loss of the **PETS certificate, Certificate for treatment against parasites** or **Pet passport** was reported to the police or the ship, aircraft, train or coach operator if the loss or theft happened while **you** were travelling with them.
10. Any costs that result from the **PETS certificate, Certificate for treatment against parasites** or **Pet passport** being lost or stolen while left unattended unless they are in **your** accommodation or the locked boot, covered luggage area or glove compartment of a locked vehicle.
11. More than 7 days' temporary accommodation costs.

### Special conditions that apply to this section

1. **You** must take all reasonable steps to make sure the **PETS certificate, Certificate for treatment against parasites** and **Pet passport** are not lost or stolen.
2. **You** must report the loss or theft of the **PETS certificate, Certificate for treatment against parasites** and **Pet passport** within 24 hours of discovering it missing to the police and obtain a police report. If the loss or theft occurred on a ship, aircraft, train or coach **you** must report the loss to the operator and obtain a report.
3. **You** must take all reasonable steps to find or recover the missing **PETS certificate, Certificate for treatment against parasites** and **Pet passport**.

### How to claim

Please send **us**:

1. **Your** completed claim form,
2. The invoices and receipts to show the costs involved,
3. **Your** booking invoice or other official documents to show the dates of **your journey**, and
4. **your journey**, and
5. Where applicable, the police or operator's report.

**We** will not pay for the cost of this information.

## SECTION C:

### GENERAL CONDITIONS WHICH APPLY TO THE WHOLE POLICY

The following conditions apply to the whole policy cover in addition to all the conditions specified under each relevant Section of cover.

1. If **treatment** for any incident is ongoing at the renewal date, cover for that incident will continue into the new **policy year** providing **you** renew the policy and continue to pay the premium when due.
2. In the event that **you** choose not to renew **your pet** insurance policy, all cover and benefits will cease on the date **your** policy lapsed and no claim will be paid in respect of **treatment** after this date.
3. Throughout the **policy year** **you** must take all reasonable steps to maintain **your pet's** health and to prevent **injury, illness** and loss.
4. **You** must arrange and pay for **your pet** to have a yearly dental examination and any **treatment** normally recommended by a **vet** to prevent **illness** or **injury**. Any **treatment** recommended as a result of the dental examination must be carried out as soon as possible.
5. **You** must keep **your pet** vaccinated against the following: Dogs - Distemper, hepatitis, leptospirosis, parainfluenza and parvovirus. Cats - Feline infectious enteritis, feline leukaemia and cat flu. If **you** do not keep **your pet** vaccinated, **we** will not pay any claims that result from any of the above illnesses.
6. **You** must arrange for a **vet** to examine and treat **your pet** as soon as possible after it shows clinical signs of an **injury** or an **illness**, and follow any advice they give. If **you** do not follow the **vet's** advice **we** will not pay any claims relating to that **injury** or **illness**.
7. **You** and **your pet** must live in **UK**.
8. In order for **us** to be able to assess **your** claim, **we** reserve the right to request additional relevant information or records from **your** current or any other **vet** that has treated **your pet**. **We** will only ask for information which is relevant to the details and circumstances of the claim and previous medical history. If the **vet** charges **you** for this information **you** will have to pay.
9. If there is any other insurance under which **you** are entitled to make a claim, if the claim is payable **we** will only pay **our** share of the claim. **You** must tell **us** the name and address of the other insurance company and **your** policy number with them and any other information **we** may require.
10. If **you** have any legal rights against another person in relation to **your** claim, **we** may take legal action against them in **your** name at **our** expense. **You** must give **us** all the help **you** can and provide any documents **we** ask for.
11. When **we** offer further periods of insurance **we** may change the premium and the policy Terms and Conditions.
12. **Your pet** is only covered under this policy if **you** pay the premium. When **we** settle **your** claim, **we** will deduct any unpaid premiums from the claim or any other amount due to **us**.
13. **You** agree that any **vet** has **your** permission to release any relevant information **we** ask for about **your pet** in relation to **your** claim. If the **vet** makes a charge for this, **you** must pay the charge.
14. **We** will not guarantee on the phone if **we** will pay a claim. **You** must send **us** a claim form that has been fully completed and **we** will then write to **you** with **our** decision.
15. When **you** make a claim **you** agree to give **us** any information **we** may reasonably ask for, in support of **your** claim.
16. The law of England and Wales will apply to this contract.
17. The language of the policy and all communications relating to it will be in English, unless **we** otherwise agree in writing.
18. **You** agree to pay translation costs for any documentation not written in English.

