

For Agria
Lifetime Pet Insurance
Customers

Policy booklet

in plain English including
your policy summary



Agria 
Pet Insurance

Please keep this booklet safe

This booklet contains full details of your policy, please keep it in a safe place so that you can refer to it if you need to make a claim.

In the event of a claim

To request a claim form or discuss a claim

UK: **03330 30 83 99**

Outside UK: **+44 (0) 1296 319247**

To download a claim form

visit: **www.agriapet.co.uk**

To discuss your policy

UK: **03330 30 83 98**

Outside UK: **+44 (0) 1296 319248**

Helplines

All policies automatically include access to the following helplines.

Healthcare away from home

call: **0870 609 1438**

If you and your pet are away from home whilst in the United Kingdom and your pet needs urgent veterinary care, you have access to a helpline so you can identify the nearest vet to you.

Pet minders

call: **0870 609 1438**

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

PETS travel scheme

call: **0845 933 5577**

For information on how to obtain a PETS Travel Scheme Pet Passport.

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This policy summary does not contain full details and conditions of your insurance; these are in your policy wording, which you will need to read along with your Schedule of Insurance to understand what is and what is not covered.

WHO ADMINISTERS THIS INSURANCE

Agria Pet Insurance Limited arrange and administer this Pet Insurance policy. 100% of the shares of Agria Pet Insurance Limited are owned by Försäkringsaktiebolaget Agria (publ.). Agria Pet Insurance Limited does not provide advice or personal recommendation to tell you if this policy is suitable for your specific needs.

YOUR MONEY

Agria Pet Insurance Limited collects premiums, refunds premiums and pays claims on behalf of the insurers. This means the insurers receive your premium when Agria Pet Insurance Limited's bank account receives it. This also means you receive claim payments and premium refunds from the insurers when Agria Pet Insurance Limited pays you.

NAME OF INSURANCE UNDERTAKING

The insurer of this policy for sections 1, 2, 3, 5, 6, 7 & 8a, b, c, d is Agria Försäkring (the UK branch of Försäkringsaktiebolaget Agria (publ)) and the insurer of this policy for sections 4 & 8e is Ageas Insurance Limited.

TYPE OF INSURANCE AND COVER

This pet insurance policy provides cover for:

1. The cost of veterinary fees.
2. Advertising and reward costs to help find your pet if it is lost or stolen.
3. Travel and accommodation expenses if your usual vet refers your pet to another vet.
4. Third party liability cover, if your pet is a dog and cover has been offered, Ageas Insurance Limited will pay the compensation, costs and expenses you are legally liable for if your pet has accidentally injured or killed someone or damaged or destroyed property.

You can also choose to add one or more of the following packages of cover. When chosen, these are shown on your Schedule of Insurance.

These extra policy sections provide cover for:

5. The purchase price of your pet if it dies, or is lost or stolen.
6. Fertility examinations, complications of pregnancy and giving birth, veterinary fees for puppies and kittens.
7. Boarding kennel and cattery fees or daily minding costs if you go into hospital. Holiday cancellation costs if your pet needs emergency lifesaving treatment and you have to cancel or cut short your holiday.
8. Quarantine costs if your pet is ill and not allowed back into the UK. Repeat worming treatment if delays outside of your control mean the treatment is no longer valid. Costs to get a replacement Pet Passport and costs to stay and find your pet if it is lost.

CONDITIONS

You are aged 18 or over, you are the owner of the pet insured and it lives with you in the UK. Your pet's vaccinations are up to date. Failure to comply with these conditions may jeopardise your claim(s) and/or policy – please refer to the 'General Conditions' in the policy wording for all the conditions.

DURATION

This insurance is for one year. It can continue for as long as we offer renewal, you renew it and keep your payments up to date.

CANCELLATION PERIOD

You can cancel this policy at any time. Your cancellation rights are fully explained on page 17 of this booklet.

To cancel you can telephone us on 03330 30 83 98, email us at info@agriapet.co.uk, or write to us at:

Agria Pet Insurance
2b Alton House Office Park, Gatehouse Way, Aylesbury, HP19 8XU

CLAIM NOTIFICATION

You can download a claim form from our website at www.agriapet.co.uk, or telephone us on 03330 30 83 99.

HOW TO COMPLAIN

If you wish to make a complaint and your complaint is about sections 1, 2, 3, 5, 6, 7, 8a, 8b, 8c or 8d you can contact us either by Telephone:

Agria Pet Insurance Customer Service Complaints
UK 03330 30 83 98 Outside UK +44 (0) 1296 319248

Agria Pet Insurance Claims Complaints
UK 03330 30 83 99 Outside UK +44 (0) 1296 319247

Email us at info@agriapet.co.uk, or by writing to us at:

Agria Pet Insurance Limited
2b Alton House Office Park
Gatehouse Way
Aylesbury
HP19 8XU

Full details can be found under the How to Complain section on page 20.

If your complaint is about section 4 or 8e, please contact Ageas Insurance Limited, whose details can be found under the How to Complain section on page 20.

If you remain dissatisfied you have the right to refer your complaint to the Financial Ombudsman Service within 6 months of the date of our final response;

Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone 0845 080 1800
Email complaint.info@financial-ombudsman.org.uk

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

Försäkringsaktiebolaget Agria (publ.) and Ageas Insurance Limited are covered by the FSCS, which is triggered when an authorised firm goes out of business. In this unlikely event you may be entitled to compensation from the scheme:

You can get more information from the Financial Services Compensation Scheme at www.fscs.org.uk or by calling 0800 678 1100 or 020 7741 4100.

KEY FEATURES, BENEFITS AND SIGNIFICANT EXCLUSIONS (See pages 5 – 21 for full details)

All policy sections have limits on the amount paid. Your Schedule of Insurance shows these amounts.

Section 1 – Veterinary Fees

Features

Cover is provided for veterinary treatment your pet receives for an illness or injury, including:

- Alternative medicine and complementary treatment up to £750.
- Treatment for behavioural disorders up to £750.
- 50% of the cost of a prescription diet up to £250.
- 50% of the cost of Plasma Rich Platelet therapies up to £750.
- Cremation and burial costs up to £150.

Significant Exclusions

- The fixed and percentage amounts you pay towards the cost of treatment your pet receives for each illness or injury in each period of insurance.
- Illnesses and injuries that first showed signs before your policy started.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your pet had before your policy started. These include disorders that your pet can have in different eyes, ears, front and back legs and feet, knees, hips, shoulders and elbows. For example, cover for treatment of a ruptured cruciate ligament in the left leg is not available when your pet has had a ruptured cruciate ligament in the right leg before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.
- The cost of any treatment to teeth and gums if your pet has not had regular dental checks and received any treatment recommended as a result of the checks.
- Costs to prevent an illness or injury, routine examinations, routine tests, routine treatment for your pet's general wellbeing, tests to investigate the general health of your pet, vaccinations, spaying, castration, caesarean section, pregnancy or giving birth.
- Vet's administration costs and other charges a vet makes for things that do not directly involve the vet's expertise in treating an illness or injury.

Section 2 – Advertising and Reward

Features

The cost of advertising a reward if your pet is lost or stolen including the cost of the reward.

Significant Exclusions

- If your pet is lost or stolen in the first 10 days after your policy started.
- If you do not report your pet is missing to rescue centres, vets and other organisations.
- If you do not report the theft of your pet to the police.
- If your pet is a dog and you cannot provide us with your dog's microchip number.

Section 3 – Travel and Accommodation

Features

The cost of travel and accommodation expenses if your usual vet refers your pet to another vet.

Significant Exclusions

- Any amount unless the cost of treatment is covered under policy Section 1 Veterinary Fees.

Section 4 – Third Party Liability (This section only applies to dogs)

Features

The amount a court awards in compensation, costs and expenses if it decides you are legally responsible as a result of an incident involving your pet, where someone is accidentally injured or killed or their property is accidentally damaged or destroyed. The maximum Ageas Insurance Limited will pay under this section is stated on your Schedule of Insurance.

Significant Exclusions

- If there is cover under any other insurance.
- The first £250 of each claim for damaged or destroyed property.
- If the person injured or killed, is a member of your family, lives with you, works for you or is looking after your pet.
- If the property damaged or destroyed belongs to a member of your family, someone who lives with you, works for you, or is looking after your pet. Or if any of these people are responsible for the damaged or destroyed property.
- If the incident is connected in any way to a business.
- If the incident happens at your home and any part of the property is used for business.

Sections 5, 6, 7 and 8 are policy sections that you can choose to add to your policy.

Section 5a – Death from Illness or Injury

Features

The purchase price of your pet if it dies or has to be put to sleep by a vet as a result of an illness or injury.

Significant Exclusions

- Any claim if your pet dies from an illness and is over the maximum age for this policy section shown on your Schedule of Insurance.
- Illnesses and injuries that first showed signs before your policy started.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your pet had before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.
- If your pet dies as a result of extremes of temperature from being left unattended in a motor vehicle.

