

## Life Plus Policy Terms and Conditions

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

### What is NCI Pet Insurance?

NCI Pet Insurance Life Plus provides cover for **veterinary treatment** costs, due to **illness or injury**, for the lifetime of **your pet**. However **we** do not cover any **illness or injury** (including **clinical sign(s)**) which happened before cover started.

Cover is annually renewable, provided **we** offer and **you** accept **our** renewal invitation. **Your pet** will benefit from continuous cover, including costs for recurring conditions. Once renewed the maximum limits for the cover selected will be available again.

It is important to note policy terms and conditions can change over time. **Your** premiums may increase due to factors such as **your pet's** age, claims history and our view of the future costs of providing cover.

### Introduction

NCI Pet Insurance policies are sold and administered by NCI Insurance Services Limited. Registered In England & Wales No 4741145. Registered Office: 4th Floor Clarendon House, Victoria Avenue, Harrogate, North Yorkshire HG1 1JD.

NCI Insurance Services Limited is an Appointed Representative of Jigsaw Insurance Services Plc, which is authorised and regulated by the Financial Conduct Authority, number 307654.

All sections of this insurance policy are underwritten by Covéa Insurance plc. Registered office: Norman Place, Reading, Berkshire, RG1 8DA, registered in England and Wales Number 613259. Covéa is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, number 202277.

These are the Terms and Conditions of **your** NCI Pet Insurance policy. These Terms and Conditions give **you** details of what is covered, what is not covered and the limits and conditions that apply.

### Contract of insurance

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 'Insurance Product Information Document'
- 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 conditions applying 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** and **your pet** do not live at the **home** address we hold, for at least 6 months of the year.
- **You** are going to be living outside the **UK**, Isle of Man or **Channel Islands** for more than 6 months of the policy year.

- **Your pet** is used for security, guarding, commercial breeding, track racing, coursing or for any business, trade or profession.
- **Your pet** is neutered or spayed.
- **Your pet** is microchipped.
- **You** sell **your pet** or transfer ownership of **your pet** to another person.
- **Your pet** is diagnosed with a **behavioural illness**; or if **your pet** is a dog, if there are any changes in their behaviour. For example (but not limited to) any **aggressive tendencies** shown, any **incidents** where **your** dog has caused **injury** to a person or another animal, or any health conditions which may affect how **your** dog behaves.
- **Your pet** dies.
- **Your** dog is over the age of 8 at the start of **your** policy or **your** cat is over the age of 10 at the start of **your** policy (this is not applicable for renewals).

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 either **we** or **your insurers** 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** or Third Party Liability.

### Your pet insurance policy

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

The benefits payable are determined by the Life Product you have chosen and noted within **your** Certificate of Insurance and Statement of Fact.

### Renewing your policy

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.

### Changes we can make at the renewal of your policy

- At renewal, **we** can change:
  - The premium
  - Excesses that **you** pay, and/or
  - Terms and conditions of **your** policy
- For dogs, if there has been a change in their behaviour, **we** have the right to limit or remove cover for Third Party Liability. For example (but not limited to): any **aggressive tendencies** shown, any **incidents** where **your** dog has caused **injury** to a person or another animal, or any health conditions which could affect how **your** dog behaves.

**We** will always tell **you** before **your** renewal date of any changes, so **you** can consider if **your** policy still meets **your** needs.

### 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 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.

To cancel, please contact **01423 535 057** or write to NCI Pet Insurance 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 under all sections, **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 post this to us at:

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**, by **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 shown in Section E.

### 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 Care line is open from 9am to 6pm Monday to Friday and 9am to 1pm on Saturdays (excluding public and bank holidays).

**Our** Sales and Renewals lines are open from 9am to 6:30pm Monday to Friday and 9am to 1pm on Saturdays (excluding public and bank holidays).

**Our** Pet Claims line is open from 8am to 6pm Monday to Friday and 9am to 1pm on Saturdays (excluding public and bank holidays).

(The emergency pet claims 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. Aggressive tendencies:

**Your** Dog has shown any signs of the following behaviours:  
Territorial aggression, protective or guarding, fear aggression, defensive aggression, social aggression, frustrated or elicited aggression, redirected aggression, predatory aggression, dominance aggression, attempted to bite any human or animal, has bitten any human or animal, has chased any human or animal.