### Fraud

Fraud increases **your** premium and the premiums of all policyholders. If **you**:

- Provide **us** with false information in relation to a claim.
- Make a false or exaggerated claim with **us**, or
- Make any claim with **us** which involves **your** dishonesty,

**We** will not pay **your** claim and **we** may cancel the policy immediately and backdate the cancellation to the date of the fraud or when **you** provided **us** with incomplete or inaccurate information, which may result in **your** policy being cancelled from the date **you** originally took it out. If **we** pay a claim and subsequently find the claim was fraudulent, **you** must repay **us** the full amount.

### Monthly payments

If **you** are paying the premium using a monthly credit facility, **you** must make the regular monthly payments as required in the credit agreement. If **you** do not do this **we** may cancel this insurance as set out in the 'Cancelling this policy' section of this policy booklet.

## Canceling this policy

### Your right to cancel

Following the expiry of **your** 14 day statutory cooling off period, **you** continue to have the right to cancel **your** policy at any time during its term.

If **you** do so, **you** will be entitled to a refund of the premium paid in respect of the cancelled cover, less a proportionate deduction for the time **we** have provided such cover and provided **you** have not made a claim. If **you** have made a claim, **you** will not be entitled to a refund of the premium paid, in respect of the cancelled cover.

To cancel please contact **01423 535 057** or write to the following address:

**NCI Pet Insurance, 4th Floor, Clarendon House, Victoria Avenue, Harrogate, HG1 1JD**

### Our right to cancel

**We** (or any agent **we** appoint and who acts with **our** specific authority) may cancel this policy where there is a valid reason for doing so, by sending at least 7 days' written notice to **your** last known postal and/or e-mail address setting out the reason for cancellation.

Valid reasons include but are not limited to the following:

- Non-payment of premium (including non-payment of instalments under a monthly credit facility). If premiums are not paid when due, **we** will initially contact **you**, advising that **your** policy premiums have fallen into arrears. **We** will then write to **you**, requesting payment by a specific date. If **we** receive payment by the date set out in the letter **we** will take no further action. If **we** do not receive payment by this date **we** will cancel the policy from the cancellation date shown on the letter. If **you** miss an instalment payment, **you** must pay the outstanding amount within 14 days of the date detailed on the letter. If **we** do not receive **your** payment within 14 days from this date, **your** insurance will automatically stop and **we** will make no further claim payments.
- Where **you** have not taken reasonable care to provide complete and accurate answers to the questions **we** ask. See the 'Information and changes **we** need to know about' section in this policy booklet.

If **we** cancel the policy under this section, and **you** have not made a claim, **you** will be entitled to a refund of the premium paid in respect of the cancelled cover, less a proportionate deduction for the time **we** have provided such cover, unless the reason for cancellation is fraud and/or **we** are legally entitled to keep the premium under the Consumer Insurance (Disclosure and Representations) Act 2012.

Important Note: The Consumer Insurance (Disclosure and Representations) Act 2012 sets out situations where failure by a **policyholder** to provide complete and accurate information requested by an **insurer** allows the **insurer** to cancel the policy, sometimes back to its start date and to keep any premiums paid.

Where **our** investigations provide evidence of fraud or a serious non-disclosure **we** may cancel the policy immediately and backdate the cancellation to the date of the fraud or when **you** provided **us** with incomplete or inaccurate information, which may result in **your** policy being cancelled from the date **you** originally took it out.

If **your** policy is cancelled or comes to an end for any other reason all cover for **your pet** will stop on the date the policy is cancelled/ends and no further claims will be paid.

## Customers with disabilities

This policy and other associated documentation are also available in large print, audio and Braille. If **you** require any of these formats please contact Customer services on **01423 535 057** (between 9am and 8pm weekdays and 9am and 5pm on Saturdays, excluding public and bank holidays) or alternatively write to: NCI Pet Insurance, 4th Floor, Clarendon House, Victoria Avenue, Harrogate, HG1 1JD

## SECTION D:

### GENERAL EXCLUSIONS

The following exclusions apply to all sections of the policy in addition to the exclusions, limitations and conditions detailed under each relevant Section of Cover:

1. Any amount or expense resulting from a **pre-existing condition** where before the start of this insurance, in **our** reasonable opinion, the insured was aware, or should have been aware, that a claim was likely to be made.
2. Costs arising from preventative and **elective treatment or diagnostics**, routine examinations, vaccination, spaying, castration, pregnancy or giving birth.
3. Any pet less than 6 weeks old.
4. At the start of **your** policy, any dog over the age of 8 and any cat over the age of 10. (This is not applicable for renewals).
5. Dogs used for security, guarding, track racing or coursing.