Section 5b – Theft or Straying

Features

Your pet's purchase price if it is lost or stolen and is not recovered within 45 days.

Significant Exclusions

- If your pet is lost or stolen in the first 10 days after your policy started.
- If you do not report your pet is missing to rescue centres, vets and other organisations.
- If you do not report the theft of your pet to the police.
- If your pet is a dog and you cannot provide us with your dog's microchip number.

Sections 6a & 6b – Fertility Examination, Pregnancy and Giving Birth

Features

The cost of fertility examinations and treatment costs for complications of pregnancy and giving birth.

Significant Exclusions

- The fixed and percentage amounts you pay towards the cost of treatment your pet receives for each complication in each period of insurance.
- More than the maximum benefit for Breeding Cover - Veterinary Fees for all claims under sections 6a, 6b and 6d.
- Complications that first showed signs before your policy started.
- Complications that show signs in the first 10 days after your policy started.
- Fertility examinations and complications that happen before or in the first 12 weeks of the start of this policy section.
- Female pets less than 1 year old or over the age of 7 years.
- Any claim after your pet has had 4 pregnancies.

Section 6c – Death from Pregnancy and Giving birth

Features

Your pet's purchase price if it dies as a result of complications of pregnancy or giving birth.

Significant Exclusions

- Complications that first show signs before your policy started.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your pet had before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.
- Complications that happen before or in the first 12 weeks of the start of this policy section.
- Female pets less than 1 year old or over the age of 7 years.
- Any claim after your pet has already had 4 pregnancies.

KEY FEATURES, BENEFITS AND SIGNIFICANT EXCLUSIONS (See pages 5 – 21 for full details)

Section 6d – Veterinary Fees for Puppies and Kittens

Features

The cost of veterinary treatment your female pet's puppies or kittens receive for an illness or injury. This applies from birth to the age of 14 weeks for puppies and birth to the age of 20 weeks for kittens, or from birth to the date the new owner collects the puppy or kitten, whichever comes first.

Significant Exclusions

- The fixed and percentage amounts you pay towards the cost of treatment the puppies and kittens receive for each illness or injury.
- More than the maximum benefit for Breeding Cover - Veterinary Fees for all claims under sections 6a, 6b and 6d.
- Anything that is not covered under Section 1 Veterinary Fees.
- Any claim if your pet is under the age of 1 year or over the age of 7 years at the time of giving birth.
- Any claim after your pet has had 4 pregnancies.

Section 7a – Boarding Fees or Daily Minding

Features

The cost to board your pet at a licensed premises or up to £5 a day for someone to look after your pet, if you or a member of your immediate family have to go into hospital for 3 or more days in a row.

Significant Exclusions

- Medical conditions that existed before your policy started.
- When a member of your family can look after your pet.
- If you go into a nursing home, are convalescing or in rehabilitation outside of a hospital.

Section 7b – Holiday Cancellation

Features

The cost of travel and accommodation expenses you lose if your pet needs emergency lifesaving treatment or surgery while you are on holiday or in the 7 days before it starts.

Significant Exclusions

- Illnesses and injuries that first showed signs before your policy started or before you booked your holiday.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your pet had before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.

Sections 8a, 8b, 8c, 8d and 8e – Overseas Travel

Features

Cover while you are on holiday with your pet in a member country of the PETS Travel Scheme for:

- The cost of quarantine if your pet is ill and not allowed back into the UK.
- Repeat worming treatment costs if delays mean your pet's worming treatment is no longer valid.
- A replacement lost or stolen Pet Passport.
- Emergency expenses to stay and find a lost pet and travel home if the scheduled departure is missed.
- Third Party Liability - European Union Only (if we have offered this cover).

Significant Exclusions

- If you are overseas for more than 120 days in a period of insurance.
- Illnesses and injuries that first showed signs before your policy started or before you booked your holiday.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your pet had before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.
- For Third Party all the exclusions in Section 4 Third Party.
- For Third Party if the person who is injured or killed is on holiday with you.
- For Third Party if the damaged or destroyed property belongs to someone who is on holiday with you or they are responsible for it.

GENERAL SIGNIFICANT EXCLUSIONS

- Any dog under the age of 6 weeks, or any cat under the age of 8 weeks at the start of your policy.
- Any incident, illness, injury, death or other event occurring outside the UK and the member countries of the PETS Travel Scheme.
- War, terrorism, revolution and similar events, nuclear and radioactive contamination.
- Any dog which should be registered under the Dangerous Dogs Act 1991 or the Dangerous Dogs Act (Northern Ireland) Order 1991 or any subsequent amendments.
- The use of your pet for guarding, security or racing.
- Illnesses that cats and dogs are usually vaccinated against if your pet has not been vaccinated.

GENERAL SIGNIFICANT CONDITIONS

- The policy is an annual contract of insurance and you must pay the full annual premium.
- If you miss a payment we may make an administration charge.
- If your bank tells us they cannot make your payment we will try to collect it again.

CONTRACT OF INSURANCE

This is an annual insurance contract and to obtain the full benefit of the contract **you** must pay the full annual premium either in one payment or monthly instalments.

If **we** accept **your** application and premium and an **illness, injury, loss, theft** or damage happens in the **period of insurance**, **we** will provide the cover explained in the following pages and on **your Schedule of Insurance**. The cover provided, unless explained otherwise, is based on **your** financial loss which is the amount of money the **illness, injury, loss, theft** or damage has cost **you**.

This **Policy Wording** and **your Schedule of Insurance** make up **your** contract of insurance. **You** will need to read both to fully understand what is and what is not covered.

DEFINITIONS

Any word or expression that has a specific meaning is shown in bold and has the same meaning throughout this **policy**.

Alternative Medicine

Means herbal or homeopathic medicine prescribed by a **vet**.

Behavioural Disorder

Any change to **your pet's** normal behaviour that is caused by a mental or emotional disorder.

Behaviourist

A person certified in clinical animal behaviour or a member of one of the following organisations, who is not a **vet**:

- Association of Pet Behaviour Counsellors.
- Canine and Feline Behaviour Association.

Bilateral Disorder

Means any medical disorder that can affect parts of **your pet's** body that it has one of on each side of its body, including ears, eyes, knees, front and back legs and feet, cruciate ligaments, hips, shoulders and elbows.

Clinical Sign(s)

Changes to **your pet's** normal healthy state, its physical appearance, its bodily functions or behaviour.

Complementary Treatment

Means:

- Physiotherapy (including Laser Therapy, Pulsed Magnetic Field Therapy and Shock Wave Therapy) carried out by a **vet** or a member of a veterinary practice supervised by a **vet**.
- Physiotherapy (including Laser Therapy, Pulsed Magnetic Field Therapy and Shock Wave Therapy), osteopathy, chiropractic treatment recommended by a **vet** and provided by a qualified animal physiotherapist, osteopath or chiropractor.
- Plasma Rich Platelet therapies.
- Acupuncture carried out by a **vet**.
- Hydrotherapy provided by a member of the Canine Hydrotherapy Association (CHA), The National Association of Registered Canine Hydrotherapists (NARCH), The Association of Chartered Physiotherapists in Animal Therapy (ACPAT), a **vet** or a member of a veterinary practice supervised by a **vet**.

Cooling Off Period

The 14 days after:

- the date **your policy** first started; or,
- the date **you** received **your first policy** booklet and **Schedule of Insurance** after **your policy** first started; or,
- the renewal date of **your policy**.

Exclusions and Special Conditions

These are changes or additions that specifically apply to **your policy** and are shown on **your Schedule of Insurance**.

Fertility

A female dog/cats ability to become pregnant or a male dog/cats ability to make a female dog/cat pregnant.

Fixed Excess

The amount specified on **your Schedule of Insurance**. This is the fixed amount **you** pay towards:

- **veterinary treatment**,

- behavioural therapy,
- **complementary treatment**,
- **alternative medicine**,
- course of **fertility** treatment, received during each **period of insurance**.

The fixed amount applies to:

- All episodes of an **illness** with the same diagnosis or **clinical signs**; and,
- Each **injury**,

your pet receives **veterinary treatment** for in each **period of insurance**.

When **your pet** receives **veterinary treatment**, behavioural therapy, **complementary treatment**, **alternative medicine** or course of **fertility** treatment that carries on into the next **period of insurance** and any more periods of insurance, the fixed amount applies to the treatment and therapy **your pet** receives in each **period of insurance** and **you** must pay two or more **fixed excess**, one for each **period of insurance**.

Illness

Any change to **your pet's** normal healthy state; sickness, disease, **bilateral disorder**, defects and abnormalities, including defects and abnormalities **your pet** was born with or which were passed on by its parents.