#### 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:

- a) Association of Pet Behaviour Counsellors
- b) 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. Channel Islands:

Consists of the Bailiwick of Jersey and the Bailiwick of Guernsey.

#### 7. Clinical sign(s):

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

#### 8. Complementary therapist:

A member of one of the following organisations, from **our** approved list of specialists:

- a) Canine Hydrotherapy Association
- b) McTimoney Chiropractic Association
- c) International Association of Animal Therapists (UK)

#### 9. Complementary Treatment:

The cost of any examination, consultation, advice, test and legally prescribed medication for the following procedures where they treat an **illness** or **injury**.

- a) Acupuncture and homeopathy carried out by, and herbal medicine prescribed by, a veterinary practice.
- b) 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**).
- c) 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.
- d) 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.

#### 10. Elective Treatment or diagnostics:

Any **treatment** or diagnostics **you** request, which the **vet** confirms or would reasonably consider as not necessary.

#### 11. Excess:

The amount shown on **your** current Certificate of Insurance that **you** will have to pay in each **policy year** for each unrelated claim before **we** make any payment. If the claim continues into a subsequent **policy year** **we** will deduct a further **excess amount**.

Where a claim is made under both **veterinary fees** and **complementary treatment** for the same illness two **excess amounts** will be deducted.

For **veterinary fees** and **complementary treatment** where **your** claim is in respect of a dog or cat which is aged 7 years or over (0 years for selected breeds), **you** will need to pay a contribution of 15% towards each claim in addition to your **excess amounts**. The amount of **your** contribution will be calculated after the deduction of **your excess amount**.

#### 12. Family:

**Your** husband, wife, civil partner, life partner, parents, grandparents, brothers, sisters, sons, daughters, grandsons and granddaughters.

#### 13. Home:

The place in the **UK**, Isle of Man or **Channel islands** where **you** usually live.

#### 14. 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.

#### 15. Illness which starts in the first 14 days of cover:

- o An **illness** that showed clinical signs in the first 14 days of **your pet's** first **policy year**, or
- o 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
- o 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.

- 16. 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:
- o 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
  - o **Incidents** which are incurable and likely to continue for the remainder of **your pet's** life.
- 17. 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.
- 18. Insurer(s):**  
In relation to all sections this means Covéa Insurance plc.
- 19. Journey:**  
Travel from **your home** to any of the **agreed countries** for a maximum of 45 days for all journeys in the **policy year**. This includes the duration of **your** holiday or business trip and any travel in and between **agreed countries** and return journeys to **your home**.
- 20. 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**.
- 21. Maximum benefit:**  
The most **we** will pay during the **policy year** as shown on the Certificate of Insurance for each section of cover.
- 22. Passport:**  
A **passport** issued under the terms of the **Pet Travel Scheme (PETS)**.
- 23. Pet Travel Scheme (PETS):**  
A Government Scheme that allows people in the **UK**, Isle of Man and **Channel Islands** 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.
- 24. PETS certificate:**  
A certificate issued under the terms of the **Pet Travel Scheme (PETS)**.
- 25. Physiotherapist:**  
A member of the following organisations and specified on **our** list of approved specialists:
- o Association of Chartered Physiotherapists in Animal Therapy
  - o International Association of Animal Therapists (**UK**)
  - o National Association of Veterinary Physiotherapists
- 26. Policy year:**  
The time during which **we** give cover as shown on **your** Certificate of Insurance.
- 27. Pre-existing condition:**
- o An **injury** that happened or an **illness** that first showed clinical signs before **your pet's** cover started, or
  - o 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
  - o 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.
- 28. Prevent:**  
**You** must take any actions recommended by a **vet** to help **prevent** or reduce the risk of **injury/illness**.
- 29. Select breeds:**  
African Crested Dog, African Hairless, Akita, Alaskan Husky, 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, Irish Wolfhound, Japanese Akita, Korthals Griffon, Landseer, Leonberger, Maremma Sheepdog, Mastiff, Neopolitan Mastiff, Newfoundland, Northern Inuit, Norwegian Lundehund, Pointing Wired Haired Griffon, Poodle (Miniature), Portuguese Warren Hound, Pug, Pyrenean Mastiff, Pyrenean Mountain Dog, Rottweiler, Schapendoes, Siberian Husky, St. Bernard, Tibetan Mastiff, Egyptian Mau, Sphynx, Tonkinese.
- 30. 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**.
- 31. Treatment date:**  
The date that **your pet** first received **treatment** for the **illness** or **injury** being claimed.
- 32. UK:**  
Consists of England, Scotland, Northern Ireland and Wales.
- 33. Vet:**  
Registered veterinary surgeon.
- 34. Veterinary fees:**  
The cost or expense of any **treatment** or amount vets in general or referral practices usually charge.
- 35. Veterinary Treatment:**  
The cost of the following when required to treat an **illness** or **injury**:
- o 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
  - o 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**.
- 36. We, us, our:**  
In relation to all sections this means NCI Insurance Services Ltd.
- 37. You, your, the policyholder:**  
The person named on the Certificate of Insurance of Cover.
- 38. Your pet:**  
Means the dog or cat named on the Certificate of Insurance.