6. Any dog that is, or is crossed with, a Pit Bull Terrier, Dogo Argentino, Perro De Presa Canario, Dogo Canario, Japanese Tosa, Fila Brasileiro, Czechoslovakian Wolfdog, Saarloos Wolfhound/Wolfdog or any wolf hybrid.
7. Any amount if **you** break the **UK** laws or regulations, including those relating to animal health or importation.
8. Any amount if **your pet** is confiscated or destroyed by government or public authorities or under the Animals Act 1971 United Kingdom because it was worrying livestock. This includes any further amendments to this Act.
9. Any costs incurred because the Department for Environment, Food and Rural Affairs (DEFRA) have put restrictions on **your pet**.
10. Any loss as a result of an act of force or violence for political, religious or ideological reasons, war, riot, revolution or any similar event, including any chemical or biological terrorism.
11. Any dog that must be registered under the Dangerous Dogs Act 1991, the Dangerous Dogs (Amendment) Act 1997 or any further amendments to this Act.
12. Legal expenses, fines and penalties connected with or resulting from a Criminal Court Case or an Act of Parliament.
13. Any amount resulting from a disease transmitted from animals to humans.
14. Any amount **you** recover from any other insurance or amounts that can be recovered from anywhere else.
15. Any amount not supported with receipts or other proof of payment requested by **us**.



## SECTION E: IN THE EVENT OF A COMPLAINT

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### Complaints procedure

#### Our promise of service

**Our** goal is to give excellent service to all customers but **we** realise that things do go wrong occasionally. **We** take all complaints very seriously and aim to resolve all **our** customer's problems promptly. To ensure the kind of service **you** expect **we** welcome **your** feedback. **We** will record and analyse **your** comments to make sure **we** continually improve the service **we** offer.

#### What will happen if you complain?

- **We** will acknowledge **your** complaint promptly.
- **We** aim to resolve all complaints as quickly as possible.

Most customers' concerns can be resolved quickly but occasionally more detailed enquiries are needed. If this is likely, **we** will contact **you** with an update within 10 working days of receipt and give **you** an expected date of response.

#### What to do if you are unhappy

If **you** are unhappy with any aspect of the handling of **your** insurance **we** would encourage **you** to seek resolution. **You** should first phone Customer Services on **01423 535 057**.

Or write to:

The Complaints Manager  
NCI Pet Insurance  
4th Floor  
Clarendon House  
Victoria Avenue  
Harrogate  
HG1 1JD

Email: [complaints@ncionline.co.uk](mailto:complaints@ncionline.co.uk)

If **we** are still unable to satisfy **your** complaint please write to:

Cranbrook Underwriting Limited  
148 Leadenhall Street  
London  
EC3V 4QT

Or call: 0203 713 2103

QIC Europe Limited is committed to provide **you** with the highest level of service however if **you** are not satisfied with **our** services please refer the matter to **our** Complaints Officer at:-

QIC Europe Limited  
No. 7, 4th Floor, Block C,  
179, Marina Street,  
Pieta PTA 9042  
Malta

Tel: 00356-21227278

Email: [Andrew.Ross@qic.com.qa](mailto:Andrew.Ross@qic.com.qa)

**Your** complaints will be acknowledged by the Complaints Officer and a response will be sent to **you** within a maximum time period of ten working days.

In the event that **your** complaint remains unresolved, **you** may also write to the Consumer Complaints Manager at the Malta Financial Services Authority.

Malta Financial Services Authority  
Notabile Road  
BKR3000  
Attard  
MALTA

Telephone: 00356 2144 1155

Fax: 00356 2144 1188

This will not prejudice any rights **you** may have at law including any right to institute legal proceedings. Nothing herein shall prejudice or restrict any rights of recourse or complaint which may exist to an Ombudsman or another Regulator or other mechanism for addressing customer complaints.

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

If **you** are unhappy with the outcome of **your** complaint **you** may refer the matter to the Financial Ombudsman Service at:

The Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR

Telephone: 0800 023 4567 (free from landlines) or 0300 123 9123

Or simply log on to their website at [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk). Whilst **we** are bound by the decision of the Financial Ombudsman Service, **you** are not. Following the complaints procedure does not affect **your** right to take legal action.

### Financial Services Compensation Scheme

**We** are members of the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from this scheme if **we** cannot meet **our** obligations, depending on the type of insurance and the circumstances of **your** claim.

Further information about the scheme arrangements is available from the FSCS website [www.fscs.org.uk](http://www.fscs.org.uk), or write to the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.