Illness in the First 10 Days

- An **illness** or **behavioural disorder** that first showed **clinical signs** in the first 10 days after **your policy** started; or,
- An **illness** that is the same as, or has the same diagnosis or **clinical signs** as an **illness** or **clinical sign** **your pet** had in the first 10 days after **your policy** started; or,
- An **illness** that is caused by, relates to, or results from, an **illness** or **clinical sign** **your pet** had in the first 10 days after **your policy** started; even if the **illness** or **clinical sign(s)** appear or happen in, or on, different parts of **your pet's** body.

This is in addition to any **exclusions** and **special conditions** shown on **your Schedule of Insurance**.

Immediate Family

Your husband, wife, civil partner, life partner, children or parents living with **you**.

Injury

Physical damage or trauma caused by an accident.

Insurers

Sections 1, 2, 3, 5, 6, 7 & 8a, b, c, d.

Agria Försäkring which is the UK branch of Försäkringsaktiebolaget Agria (publ.).

Sections 4 & 8e Third Party Liability.

These sections are underwritten by Ageas Insurance Limited, Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3YA.

Market Value

The price generally paid for a **pet** of the same age, breed, pedigree and sex at the time **your pet** was acquired.

Maximum Benefit

The amount shown in the Your Cover section of **your Schedule of Insurance** as the most **we** will pay under each **policy** section for each incident or **period of insurance**.

Percentage Excess

The percentage shown on **your Schedule of Insurance**. This is the percentage that **you** must pay towards the cost of;

- **veterinary treatment**,
- behavioural therapy,
- **complementary treatment**,
- **alternative medicine**,
- **fertility** treatment, received during each **period of Insurance**.

We calculate the percentage amount on the amount left after the **fixed excess** is deducted.

Period of Insurance

The time **your policy** lasts, as specified on **your Schedule of Insurance**.

Pet Passport

The official **PETS Travel Scheme Pet Passport** issued by a **vet** who has been authorised by the Government to do so.

PETS Travel Scheme

The Government scheme that allows **you** to take **your pet** abroad to certain countries and re-enter the **UK** without the need for **your pet** to go into quarantine.

Policy

Your Policy booklet and **Schedule of Insurance** which make up **your** insurance contract.

Pre-existing Illness or Injury

- An **injury** that happened, or an **illness** or **behavioural disorder** that first showed **clinical signs** before **your policy** started; or,
- 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 **your policy** started; or,
- an **injury** or **illness** that is caused by, relates to, or results from, an **injury, illness** or **clinical sign your pet** had before **your policy** started;

no matter where the **injury, illness** or **clinical sign(s)** are noticed or happen in, or on, **your pet's** body. This is in addition to any **exclusions and special conditions** shown on **your Schedule of Insurance**.

Prescription Diet

Food made by a **pet** food company for a **vet** to prescribe to help with a specific **illness** or **injury**.

LAW APPLICABLE TO THIS POLICY

Your policy is governed by English Law unless **you** and **we** have agreed otherwise.

RIGHTS OF THIRD PARTIES

You and **we** are the only parties to this insurance. No other person has any rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance, but this does not affect any right or remedy of a third party which exists or is available apart from this Act.

Prosthesis

An artificial body part or implant, other than rods, screws and plates.

Schedule of Insurance

The document showing **your** details and **your pet's** details, the cover **you** have chosen, the amount **you** pay towards a claim (the excess), the dates of **your policy**, the time it started and anything extra not covered by **your policy**. This document is part of **your** insurance **policy**.

UK

Means England, Northern Ireland, Scotland, Wales, the Channel Islands and the Isle of Man.

Veterinary Treatment

Means any examinations, consultations, advice, tests, diagnostic tests or scans, prescribed medication, bandages, surgery, hospitalisation, nursing and care carried out by a **vet** or a member of a veterinary practice supervised by a **vet**.

Vet

A person registered with the Royal College of Veterinary Surgeons.

We/Us/Our

Agria Pet Insurance Limited acting as agents to the **insurers**.

You/Your(s)

The policyholder(s) named on **your Schedule of Insurance**.

Your Pet('s)

The dog or cat shown on **your Schedule of Insurance**.

SECTION 1. VETERINARY FEES

We will pay

The cost of:

- **Veterinary treatment your pet** receives during the **period of insurance** for an **illness** or **injury**.

Including:

- 50% of the cost of a **prescription diet** up to £250 to treat the **illness** or **injury**, for each separate **illness** or **injury**.
- Up to £750 for **alternative medicine** or **complementary treatment** for each separate **illness** or **injury**.
- Up to 20 sessions of hydrotherapy for each separate **illness** or **injury**.
- The cost to put **your pet** to sleep.
- The cost of cremation or burial up to £150.
- Pheromone products used for up to 6 months as part of a structured programme to permanently change **your pet's** behaviour.
- 50% of the cost of Plasma Rich Platelet therapies up to £750 for each separate **illness** or **injury**.
- Up to £750 towards the cost of behavioural therapy **your pet** receives from a **behaviourist** for a **behavioural disorder**.
- The cost of a Glucometer provided a **vet** has recommended both the type purchased and that **you** monitor and carry out **your pet's** blood glucose readings at home. **You** can only claim the cost of one Glucometer per **period of insurance**.

The amounts of £150 for cremation or burial, £250 for **prescription diet**, £750 for **alternative medicine** or **complementary treatment**, which includes 50% of the cost of Plasma Rich Platelet therapies and the cost of up to 20 hydrotherapy sessions, are all included in the **maximum benefit** for this **policy** section. **You** can only claim up to these amounts once, per **illness** or **injury**, during the whole time **your pet** is insured with **us**.

The Pheromone products and the £750 behavioural limit are included in the **maximum benefit** for this **policy** section and apply once for each **behavioural disorder** during the whole time **your pet** is insured with **us**.

We will not pay

1. The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance**.
These excesses do not apply to the costs of cremation or burial.
2. Costs resulting from a **pre-existing illness** or **injury** and anything included in the **exclusions and special conditions** shown on **your Schedule of Insurance**.
3. Costs resulting from an **illness in the first 10 days** of **your policy**.
4. The cost of **veterinary treatment** received when the **policy** is not in force.
5. More than the **maximum benefit** for this **policy** section.
6. Costs for and resulting from:
 - Preventive **veterinary treatment**, including spaying to prevent false pregnancy, mammary tumours and vaginal prolapse.
 - **Veterinary treatment** and behavioural therapy **you** choose to have carried out that does not treat an **illness, injury** or **behavioural disorder**.
 - Post mortem examinations.
 - Routine examinations, routine tests, routine treatment for **your pet's** general wellbeing and tests to investigate the general health of **your pet**.
 - Routine castration and routine spaying, other than the costs of **veterinary treatment** for complications arising from these procedures.
 - Vaccinations, other than the costs of **veterinary treatment** for adverse reactions arising from the vaccinations.
 - Grooming and dematting including syringing and removing hair from ears when there is no infection present, nail clipping and removing dew claws that are not damaged.
 - Removing retained testes unless **your pet** was less than 16 weeks old when it was first insured with **us** and cover has continued in an unbroken series of periods of insurance.
 - Emptying anal glands when they are not infected or stenosed.
 - Routine blood tests and urine tests.
 - Blood and urine tests before a general anaesthetic or sedation if **your pet's** age, medical history, or **clinical signs** immediately before this is carried out do not suggest it has an identifiable and significant risk from the general anaesthetic or sedation.
 - False pregnancy if **your pet** has already received **veterinary treatment** for 2 or more episodes of false pregnancy.
 - Products for killing or controlling fleas and intestinal worms, other than the costs of **veterinary treatment** for adverse reactions to these products.
 - Products for killing or controlling skin mites unless there is evidence **your pet** has a mite infestation.
 - Surgical T shirts, Elizabethan collars, Buster collars, surgical collars, inflatable collars and similar collars used to restrict **your pet's** access to its body.
 - Harnesses or slings to aid mobility.
 - Sharps containers or bins.
7. The cost of **prescription diets** and medicines to help **your pet** lose weight or any routine post-operative recovery diet.
8. Any costs for **alternative medicine, complementary treatment** and the treatment of behavioural disorders that are not recommended by a **vet** and are not carried out under the direction of a **vet**.
9. Any costs for:
 - Matrix energy field therapy.
 - Reiki massage.
 - Faith healing.
10. Any costs for:
 - **Behavioural disorders** that **you** can prevent by normal puppy training and socialisation.
 - Training classes.
 - **Your pet** to stay and receive training or treatment from a **behaviourist** at a residential training or behavioural centre.