## SECTION B: INSURED EVENTS WE WILL COVER

This insurance provides cover set out in the sections below.

### Section 1A - Veterinary fees

Cover under this section applies in the **UK**, the Isle of Man, the **Channel Islands** and **agreed countries** only.

#### What we will pay

The cost of **veterinary fees** for the **veterinary treatment** **your pet** has received during the **policy year** to treat an **illness** or **injury** up to the **maximum benefit**.

Cover for any ongoing incident will continue into a new **policy year** providing **you** renew **your** policy and continue to pay the premiums due.

#### What you pay

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

#### What we will not pay

1. More than the **maximum benefit** for the combined **treatment** costs of all **incidents**, illnesses and injuries in the **policy year**.
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 or controlling any internal or external parasites, including fleas, ticks and worms.
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**) unless it is:
  - o 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.

- o 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.
9. 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**.
  10. The cost of any vaccination, other than the cost of treating any complications that arise from this procedure.
  11. The cost of spaying (including spaying following a false pregnancy) or castration, unless:
    - a) 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
    - b) The costs claimed are for the **treatment** of complications arising from this procedure.
  12. 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.
  13. 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.
  14. 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**.
  15. The costs of having **your pet**:
    - o Put to sleep, including any veterinary consultations/visits or prescribed medications specifically needed to carry out the procedure, or
    - o Cremated, buried or disposed of.
  16. The cost of a house call unless the **vet** or **physiotherapist** confirms that moving **your pet** would further damage its health, regardless of **your** personal circumstances.
  17. Extra costs for treating **your pet** outside usual surgery hours, unless the **vet**, **physiotherapist** or **behaviourist** confirms an emergency consultation is essential, regardless of **your** personal circumstances.
  18. The cost of hospitalisation and any associated **veterinary treatment**, unless the **vet** or **physiotherapist** confirms **your pet** must be hospitalised for essential **veterinary treatment**, regardless of **your** personal circumstances.
  19. Costs resulting from an **injury** or **illness** specified as excluded on **your** Certificate of Insurance or generally not covered within these Terms and Conditions.
  20. The cost of surgical items that can be used more than once.
  21. 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 alternative or **complementary treatment**. Please refer to Section B, Sub Section 1B - **complementary treatment** where details of cover for these types of **treatment** can be found.
  22. The cost of buying or hiring equipment or machinery or any form of housing, including cages.
  23. The cost of bathing, grooming or de-matting **your pet** unless:
    - o **You** have taken all reasonable steps to maintain **your pet's** health, and
    - o 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.
  24. 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.
  25. The cost of a post-mortem examination.
  26. The cost of any **treatment** while on a **journey** if:
    - o A **vet** believes the **treatment** can be delayed until **your pet** returns home, or
    - o The **journey** was made to get **treatment** abroad.
  27. The cost of transplant surgery, including any pre- and post-operative care.
  28. The cost of prosthodontics, orthodontic appliances, crowns, caps or splints, or veneers.
  29. Any cost relating to orthodontics, malocclusion, wry bite, supernumerary teeth, reverse scissor bite, posterior cross bite, anterior cross bite, overbite, brachygnathia, open bite or level bite.
  30. The cost of the following procedures; experimental treatments, or therapies; prosthetics or orthopaedic supports or braces, open heart surgeries, cancer vaccinations, therapeutic antibody for dog and cat cancers, stem cell therapy, organ transplants, gene therapies, probiotics, dental vaccines, cold laser treatments, 3D printing, any drugs not used in accordance with the manufacturers recommendations or not licensed by Veterinary Medicines Regulations (VMR).
  31. The cost for **your vet** to write a prescription, charge a dispensing fee or a claims form completion fee.