11. The cost of **veterinary treatment of your pet's** teeth and gums if it has not had its teeth and gums checked by a **vet** in the 12 months before the first **clinical signs** of the dental or gum disorder **you** are claiming the cost of **veterinary treatment** for. It must also have any **veterinary treatment** recommended as a result of the check or any previous check carried out in the 12 month period.
12. Costs for or resulting from:
 - Cosmetic dentistry.
 - De-scaling, polishing and cleaning **your pet's** teeth, other than when performed solely as treatment for an **illness** of the teeth or gums.
 - Treatment for or due to undershot jaws and overshot jaws.
 - Crowns.
 - Root canal treatment;
 - That is being undertaken for purely cosmetic reasons.
 - That is on teeth other than the canine teeth.
 - That doesn't offer clear advantages over tooth removal in terms of safety.
 - In respect of a dog that is a stone chewer or similar.
 - For badly damaged teeth.
 - Where there is severe periodontal disease and the canine teeth are very loose.
13. Costs for or resulting from:
 - Organ transplants.
 - The cost of any **prosthesis**, including any **veterinary treatment** needed to fit the **prosthesis**, other than the cost of hips, elbows or any eye lens implant.
 - Stem cell therapy.
 - Experimental **veterinary treatment**.
14. The cost of:
 - House calls unless **your vet** confirms that to move **your pet** would seriously endanger its health, or significantly worsen the condition.
 - **Your pet's** stay at a veterinary practice unless its **veterinary treatment** can only be given by veterinary practice.
 - Bathing **your pet**, other than bathing when a substance is being used which, according to manufacturer's guidelines, can only be administered by a **vet** or a member of a veterinary practice.
 - Transporting **your pet** to a veterinary practice, between veterinary practices and to move **your pet** within a veterinary practice.
 - **Your vet's** travel expenses.
 - House calls, moving, transporting, bathing and travel expenses caused by or resulting from **your pet's** weight or **your** personal circumstances.
15. Costs to put **your pet** to sleep, cremate or bury it if:
 - A **vet** can treat it and it is humane to keep it alive.
 - It is put to sleep because it is aggressive unless an **illness** or **injury** covered by this **policy** section causes it to be aggressive.
16. The costs to:
 - Fill in and send a claim form.
 - Refer **your pet** to another veterinary practice.
 - Admit **your pet** to a veterinary practice.
 and the cost of:
 - Postage, packaging, importing medication (except the cost of a Special Treatment Certificate up to a limit of £30, or the prevailing fee charged by DEFRA) and using a courier.
 - Obtaining urgent laboratory tests when **your pet** is not immediately at risk from a life-threatening **illness**.
17. The cost of out of hours fees unless an **illness** or **injury**:
 - happens or shows the first **clinical signs**; or,
 - significantly deteriorates,
 after 6 pm and before 8 am, during a weekend or during a bank holiday.
18. Fitting **your pet** into the working schedule of a veterinary practice.
19. **Vet's** administration costs and other charges a **vet** makes for things that do not directly involve the **vet's** expertise in treating an **illness** or **injury**.
20. Portage fees charged by a **vet** to convey **your pet** whilst in their care.
21. The cost of housing, including cages and bedding needed for the **veterinary treatment** or wellbeing of **your pet**.
22. Any costs for or resulting from a disease, including Rabies that the Department for Environment, Food and Rural Affairs (DEFRA) require notification of.
23. Any costs resulting from anything covered under Section 6 Breeding Cover.
24. **Veterinary treatment, complementary treatment, alternative medicine** and behavioural therapy received outside the **UK** if **you** have not chosen the Overseas Travel **policy** section and this is shown in the Your Cover section of **your Schedule of Insurance**.

How to Claim

1. Please make sure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions on pages 18 and 19.
2. Fill in **your** part of the claim form and ask **your vet** to fill in their part. Send **your** claim form to **us** with an itemised receipt or invoice providing full details of the **veterinary treatment**, fees, VAT, the veterinary practice's VAT registration number and any extra documents and supporting information that **we** ask for.
3. If it is more convenient, **your vet** agrees and **we** agree, **we** can make payments directly to **your vet**. **You** can ask **us** to do this when **you** make a claim.
4. Unless **you** tell **us** to pay someone else **we** will always make payments to **you**. **You** can tell **us** who to pay when **you** make a claim.
5. If **your pet** needs **veterinary treatment** while temporarily in Eire or a member country of the **PETS Travel Scheme** and **you** have cover under "Section 8, Overseas Travel" shown on **your Schedule of Insurance**:
 - **You** must pay the veterinary surgeon at the time of treatment and obtain an itemised receipt with the name and address of the veterinary practice on it.
 - Send **us** a letter with **your** receipt explaining what was wrong with **your pet**, what treatment it had and the dates it received treatment.

- Claim payments are made directly to **you** in pounds sterling at the current rate of exchange.
6. If **you** claim for medication bought on the internet, from a chemist or from a pharmacy **you** must provide a copy of the prescription from **your vet** and the purchase receipt.

SECTION 2. ADVERTISING AND REWARD

We will pay

If **your pet** is lost or stolen during the **period of insurance** we will pay up to the **maximum benefit** for this **policy** section to advertise a reward and up to £250 for the cost of the reward if **your pet** is recovered.

The £250 cost of a reward is included in the **maximum benefit** for this **policy** section.

We will not pay

1. Any amount if **your pet** is lost or stolen before or in the 10 days after **your policy** started.
2. Any amount if **you** employ a company or organisation to search for **your pet**, report **your pet** missing, provide a contact point or produce their branded advertising material for **you**.
3. Any reward to **you** or anyone who:
 - Is a member of **your** family.
 - Lives with **you**.
 - Works for **you**.
 - Was looking after **your pet** at the time it was lost or stolen.
4. Any amount for a reward if **you** do not have a receipt showing the full name and address of the person who found **your pet**.
5. Any amount if **your pet** is taken by someone to obtain a ransom payment from **you**.
6. Any amount if **you** do not report the theft of **your pet** to the police as soon as **you** can after **you** discover it stolen.
7. Any amount if **you** do not report **your pet** is missing to local **vets**, rescue centres, local authority and dog warden if **your pet** is a dog.
8. Any amount if **your pet** is a dog and **you** cannot provide **us** with **your** dog's microchip number.

How to Claim

1. Please make sure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions specified on pages 18 and 19.
2. Send **us** the receipts for advertising costs and copies of all adverts.
3. If **you** are claiming for a reward **you** have paid, **we** will also need:
 - An explanation of where and how **your pet** was found.
 - A receipt for the amount of the reward **you** paid with the full name and address of the person **you** paid it to.

SECTION 3. TRAVEL AND ACCOMMODATION

We will pay

If **your pet** has an **illness** or **injury** during the **period of insurance** and **your** usual **vet** refers **your pet** to another **vet** for:

- **veterinary treatment**; or,
- for **alternative medicine**.

We will pay up to the maximum benefit for this policy section for:

- travel expenses of 25 pence a mile to and from the **vet** **your pet** is referred to;
- standard ferry fees; and,
- accommodation expenses,

during the **period of insurance** for **you** or a member of **your immediate family**.

We will not pay

Any amount:

1. Unless the cost of **veterinary treatment** or **alternative medicine** for the **illness** or **injury** is covered under 'Section 1 Veterinary Fees'.
2. For travel:
 - To or from **your pet's** usual veterinary practice.
 - To, from or in between any practice or branch practice of a group of veterinary practices **your** usual veterinary practice belongs to.
 - From the **UK** to a veterinary practice in another country, or from a veterinary practice in another country to the **UK**.
3. If the **veterinary treatment** or **alternative medicine** the **vet** referred **your pet** for does not happen in the **period of insurance**.
4. For travel to a **Behaviourist** or for **complementary treatment**.
5. For food and drink.
6. More than the amount **you** have paid for **your** travel and accommodation.

How to Claim

1. Please ensure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions specified on pages 18 and 19.
2. Send **us** a letter explaining the reasons for **your** travel and accommodation, where **you** travelled from and to, how many times **you** made the journey and how many days **you** stayed away from home. Send the letter to **us** with receipts for any travel and accommodation expenses.

SECTION 4. THIRD PARTY LIABILITY

The section only applies to dogs. In this **policy** section the definition of **'you'** and **'your(s)'** includes any person looking after **your pet** with **your** permission.

We will pay

If **your pet** is involved in an incident, during the **period of insurance** where:

- Someone is accidentally injured or accidentally killed,
- Someone's property is accidentally damaged or accidentally destroyed,

and a court finds **you** legally responsible; **we** will pay up to the **maximum benefit** for this **policy** section for;

- compensation, costs and expenses awarded by the court; and,
- the legal costs and expenses for dealing with or defending a claim against **you**.

We will not pay

1. The first £250 of each claim for damaged or destroyed property.
2. Any of the following:
 - Fines and penalties from any criminal proceedings.
 - Any amount a court requires **you** to pay to punish **you** or to try to stop the same circumstances that led to the incident happening again or because **you** have caused someone distress, embarrassment, or humiliation.

Any compensation, costs or expenses:

3. If **you** are covered under any other insurance until all the cover under that insurance is fully used.
4. If an incident is connected in any way to a business or charity.
5. If an incident which gives rise to a claim under this section of the **policy** happens:
 - where **you** work,
 - at any business premises; or,
 - at **your** home if any part of the building or premises is used for business.
6. If **you** are legally responsible because of a contract or agreement **you** have entered into.
7. If the property that is damaged or destroyed is the responsibility of, or owned by:
 - **You**,
 - A member of **your** family,
 - Someone who lives with **you**,
 - Someone who works for **you**; or,
 - Any person looking after **your pet** with **your** permission.
8. If the person who is accidentally injured or accidentally killed is:
 - **You**,
 - A member of **your** family,
 - Someone who lives with **you**,
 - Someone who works for **you**; or,
 - Any person looking after **your pet** with **your** permission.
9. If an animal or person catches a disease or virus directly or indirectly from **your pet**.
10. If the incident which gives rise to a claim under this section of the **policy** involves a motor vehicle **you** are using, responsible for or **you** own.
11. If **you** break the laws and regulations on quarantine, import or export of **pets**.
12. For pollution or contamination that is not a direct result of an incident which gives rise to a claim under this section of the **policy** where **your pet** has damaged or destroyed someone's property.
13. If the incident happens outside the **UK**.
14. If the laws of any country outside Europe apply to the incident.

How to Claim

1. To report a new claim or discuss an ongoing claim under Section 4, Third Party Liability please call Ageas Insurance Limited on 0345 415 0495, email commercialclaims@ageas.co.uk or write to:
Commercial Claims Department,
1 Port Way,
Port Solent,
Portsmouth,
PO6 4TY
2. Please ensure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions specified on pages 18 and 19.
3. If **your pet** injures someone or damages their property, contact **us** immediately and advise **us** of any possible claim. **We** will then give **you** instructions on what to do with any letter, claim, writ or summons.
4. Do not admit or accept liability, negotiate or make any payment or promise of payment.
5. Do not answer letters from people who may claim against **you** or who are acting for people who may claim against **you**.

SECTION 5. DEATH AND THEFT OR STRAYING

Sections 5a and 5b only apply if **you** chose them and they are shown in the Your Cover section of **your Schedule of Insurance**.

SECTION 5A. DEATH FROM ILLNESS OR INJURY

We will pay

If **your pet** dies or is put to sleep by a **vet** during the **period of insurance** as a result of an **illness** that first shows **clinical signs** or **injury** that happens during the **period of insurance**:

If **you** did not acquire **your pet** from a rehoming or rescue centre:

- the amount **you** paid for **your pet**; or,
- **your pet's market value** if **you** do not have a purchase receipt,

up to the **maximum benefit** for this **policy** section.

If **you** acquired **your pet** from a rehoming or rescue centre:

- The adoption fee **you** paid for **your pet** up to the **maximum benefit** for this **policy** section; or,
- The price shown on **your Schedule of Insurance**, up to a maximum of £100, if **you** do not have evidence of the adoption fee **you** paid when **you** acquired **your pet**.

We will not pay

1. If **your pet** dies from an **illness** when it is over the maximum age shown on **your Schedule of Insurance**.
2. If **your pet** dies from a **pre-existing illness or injury** or anything included in the **exclusions and special conditions** shown on **your Schedule of Insurance**.
3. If **your pet** dies as a result of an **illness in the first 10 days of your policy**.
4. If **your pet** dies from or as a result of pregnancy and giving birth.
5. If a **vet** can treat **your pet** and it is humane to keep it alive.
6. If **your pet** is put to sleep because it is aggressive unless an **illness or injury** covered by this insurance caused the aggression.
7. Any amount unless **your vet** certifies that **your pet** is dead.
8. If **your pet** dies as a result of extremes of temperature from being left unattended in a motor vehicle.

How to Claim

1. Please make sure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions specified on pages 18 and 19.
2. Send **us** a claim form, signed by **your vet**, certifying **your pet's** death, along with the purchase receipt.

SECTION 5B. THEFT OR STRAYING

We will pay

If **your pet** is stolen or goes missing during the **period of insurance**:

If **you** did not acquire **your pet** from a rehoming or rescue centre:

- the amount **you** paid for **your pet**; or,
 - **your pet's** market value if **you** do not have a purchase receipt,
- up to the **maximum benefit** for this **policy** section.

If **you** acquired **your pet** from a rehoming or rescue centre:

- The adoption fee **you** paid for **your pet** up to the **maximum benefit** for this **policy** section; or,
- The price shown on **your Schedule of Insurance**, up to a maximum of £100, if **you** do not have evidence of the adoption fee **you** paid when **you** acquired **your pet**.

We will not pay

Any amount if:

1. **Your pet** has been missing for less than 45 days.
2. **You** do not notify the police if **your pet** is stolen.
3. **You** do not report **your pet** is stolen or has gone missing to:
 - The local dog warden if **your pet** is a dog or appropriate local authority within 48 hours of **your pet** going missing,
 - **Your vet**.
 - Other local **vets**.
 - Local animal rescue centres.
4. **Your pet** is stolen or goes missing in the first 10 days after **your policy** started.
5. **Your pet** is taken by someone to obtain a ransom payment from **you**.
6. **Your pet** is left in an unlocked vehicle.
7. **Your pet** is a dog and is left unattended in a public place.
8. **Your pet** is a dog and **you** cannot provide **us** with **your** dog's microchip number.
9. **Your pet** is a dog and is left unattended in a property unless it has:
 - external doors and windows that are locked and the keys cannot be seen from outside; or,
 - anywhere else it is left unattended unless there is a secure area with a barrier around the outside that is at least 4 feet high with any gates closed and locked.
10. **You** cannot provide at least two of the following:
 - **Your pet's** purchase receipt.
 - A record of where the money to pay for **your pet** came from.
 - **Your pet's** veterinary history.
 - **Your pet's** vaccination certificate.
 - A photograph of **you** and **your pet**.

How to Claim

1. Please make sure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions specified on pages 18 and 19.
2. **You** must notify, within 48 hours, the appropriate local authority and provide evidence of this notification. **You** must also notify **your vet**, other local **vets** and rescue centres in **your** vicinity.
3. Send **us** the completed claim form after 45 days along with two of the required documents/photograph:
 - **Your pet's** purchase receipt.
 - A record of where the money to pay for **your pet** came from.
 - **Your pet's** veterinary history.
 - **Your pet's** vaccination certificate.
 - A photograph of **you** and **your pet**.
 - A copy of any advertisement(s) to help find your pet.
 - Evidence that **you** have notified the theft of **your pet** to the police, or if it is missing evidence that **you** have reported this to the local authorities, **your vet** and local **vets** and if **your pet** is a dog, to the dog warden.

SECTION 6. BREEDING COVER

Sections 6a, 6b, 6c and 6d only apply if **you** chose them and they are shown in the Your Cover section of **your Schedule of Insurance**.

Sections 6a, 6b and 6d are shown on **your Schedule of Insurance** under the heading Breeding Cover - Veterinary Fees.

Section 6c is shown on **your Schedule of Insurance** under the heading Breeding Cover - Death.

SECTION 6A. FERTILITY EXAMINATION

We will pay

Females

If **your pet** does not become pregnant after 2 matings with 2 different and proven fertile males during the time **your pet** is insured with **us**. We will pay up to the **maximum benefit** for Breeding Cover - Veterinary Fees the cost of the following **your pet** receives during the **period of insurance**:

- a physical examination by a **vet**, including the reproductive organs and vaginoscopy,
- an ultrasound of the uterus and ovaries,
- vaginal cytology, blood tests, a complete blood count, including haemoglobin, haematocrit, leukogram, blood platelets and ALAT, creatinine, glucose and total T4 and TSH,
- **veterinary treatment** to restore **fertility**.

Males

If **your pet** does not successfully impregnate after 2 matings with 2 different and proven fertile females during the **period of insurance**. We will pay up to the **maximum benefit** for Breeding Cover - Veterinary Fees for the cost of the following **your pet** receives during the **period of insurance**:

- a physical examination by a **vet** including the reproductive organs,
- blood tests – haematology, a complete blood count, including haemoglobin, haematocrit, leukogram, blood platelets and ALAT, creatinine, glucose and total T4 and TSH,
- a test of sperm quality with a 6 month interval,
- **veterinary treatment** to restore **fertility**.

We will not pay

1. The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance**.
2. More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 6a, 6b and 6d.
3. Fees for **fertility** examinations or tests for **your pet**, if he has successfully impregnated on 3 occasions or is aged 7 or more and has not had a successful mating before.
4. The cost of surgery to correct the **fertility** disorder.
5. Infertility resulting from a **pre-existing illness or injury** and anything included in the **exclusions and special conditions** shown on **your Schedule of Insurance**.
6. Infertility resulting from an **illness in the first 10 days of your policy**.
7. The cost of **veterinary treatment** received when the **policy** is not in force.
8. Any costs for a **fertility** disorder, which first shows signs before or within 12 weeks of the start of this **policy** section.
9. Any costs if **your female pet** is less than 1 year old or over the age of 7 years.
10. Any costs if **your female pet** has had 4 pregnancies.
11. The cost of tests to predict ovulation and to find out the best time for fertilisation.