**Special conditions apply to this section. Please see 'Special conditions that apply to Section B, Sub Section 1A - Veterinary fees and Section B, Sub 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 B, Sub Section 1A - Veterinary fees and Section B, Sub Section 1B - Complementary Treatment'**

## Section 1B - Complementary Treatment

Cover under this section applies in the **UK**, the Isle of Man and the **Channel Islands** only.

### What we will pay

If recommended by the **vet**, the cost of **complementary treatment your pet** has received during the **policy year** to treat an **illness** or **injury**.

### What you pay

The **excess** amount shown on **your** certificate of insurance

### What we will not pay

1. More than the **maximum benefit** for the combined **treatment** costs of all illnesses and injuries in the **policy year**.
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:
  - o **You** have taken all reasonable steps to maintain **your pet's** health, and
  - o 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.
19. The cost of prosthodontics, orthodontic appliances, crowns, caps or splints, or veneers.
20. Any cost relating to orthodontics, malocclusion, wry bite, supernumerary teeth, reverse scissor bite, posterior cross bite, anterior cross bite, overbite, brachygnathia, open bite or level bite.
21. The cost of the following procedures; experimental treatments, or therapies; prosthetics or orthopaedic supports or braces, open heart surgeries, cancer vaccinations, therapeutic antibody for dog and cat cancers, stem cell therapy, organ transplants, gene therapies, probiotics, dental vaccines, cold laser treatments, 3D printing, any drugs not used in accordance with the manufacturers recommendations or not licensed by Veterinary Medicines Regulations (VMR).
22. The cost for your vet to write a prescription, charge a dispensing fee or a claims form completion fee.

### Special conditions that apply to Section B, Sub Section 1A - Veterinary fees and Section B, Sub Section 1B - Complementary Treatment

1. The maximum amount **we** will pay for the cost of **treatment** or **complementary treatment** is the **maximum benefit** that applies on the date the **treatment** is carried out.
2. If the claim includes medication, these costs will be subject to the **maximum benefit** that applies on the date the medication will be used.
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 B, Sub Section 1A - Veterinary fees and Section B, Sub 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**, the Isle of Man and the **Channel Islands** 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 B, Sub Section 3 – Death from Illness.
6. Any loss which starts in the first 24 hours of cover (not applicable to renewals)

7. Any amount if **your pet** is put to sleep due to **aggressive tendencies**, unless this can be attributed to a diagnosed condition.
8. Any amount if **your pet's** **injury** occurred whilst in the care of a Boarding Kennel, Cattery, Dog Walker, Dog Day Care Facility or a **pet** groomer.

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

### Section 3 - Death from Illness

Cover under this section applies in the **UK**, the Isle of Man and the **Channel Islands** 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 **select breed** aged 5 years or over or any other pet aged 8 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 B, Sub Section 2 – Death from Injury.
9. Any amount if **your pet** is put to sleep due to **aggressive tendencies**, unless this can be attributed to a diagnosed condition.
10. Any amount if **your pet's** **illness** occurred whilst in the care of a Boarding Kennel, Cattery, Dog Walker, Dog Day Care Facility or a pet Groomer.

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

Please send us:

1. Either:
  - a) The death certificate from **your vet**;
  - b) Confirmation from **your vet** that the pet has deceased; or
  - c) A signed and dated witness statement from someone outside of **your family**.
2. The receipt from when **you** bought **your pet** (if available).
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**, the Isle of Man and the **Channel Islands** 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 within 30 days. 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.
4. Any amount if **your pet** was lost or stolen whilst in the care of a Boarding Kennel, Cattery, Dog Walker, Dog Day Care Facility or a pet Groomer.