How to Claim

1. Please make sure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions specified on pages 18 and 19.
2. After **your pet** has had the **fertility** examination and/or **veterinary treatment** send us:
 - **Your** claim form.
 - The examination and treatment invoices.
 - Evidence of the 2 failed matings.
 - Details of the previous pregnancies for the 2 animals **your pet** unsuccessfully mated with.

SECTION 6B. PREGNANCY AND GIVING BIRTH

We will pay

The cost of **veterinary treatment**, up to the **maximum benefit** for Breeding Cover - Veterinary Fees, **your pet** receives during the **period of insurance** as a result of the following happening in the **period of insurance**:

- Complications from pregnancy.
- Complications from giving birth.
- Weak or fading puppies or kittens.

We will not pay

1. The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance**.
2. More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 6a, 6b and 6d.
3. Cost for complications resulting from a **pre-existing illness or injury** and anything included in the **exclusions and special conditions** shown on **your Schedule of Insurance**.
4. Costs for complications resulting from an **illness in the first 10 days of your policy**.
5. The cost of **veterinary treatment** received when the **policy** is not in force.
6. Any amount if **your pet** has had 2 or more caesarean sections.
7. Any amount if the **clinical signs** that the puppies or kittens are weak or fading are first noticed when they are 8 days old or more.
8. The cost of caesarean sections in the following breeds:
 - English Bulldog.
 - French Bulldog.

- Boston Terrier.
 - Pekingese.
- The cost of caesarean sections that are not carried out as a result of complications of pregnancy or giving birth.
 - The cost of examinations to confirm pregnancy.
 - Any costs for **veterinary treatment** as a result of complications of pregnancy, complications of giving birth, weak or fading puppies or kittens that happen or first show **clinical signs** before or in the first 12 weeks of the start of this **policy** section.
 - Any costs if **your pet** is female and has already had 4 pregnancies.
 - Any costs if **your pet** is less than 1 year old or 7 years old or more.

How to claim

- Please ensure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions specified on pages 18 and 19.
- Send the claim form to **us**, along with any relevant receipts, when the treatment is over.

SECTION 6C. DEATH FROM PREGNANCY AND GIVING BIRTH

We will pay

If **your pet** dies during the **period of insurance** as a result of complications of pregnancy or giving birth during the **period of insurance**:

- the amount **you** paid for **your pet**; or,
 - **your pet's market value** if **you** do not have a purchase receipt,
- up to the **maximum benefit** for Breeding Cover - Death.

We will not pay

Any amount:

- If **your pet** dies when it is less than 1 year old or more than 7 years old.
- If **your pet** dies when it is over the maximum age for death from an **illness** for the **policy** Section 5a Death from Illness or Injury shown on **your Schedule of Insurance**.
- If **your pet** dies in the first 12 weeks of the start of this **policy** section.
- If **your pet** dies from complications as a result of a **pre-existing illness or injury** and anything included in the **exclusions and special conditions** shown on **your Schedule of Insurance**.
- If a **vet** can treat **your pet** and it is humane to keep it alive.
- If **your pet** has already had 4 pregnancies.

How to Claim

- Please ensure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions specified on pages 18 and 19.
- Send a claim form to **us**, signed by **your vet**, certifying **your pet's** death, along with the purchase receipt and a copy of any pedigree certificate.

SECTION 6D. VETERINARY FEES FOR PUPPIES AND KITTENS

We will pay

If **your pet** is female and gives birth during the **period of insurance**, we will pay the cost of **veterinary treatment** for an **illness** or **injury** **your pet's** puppies or kittens receive, including 50% of the cost of a **prescription diet** up to £250 per litter to treat the **illness** or **injury**, up to the **maximum benefit** for Breeding Cover - Veterinary Fees during the **period of insurance**;

- from when they are born to the age of 14 weeks for puppies and 20 weeks for kittens; or,
 - from when they are born to the date the new owner collects them,
- whichever date comes first.

The amount of £250 for **prescription diet** is included in the **maximum benefit** for this **policy** section. **You** can only claim up to this amount once, per **illness** or **injury**, during the whole time **your pet's** puppies or kittens are insured with **us**.

We will not pay

Policy Section 1, Veterinary Fees. **We** will not pay, points 2 to 21 apply to this **policy** section as well as the following:

- The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance** for the **veterinary treatment** of all puppies and kittens in a litter.
- More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 6a, 6b and 6d.
- Any costs for **veterinary treatment** for an **injury** that happens or an **illness** that first shows **clinical signs** before or within 12 weeks of the start of this **policy** section.
- Any costs for **veterinary treatment** **your pet's** puppies receive:
 - when they are 15 weeks old or more; or
 - after the date the new owner collects them if it is before they are 15 weeks old.
- Any costs for **veterinary treatment** **your pet's** kittens receive;
 - when they are 21 weeks old or more; or,
 - after the date the new owner collects them if this is before they are 21 weeks old.
- Any costs if **your pet** is female and is less than 1 year old or 7 years old or more at the time the puppies or kittens are born.
- Any costs if **your pet** is female and has had more than 4 pregnancies.
- Any amount for the **market value** of the puppies or kittens.
- The cost of formula milk or equipment needed for hand rearing.
- Any charges in respect of cremation, burial or disposal of **your pet's** puppies or kittens.

How to Claim

- Please ensure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions specified on pages 18 and 19.
- Ask **your vet** to fill in the claim form and send this to **us** along with any relevant receipts when the treatment is over.

SECTION 7. BOARDING FEES AND HOLIDAY CANCELLATION

Sections 7a and 7b only apply if **you** chose them and they are shown in the Your Cover section of **your Schedule of Insurance**.

SECTION 7A. BOARDING FEES OR DAILY MINDING

We will pay

If **you**, or a member of **your immediate family** are ill or injured during the **period of insurance** and have to go into hospital. **We** will pay up to the **maximum benefit** for this **policy** section for:

- the cost for **your pet** to stay at a licensed boarding kennel, cattery; or,
- up to £5 a day for someone to look after **your pet**.

We will not pay

Any amount:

1. If **you** or a member of **your immediate family** are in hospital for less than 3 days in a row.
2. As a result of **your**, or a member of **your immediate family's** pregnancy, drug abuse, alcoholism, attempted suicide, self-inflicted **injuries** or cosmetic surgery not as a result of being ill or injured.
3. If a member of **your immediate family** is available to look after **your pet**.
4. As a result of a medical condition that **you** or a member of **your immediate family** had before this **policy** started and was likely to result in a stay in hospital.
5. If **you** have to go into a nursing home, are convalescing outside of a hospital or involved in any form of rehabilitation outside of a hospital.

How to Claim

1. Please make sure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions specified on pages 18 and 19.
2. When **you** leave hospital, obtain a medical certificate stating the number of days in hospital and the medical condition and send **us your**:
 - Boarding fees claim form.
 - Medical certificate.
 - Receipt from the boarding kennels or cattery.
 - If **you** pay someone to look after **your pet**, a receipt with their full name and address to support **your** claim.

SECTION 7B. HOLIDAY CANCELLATION

In this section "**you**" also includes members of **your immediate family**

We will pay

If **your vet** believes **your pet** needs immediate emergency lifesaving treatment or surgery in the 7 days before or during a holiday that takes place during the **period of insurance** and:

- **you** cancel **your** holiday; or,
- **you** come home early.

We will pay up to the **maximum benefit** for this **policy** section for the cost of unused travel and accommodation that **you** have paid for and cannot get back.

We will not pay

Any amount:

1. For anyone on the holiday with **you**.
2. If **you** booked **your** holiday less than 28 days before **your** holiday started.
3. If **you** can get these expenses back from anywhere else, for example, from travel insurance.

Any amount if **you** cancel **your** holiday or come home early:

4. When **your pet's** treatment or surgery is not lifesaving.
5. As a result of any **pre-existing illness or injury**.
6. As a result of an **illness in the first 10 days of your policy**.
7. As a result of an **injury** that happened or an **illness** that first showed **clinical signs** before **you** booked **your** holiday.
8. While **you** are waiting for the results of tests on **your pet**.

How to claim

1. Please make sure that **you** comply with the 'Claims Conditions' and "How to Claim" Conditions specified on pages 18 and 19.
2. Send **us**:
 - A Holiday Cancellation claim form filled in by **you** and **your vet**.
 - **Your** booking invoice showing the date **you** booked **your** holiday, the dates of **your** holiday and the details of all people and animals booked on the holiday.
 - **Your** receipt for the holiday.
 - **Your** cancellation invoice showing the date **you** cancelled **your** holiday and how much refund **you** received.
 - A letter explaining when and why **you** had to cancel or cut short **your** holiday, who could not go on holiday or had to return early and a breakdown of what **you** are claiming for.

SECTION 8. OVERSEAS TRAVEL

Section 8 only applies if **you** chose it and it is shown in the Your Cover section of **your Schedule of Insurance**.