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

#### How to claim

Please send us:

1. The purchase receipt from when **you** bought **your pet** (if available).
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**, the Isle of Man, the **Channel Islands** and **agreed countries** only. For **you** to claim under this section, **you** will need to have reported **your pet** as lost or stolen to local authorities, including the Dog Warden and Police and **you** must obtain a crime reference number.

### 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 **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 if it is required for more than 7 continuous days, and additional travel costs for **you** 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 Advertising and Reward if **your pet** was lost or stolen whilst in the care of a Boarding Kennel, Cattery, Dog Walker, Dog Day Care Facility or a pet Groomer.
5. Any reward paid to a member of **your family**, any person living with **you** or employed by **you**, and/ or any person travelling with **you** during **your journey**.
6. Any reward paid to the person who was caring for **your pet** when it was lost or stolen.
7. If **your pet** is stolen or goes missing during **your journey**:
  - a) More than 7 days' accommodation costs.
  - 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 B, Sub Section 4 – Theft or Straying and Section B, Sub Section 5 - Advertising and Reward'.**

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

1. As soon as **you** discover **your pet** is missing, you must take all reasonable steps to find or recover your pet immediately.
2. **You** must tell local vets and 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. 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.
4. For Theft or Straying only:
  - To submit a claim for the price of **your pet** under 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** (not including the cost of either advertising or reward).

### 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.

## S Section 6 - Third Party Liability

- This section only applies to dogs.
- Cover under this section applies in the **UK**, the Isle of Man and the **Channel Islands** only.

- In this section, '**you**' and '**your**' mean **you** or any person looking after or handling **your pet** with **your** permission.

### What you pay

The **excess amount** shown on **your** certificate of insurance.

### What we will pay

If property is damaged, or someone is killed, injured or falls ill as a result of an incident involving **your pet** during the **policy year** and **you** are legally responsible and held to be liable, **we** will pay:

- Compensation and claimant's costs and expenses, and
- Legal costs and expenses for defending a claim against **you**.

### What we will not pay

1. More than the **maximum benefit**.
2. Any costs and expenses for defending **you** which **we** have not agreed beforehand.
3. Any compensation, costs and expenses:
  - a) Resulting from an incident which involves **your** profession, occupation or business.
  - b) Resulting from an incident which involves the profession, occupation or business of anyone who is employed by **you** or anyone who works for **you** in any way.
  - c) Resulting from an incident which involves **your** dog and **your** dog is either a guide dog or assistance dog that has not been trained by an associated member of Assistance Dogs UK.
  - d) If **you** are legally responsible only because of a contract **you** have entered into.
  - e) If the person who is killed, injured or falls ill, lives with **you**, is a member of **your family** or is employed by **you**.
  - f) If the property damaged belongs to **you**, any person who lives with **you**, a member of **your family** or a person who is employed by **you**.
  - g) If **you**, a member of **your family** or any person who lives with **you** or is employed by **you** is responsible for, or looking after, the property that is damaged.
  - h) Resulting from an incident if **you** have not followed instructions or advice given to **you** by previous owners or the rehoming organisation about the behaviour of **your pet**.
  - i) If **you** are deemed responsible under the laws of any country, other than members of the European Union.
  - j) If **you** are responsible for air, water or soil pollution, unless it can be proven that the pollution took place immediately after and as a result of an accident involving **your pet**.
  - k) Resulting from an incident that happens where **you** work.
  - l) If **your pet** is kept or lives on premises which sell alcohol, unless there is no access from the residential premises to the business premises.
  - m) If **you** are found not to be liable for the incident and/or recover costs and expenses from the opponent.
  - n) Resulting from an incident that happens outside the **UK**, the Isle of Man and the **Channel Islands**.
  - o) If **your pet** is with someone being paid to look after them.
  - p) If **your pet** is in the care of a Boarding Kennel, Dog Walker, Dog Groomer or Dog Day Care Facility.
  - q) As a result of **your** dog attacking or chasing Livestock – including Horses, Cattle, Sheep, Chickens and Pigs.
4. Costs resulting from any incident specified as excluded on your Certificate of Insurance or generally not covered within these Terms and Conditions.
5. Liability insured under any other insurance policy, such as **your** Household Insurance policy, that covers the same loss, unless such insurance cover has been exhausted,
6. At renewal, **you** must inform us if there have been changes in **your** dog's behaviour, **we** have the right to limit or remove cover for Third Party Liability. **You** must inform **us**, for example (but not limited to): any **aggressive tendencies** shown, any incidents where **your** dog has caused **injury** to a person or another animal, or any health conditions which can affect how **your** dog behaves. Please see the 'Changes we can make at the renewal of your policy' section of this document.