Section 8 extends the cover under all **policy** sections, if **you** chose them and they are shown in the Your Cover section of **your Schedule of Insurance**, for holidays up to 120 days in each **period of insurance** in a country or territory that is part of the **PETS Travel Scheme**.

Section 8 includes cover under sections 8a, 8b, 8c, 8d and 8e.

SECTION 8A. QUARANTINE COSTS

We will pay

If during the **period of insurance**, while on holiday with **you**,

- **your pet's** microchip fails; or,
- **your pet** has an **illness**; and,

is not allowed back into the **UK**. **We** will pay up to the **maximum benefit** for this **policy** section towards the costs;

- for the time it is put in quarantine before being allowed back into the **UK**.

We will not pay

1. More than the **maximum benefit** for this **policy** section in each **period of insurance**.

Any amount:

2. If **you** have not complied with all regulations of **PETS Travel Scheme**.

3. If **your pet** has been outside the **UK** for more than 120 days during the **period of insurance**.

4. If the microchip that fails is not to ISO Standard 11784 or Annex A to ISO Standard 11785.

5. If the microchip was not checked and found to be working properly in the 14 days of before the start of **your** holiday.

6. As a result of any **pre-existing illness or injury** or an **illness** or an **injury** that happened or first showed **clinical signs** before this section was added to **your policy**.

7. As a result of an **illness in the first 10 days of your policy** or in the first 10 days of this section being added to **your policy**.

8. As a result of an **injury** that happened or an **illness** that first showed **clinical signs** before **you** booked **your** holiday.

How to Claim

1. Please make sure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions specified on pages 18 and 19.

2. Send **us**,

- A letter explaining what **you** are claiming for.
- A receipt for the kennel or quarantine costs.
- Documentary evidence that **your pet** was microchipped before **your** holiday with a microchip of ISO Standard 11784 or Annex A to ISO Standard 11785.

SECTION 8B. REPEAT WORMING TREATMENT

We will pay

If, during the **period of insurance**, **your** carrier delays **your** return to the **UK** and **your pet's** worming treatment is no longer valid. **We** will pay up to the **maximum benefit** for this **policy** section towards **your pet's** repeat worming treatment.

We will not pay

Any costs:

1. For the initial worming treatment.

2. If the initial worming treatment was not given in the time-scale required by the **PETS Travel Scheme**.

3. If the repeat worming treatment was not necessary to comply with the **PETS Travel Scheme**.

4. If **your pet** has been outside the **UK** for more than 120 days during the **period of insurance**.

How to Claim

1. Please make sure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions specified on pages 18 and 19.

2. Send **us**:

- A letter explaining the delay to **your** journey and what **you** are claiming for.
- Receipts for the costs **you** are claiming for.
- **Your** booking invoice or other documents showing the dates of **your** scheduled return to the **UK**.
- Confirmation from the carrier of **your** delayed return to the **UK**.
- A receipt for the initial worming treatment.

SECTION 8C. LOSS OF PET PASSPORT

We will pay

If **your pet's Pet Passport** is lost or stolen while **you** are on holiday during the **period of insurance**. **We** will pay up to the **maximum benefit** for this **policy** section for the cost of:

- a replacement **Pet Passport**; and,
- quarantine for **your pet** while **you** get a new **Pet Passport**.

We will not pay

Any amount:

1. If the **Pet Passport** is lost or stolen before the start of **your** holiday.

2. If **you** do not report the **Pet Passport** is lost or stolen to the **vet** who issued it within 24 hours of the time **you** discover it is missing.

3. If **your pet** has been outside the **UK** for more than 120 days during the **period of insurance**.

How to Claim

1. Please make sure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions specified on pages 18 and 19.

2. Send **us**:

- A letter explaining when and how the **Pet Passport** was lost or stolen and what **you** are claiming for.
- Receipts for the costs **you** are claiming for.
- A letter from the issuing **vet** to say when **you** reported the **Pet Passport** was lost or stolen.

SECTION 8D. EMERGENCY EXPENSES ABROAD

We will pay

Up to the **maximum benefit** for this **policy** section for each of the following that happen during the **period of insurance**:

1. If **your pet** needs emergency **veterinary treatment** for an **illness** or **injury** while **you** are on holiday and this means **you** miss **your** scheduled return travel to the **UK**. **We** will pay the cost of accommodation for **you** and **your pet** until **your pet** is well enough to return to the **UK**. And the cost for **you** and **your pet** to travel back to the **UK**.

- If **your pet** is lost or goes missing while **you** are on holiday. **We** will pay for extra accommodation and transport costs while **you** try to find **your pet** before the date **you** are due to return to the **UK**.
- If **your pet** is lost or goes missing before the date **you** are due to return to the **UK** and **you** stay to try to find **your pet**. **We** will pay accommodation and transport costs for up to 4 days while **you** try to find **your pet**.
- If **your pet's Pet Passport** is lost or stolen while **you** are on holiday and this means **you** miss **your** scheduled return. **We** will pay:
 - accommodation costs for **you** and **your pet** while **you** get a new **Pet Passport**; and,
 - the costs for **you** and **your pet** to travel back to the **UK**.
- If **your** carrier delays **your** return to the **UK** and **you** have to get **your pet's** worming treatment repeated and this means **you** miss the rescheduled travel back to the **UK**. **We** will pay:
 - accommodation costs for **you** and **your pet** while **you** wait for the next available departure; and,
 - the costs for **you** and **your pet** to travel to the **UK**.

We will not pay

- If **your pet** has been outside the **UK** for more than 120 days during the **period of insurance**.

Any costs as a result of:

- Any **pre-existing illness or injury** or an **illness or injury** that happened or first showed **clinical signs** before this section was added to **your policy**.
- An **illness in the first 10 days of your policy** or in the first 10 days of this section being added to **your policy**.
- An **injury** that happened or an **illness** that first showed **clinical signs** before **you** booked **your** holiday.

How to Claim

- Please make sure that **you** comply with the 'Claims Conditions' and 'How to Claim' Conditions specified on pages 18 and 19.

- Send **us**:

- A letter explaining what **you** are claiming for.
- Receipts for the costs **you** are claiming for.
- Details of the emergency **veterinary treatment your pet** needed; or,
- The name and address of the appropriate authority **you** reported **your pet** was missing to.
- **Your** booking invoice or other documents showing the dates of **your** scheduled return to the **UK**.

SECTION 8E. OVERSEAS THIRD PARTY LIABILITY

This **policy** section is an extension to Section 4 Third Party Liability for holidays up to 120 days in each **period of insurance** in a country or territory that is part of the European Union.

We will not pay

Exclusions 1 to 12 of Section 4, Third Party Liability (listed on page 10) apply to this section of the **policy** as well as the following:

- Any compensation, costs and expenses for property that is the responsibility of, or owned by anyone on holiday with **you**.
- If the person who is accidentally injured or accidentally killed is on holiday with **you**.
- Any incident that happens outside the countries and territories that are part of the European Union.
- Any compensation, costs and expenses resulting from legal proceedings under the laws of any country or territory that is not part of the European Union.

How to Claim

To report a new claim or discuss an ongoing claim under Section 8e, Overseas Third Party Liability, please call Ageas Insurance Limited on 0345 415 0495, email commercialclaims@ageas.co.uk or write to:

Commercial Claims Department,
1 Port Way,
Port Solent,
Portsmouth,
PO6 4TY

GENERAL EXCLUSIONS

We will not provide cover under any **policy** section for, connected to or resulting from:

- If **your pet** is a dog less than 6 weeks old, or if **your pet** is a cat less than 8 weeks old, or if **your pet** is over the maximum age shown on **your Schedule of Insurance** when **you** take out the **policy**.
- Anything that happens outside the Territorial Limits.
- War, invasion, act of foreign enemies, civil war, rebellion, revolution, insurrection or military or usurped power.
- Any act of force or violence, including:
 - biological, chemical and/or nuclear force or contamination, or;
 - the threat of biological, chemical and/or nuclear force or contamination, by anyone;
 - acting alone, or;
 - acting for any organisation(s) or government(s), or;
 - connected with any organisation(s) or government(s), carried out;
 - for political, religious, ideological or similar reasons, or;
 - to influence any government(s), or;
 - to put any section of the public in fear.
- Ionising radiations or contamination by radioactivity from:
 - any nuclear fuel.

- any nuclear waste.
 - the combustion of nuclear fuel.
6. The radioactive, toxic, explosive or other hazardous properties of any nuclear installation or part of any nuclear installation.
 7. **Your pet** if it is put to sleep following an order by a Government, local authority or any person who has the legal authority to make the order.
 8. **Your pet** if it should be registered under the Dangerous Dogs Act 1991 and the Dangerous Dogs Act (Northern Ireland) Order 1991 or any amendments.
 9. A deliberate act by **you**, a member of **your** family, someone who works for **you**, someone who lives with **you**.
 10. The use of **your pet**, if it is a dog, for guarding, security or racing. For the avoidance of doubt, agility competitions are not considered racing in this respect.
 11. A claim covered by any other insurance, unless the other insurance cover has been fully used.
 12. **You** not complying with the **UK** animal health and animal import legislation.
 13. When **you** are no longer the owner of **your pet** or **you** have loaned it to someone else.