### Special conditions that apply to this section

1. **You** must not admit responsibility, agree to pay any claim or negotiate with any person following an incident.
2. **You** agree to tell **us** or help **us** find out all the circumstances of an incident that results in a claim, provide written statements and go to court if needed.
3. **You** must allow **us** to take charge of **your** claim and allow **us** to prosecute in **your** name for **our** benefit.
4. **You** must immediately send **us** any writ, summons or legal documents **you** receive and **you** must never send a reply to any of these documents.

### How to claim

Please send **us**:

1. **Your** completed claim form, and
2. All correspondence, writs, summons or any other legal documents. **You** must not have answered any of these documents.

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

## Section 7 - Boarding Fees

- Cover under this section applies in the **UK**, the Isle of Man and the **Channel Islands** 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, 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

- More than the **maximum benefit**.
- Any amount if **you** are in hospital for less than 4 consecutive days during each hospital stay.
- 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.
- Any costs resulting from **you** being pregnant, giving birth or any **treatment** that is not related to an **injury** or **illness**.
- 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**.
- 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:

- Your** completed claim form, filled in by **your** doctor or consultant and where applicable the owner of the boarding kennel or cattery and
- An invoice from the kennel, 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**, the Isle of Man, the **Channel Islands** and **agreed countries** only.

### What we will pay

- Any travel and accommodation expenses for **you** and **your family** that **you** cannot recover, if you have to cancel **your journey** during the **policy year**. This is if:
  - Your pet** needs immediate lifesaving treatment and
  - It is within 7 days before **you** leave and
  - Your pet** is either injured or showing the first **clinical signs** of an **illness**.
- If **your pet** is staying in the **UK**, Isle of Man or **Channel islands** during **your journey**, any travel and accommodation expenses for **you** and **your family** that **you** cannot recover if **you** have to cut short **your journey** during the **policy year** because **your pet**:
  - Goes missing, or
  - Is injured or shows the first **clinical signs** of an **illness** while **you** are away and needs immediate life-saving **veterinary treatment**.
- 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 family**, and
  - Any extra travel expenses to return **your pet home**.

### What we will not pay

- More than the **maximum benefit**.
- Any amount or expense resulting from a **pre-existing condition**.
- Any amount or expense resulting from an **illness which starts in the first 14 days of cover**.
- Any amount unless a **vet** has certified **your pet** is too ill to travel or has to return **home** for **treatment**.
- Any amount if the **journey** was made to get **treatment** abroad.
- Any amount **you** can claim back from anywhere else.
- The cost of any food; for any pet or any **family** member.
- 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.

### How to claim

Please send us:

- Your** completed claim form,
- The booking invoice and cancellation invoice from the travel agent, tour operator or other holiday sales organisation, and
- 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:

- Any extra costs to get **your pet home**,
- 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
- The cost of returning **your pet's** body **home** or the cost of disposal in an agreed country if **your pet** dies.

### What we will not pay

- More than the **maximum benefit**.
- Any costs resulting from a **pre-existing condition**.
- Any costs resulting from an **illness which starts in the first 14 days of cover**.
- Any costs that result from an **injury** that happens or an **illness** first showing clinical signs before the start of **your journey**.
- Any costs unless a **vet** has certified **your pet** is too ill to travel **home** the same way it travelled abroad.
- Any costs if the **journey** was made to get **treatment** abroad.
- Any costs that can be reclaimed from anywhere else.
- More than 14 days' accommodation costs.
- 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.
- The cost of a coffin, casket or any other container for **your pet's** remains.
- The cost of food.

### How to claim

Please send us:

- Your** completed claim form,
- Your** booking invoice or any other official documents showing the dates of **your journey**, and
- The receipts for any additional 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 to **agreed countries** only.

### What we will pay

If **your pet** is either unable to return to your home or must be quarantined upon return to the UK, Isle of Man or Channel islands because of:

- An **illness** first showing clinical signs during the **journey**,
- The failure of the microchip, or
- The **PETS certificate, certificate for treatment against parasites** or pet **passport** being lost or stolen, **we** will pay:
  - The cost to keep **your pet** in quarantine,
  - The cost of getting a duplicate **PETS certificate, certificate for treatment against parasites** or pet **passport**,
  - The cost of accommodation while getting the duplicate **PETS certificate, certificate for treatment against parasites** or pet **passport**, and
  - Any additional travel costs to get **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 we will not pay

- More than the **maximum benefit**.
- Any costs resulting from a **pre-existing condition**.
- Any costs resulting from an **illness which starts in the first 14 days of cover**.
- Any costs that result from an **injury** that happens or an **illness** first showing clinical signs before the start of **your journey**.
- Any costs that can be reclaimed from anywhere else.
- 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.
- Any costs that result from the failure of any microchip that does not meet the standards ISO 11784 or ISO 11785.
- 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
4. **Your journey**, and
5. Where applicable, the police or operator's report.

Please note **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 in addition to 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. Homeopathic vaccines are not acceptable.
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 permanently live together in the **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 for this.
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 information **we** ask for about **your pet**. 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** 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 unless:
  - a) **You** and the **insurer** agree otherwise; or
  - b) At the date of the contract **you** are a resident of Scotland, Northern Ireland, **Channel Islands** or the Isle of Man, in which case (in the absence of agreement to the contrary) the law of that country will apply.
17. The language of the policy and all communications relating to it will be in English, unless **we** otherwise agree in writing.
18. While **your pet** is outside the **UK**, **you** must follow the conditions of the **Pet Travel Scheme (PETS)**. Full details of the pet travel scheme can be found on the Defra website [www.defra.gov.uk](http://www.defra.gov.uk) or **you** can call the Defra **Pet Travel Scheme (PETS)** Helpline on 0370 241 1710.
19. **You** agree to pay translation costs for any claim documentation not written in English.

#### Cancelling 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.

To cancel please contact **01423 535 057** or write to NCI Pet Insurance at 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 monthly instalments). 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 pay no further claims.
- Where **we** reasonably suspect fraud.
- 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, **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, please contact our Customer Care team on **01423 535 057** (between 9am and 6pm weekdays and 9am and 1pm 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. At the start of **your** policy; any **pet** under 6 weeks old, any dog over the age of 8 and any cat over the age of 10. (This is not applicable for renewals).
4. Dogs used for security, guarding, track racing or coursing.
5. We will not provide any cover for any dog that is, is crossed or mixed with an African Wild Dog, American Bulldog, American Pit Bull Terrier, American Staffordshire Terrier, Bandog, Boerboel, Bully Kutta, Canary Dog, Cane Corso, Chinese Shar-Pei, Czechoslovakian Wolfdog, Dingo, Dogo Argentino, Dogue Brasileiro, Fila Brasileiro, Gull Dong, Irish Staffordshire Bull Terrier, Native American Indian Dog, Pit Bull Terrier, Saarloos Wolfhound, Shar-Pei, Tosa, Tosa Inu, Wolf Hybrid or Wolf dog.
6. Third Party Liability cover will not apply to the following breeds - African Wild Dog, American Bulldog, American Indian Dog, American Pit Bull Terrier, American Staffordshire Terrier, Bandog, Boerboel, Bully Kutta, Canary Dog, Cane Corso, Chinese Shar-Pei, Czechoslovakian Wolfdog, Dingo, Dogo Argentino, Dogue Brasileiro, Fila Brasileiro, Gull Dong, Husky Wolf Hybrid, Irish Staffordshire Blue Bull Terrier, Irish Staffordshire Bull Terrier, Japanese Tosa, Pit Bull Terrier, Saarloos Wolfhound, Tosa, Tosa Inu, Wolf Hybrid, Wolfdog, or any dog crossbred or mixed with any of these breeds.
7. Any amount if **you** break the **UK**, Isle of Man or **Channel Islands** 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 caused 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, Dogs (Muzzling) regulations (Northern Ireland) 1991, Dangerous Dogs (Northern Ireland) Order 1991 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 claim as a result of an epidemic/ pandemic; this includes providing cover for any **treatment** costs or taking any remedial action to control, **prevent** or suppress **clinical signs** or symptoms.
15. Any amount **you** recover from any other insurance or amounts that can be recovered from anywhere else.
16. Any amount not supported with receipts or other proof of payment requested by **us**.

The following exclusions only apply when your pet is on a Journey in an agreed country:

17. Any amount if **you** do not follow the conditions of the **pet travel scheme (PETS)**.
18. Any **journey you** take **your pet** on against a **vet's** advice.
19. Any animal less than 12 weeks old.
20. Any costs caused because any foreign government or public authority has put restrictions on **your pet**.

## SECTION E: IN THE EVENT OF A COMPLAINT

### 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 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 our Customer Care team 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)

#### What to do if you are still not satisfied

If **you** are still not satisfied then **you** may be able to refer your complaint and if you reside in the **UK**:

**You** must approach the Financial Ombudsman Service within six months of the final response to **your** complaint or **you** can contact them after 8 weeks if **you** have not received a final response at:

The Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR

Telephone: 0800 023 4567 (free from **UK** mobiles and 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.

If you reside in the Isle of Man or the **Channel Islands**, please contact your local Financial Ombudsman Services.

Alternatively, you can use the Online Dispute Resolution platform (ODR) by visiting the page:

<http://ec.europa.eu/consumers/odr>

However this service will refer your complaint onto the relevant Financial Ombudsman Service, so you may wish to contact them directly.

## SECTION F: LEGAL

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NCI Insurance Services Ltd is a data controller in relation to the data that is processed for the purpose of the arrangement of this policy, including the sale and the initial capture of the personal details necessary for the policy.

**Your** data is only kept by **us** for as long as **we** need it, and it is securely destroyed when it is no longer required. **You** can expect **us** to keep your data for a period of 10 years following the end of **your** policy, unless there is a requirement for **us** to keep the data for longer. **We** keep data for these periods, as it plays an important part in fraud detection and prevention activities. It also allows **us** to deal with any queries or complaints that may arise regarding the arrangement of the policy and allows **us** to carry out research and analysis to help us improve **our** products and services.

You can contact **our** Data Protection Officer by writing to:

Data Protection Officer  
4Paws Pet Insurance  
4th Floor  
Clarendon House  
Victoria Avenue  
Harrogate  
HG1 1JD

Email: [dpo@4Paws.co.uk](mailto:dpo@4Paws.co.uk)

Covéa Insurance plc will also be a data controller in respect of any data it processes in relation to the underwriting of the policy. Full details of how Covéa Insurance plc will process data and your data protection rights is available at [www.coveainsurance.co.uk/dataprotection](http://www.coveainsurance.co.uk/dataprotection).

You can contact the Data Protection Officer at Covéa Insurance plc by writing to Data Protection Officer, Covéa Insurance plc, Norman Place, Reading, Berkshire RG1 8DA or email: [dataprotection@coveainsurance.co.uk](mailto:dataprotection@coveainsurance.co.uk)

### Fraud

If **you** give false or inaccurate information and we suspect fraud, **we** will record this and the information will be available to other organisations that have access to the database(s). **We** can supply details of the databases we access or contribute to, on request.

If **you** (including any agent acting on **your** behalf) deliberately or recklessly provide inaccurate information **we** may cancel **your** policy and refuse to pay the benefit. In these circumstances **we** may not refund any premiums **you** have paid.

If **you** (including any agent acting on **your** behalf) carelessly provide inaccurate information, **we** shall be entitled to amend **your** policy to reflect the terms that **we** would have offered had the accurate information been provided during the application process.

### Financial Services Compensation Scheme

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

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