GENERAL CONDITIONS

If **you** do not comply with Conditions 1 to 3 **your policy** will stop immediately or **we** may treat it as not being valid from when it started. If **your policy** stops **we** will write to **you** at the address shown on **your** latest **Schedule of Insurance** and tell **you** when it stopped.

1. **You** are aged 18 or over, live in the **UK** and are the owner of **your pet** and it lives with **you**. If **you** move from the address on **your Schedule of Insurance**, are no longer the owner or **your pet** does not live with **you** all the time, **you** must tell **us**.
 2. When **you** arrange, change or renew this **policy** **you** must answer any questions **we** ask, honestly and to the best of **your** knowledge. If **your policy** is in joint names both policyholders accept either person can answer questions and both accept responsibility for the accuracy and honesty of the answers.
 3. **You** must keep **your** premium payments up to date.
- Conditions 4 to 14 explain how **you** must pay **your** premium, what happens if **you** or **we** cancel **your policy** and what happens if **you** do not keep **your** payments up to date.
4. This is an annual contract of insurance which means that **you** must pay the full premium amount for the full **period of insurance** in one payment or in monthly instalments, however, cancellation rights apply.
 5. If after receiving **your Schedule of Insurance** and **policy** booklet, **you** decide that **you** would not like to proceed with the insurance, **you** can cancel **your policy** in the **cooling off period**. In this case, please contact **us** by telephone or in writing within this period and provided **you** have not made a claim, **we** will cancel **your policy** and refund **you** any premium paid for the **period of insurance**.
 6. If **you** wish to cancel outside of the **cooling off period** and **you** pay by monthly instalments, **we** will not charge **you** any further payments. If **you** pay annually, **we** may provide **you** with a pro rata refund, based on any complete months of the remaining **period of insurance**. If a claim has been settled in respect of this **period of insurance**, **we** will not provide **you** with a refund and **you** must pay the remaining premium for the **period of insurance**.

Or, **we** will deduct the rest of the instalments for the **period of insurance** and any outstanding instalments from any claim payment.

If **you** pay **your** premium in one payment **we** will not refund any premium to **you**.

7. It is **your** responsibility to make sure **you** have sufficient funds in **your** bank/card issuer account and **your** bank/card issuer pays **your** full premium or instalments on time. It is not **our** responsibility to tell **you** that **you** have not made a payment.
8. If **your** bank/card issuer tells **us** that they cannot make **your** payment **we** will contact them again to request it and **we** will charge **you** for this extra administration. If **your** bank/card issuer makes a charge for processing **our** payment requests it is **your** responsibility to pay the amount.
9. If **you** do not pay a monthly instalment on time **you** must contact **us** within 7 days of the date **you** should have paid the instalment to arrange payment. If **you** do not contact **us** within 7 days **we** will cancel **your policy** from the date **you** should have paid the instalment.
10. If **you** contact **us** after the 7 days from the date **you** miss a monthly instalment **we** may agree to reinstate **your** insurance. If **we** agree **you** will have to pay, within 28 days of the date **you** should have paid the missed instalment:
 - an administration charge; and,
 - any outstanding instalments.

You must also make arrangements to pay future instalments on time.

11. If **you** arrange to pay the full premium for the **period of insurance** and **your** bank/card issuer tells **us** they cannot make the payment. **You** must contact **us** within 7 days of the date **you** should have paid the full premium.
12. If **you** contact **us** after the 7 days from the date **you** should have paid the full premium for the **period of insurance** **we** may agree to reinstate **your** insurance. If **we** agree **you** will have to pay, within 28 days of the date **you** should have paid the full premium:
 - an administration charge; and,
 - the full premium for the **period of insurance**; or,
 - arrange to pay by monthly instalments.
13. If **you** pay by monthly instalments and during the **period of insurance** **you** do not pay 3 monthly instalments on time **we** may agree to continue **your** insurance. If **we** agree **you** must pay in one total payment:
 - an administration charge; and,
 - any outstanding instalments; and,
 - the instalments for the rest of the **period of insurance**.

This payment must reach **us** within 28 days of the date **you** should have paid the third missed instalment.

14. If **you** wish to cancel **your policy** **you** can do this by emailing **us** at info@agriapet.co.uk, telephoning **us** on 03330 30 83 98 or writing to **us** at:

Agria Pet Insurance Limited
 2b Alton House Office Park
 Gatehouse Way
 Aylesbury
 HP19 8XU

You must comply with Conditions 15 to 19 to have the full protection of **your policy**. If **you** do not comply, **we** may cancel the **policy**, refuse to deal with **your** claim or reduce the amount of any claim payment.

15. If **your pet** is a dog **you** must keep it vaccinated within manufacturer's guidelines against distemper, hepatitis, leptospirosis and parvovirus. If **your pet** is a cat **you** must keep it vaccinated within manufacturer's guidelines against feline infectious enteritis, feline herpes virus, feline calicivirus and if at risk, feline leukaemia virus. If **you** do not keep **your pet** vaccinated **we** will not help **you** with any costs that result from an **illness you** must vaccinate it against.
16. A **vet** must supervise all vaccinations. Homeopathic nosodes are not acceptable as vaccines.
17. **You** must take all reasonable precautions to prevent the loss or theft of **your pet, injury or illness to your pet**, including following any advice from a **vet** regarding **your pet's** wellbeing and any instructions from a **vet** to reduce **your pet's** weight.
18. **You** must take all reasonable precautions to prevent death or **injury** to another animal or person and damage to, or destruction of someone else's property.
19. **You** agree that **your** current or previous **vet** can give **us** information and records about **your pet** and if the **vet** charges **you** for this information **you** will have to pay.

Conditions 20 to 26 explain the things that **you** can choose and **we** can do that can affect **your** insurance.

20. **We** may agree to issue this **policy** to 2 people as joint policyholders. If **we** do agree **we** will accept instructions to make any changes, payments, claims, cancellation or anything else to do with this **policy** from either person and both policyholders accept that the other person is also acting on their behalf.
21. **You** can only choose to have **policy** Sections 5 - Death or Loss by Theft or Straying, 7 - Boarding Fees due to Hospitalisation or Holiday Cancellation at the start of **your** insurance and can only remove them at the renewal of **your policy**.
22. **You** can choose to have **policy** Sections 6 - Breeding Cover and 8 - Overseas Travel at the start of **your policy** or add them at a later date and can only remove them at the renewal of **your policy**.

23. Administration Fees

We reserve the right to charge an administration fee for certain changes, such as, adjustments to **your policy** mid-term to cover **our** costs. These may include but are not limited to:

Charge Reason	Amount
Change of Name and Address	£25
Reissuing Policy Documentation	£25
Addition of Breeding Risks cover	£25
Addition of Overseas Travel cover	£25
Missed Instalments	£25
Cancellation of policy outside of Cooling Off Period	£25

24. The **policy** is a series of yearly contracts of insurance with no guarantee that **we** will offer a new contract each year.
25. If **we** offer to renew **your policy we** may change **your**; premium, **policy** terms, conditions, **policy** excesses and the monetary amount of cover under any section.
26. If **you** pay **your** premium by instalments and **we** offer to renew **your policy** it will automatically renew. If **you** do not want it to automatically renew **you** must tell **us** or cancel **your** direct debit or continuous credit card mandate.

TERRITORIAL LIMITS

This **policy** provides cover in the **UK** and, except for Section 4 Third Party Liability, for up to 21 days per **period of insurance**, while **you** are in Eire. If **you** choose section 8 Overseas Travel and this is shown on **your Schedule of Insurance**, **your policy** also provides cover for up to 21 days per **period of insurance**, while **you** are in any country or territory that is part of the European Union.

CLAIMS CONDITIONS

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

1. **You** must notify **us** about **your** claim by the end of the **period of insurance** or within 6 months from the first date of treatment, whichever is the latter. If **you** do not contact **us** as soon as possible and the delay prevents **us** from fully investigating **your** claim **we** will not deal with **your** claim.
2. If **you** make a claim under this **policy** and another insurance also provides cover **you** must tell **us** the name and address of the other insurance company, the reference number and notify them about **your** claim. If **you** do not notify the other insurance company **we** will not help **you** with **your** claim. For the Third Party Liability **policy** section **we** will not provide any cover until all the cover under the other insurance cover is fully used. For all other **policy** sections **we** will not pay more than **our** share.
3. **You** must give **us** all information that **we** reasonably ask for in connection with a claim, be available for interviews and cooperate with **us** or any one acting for **us**.
4. If **you** have any legal rights against any other person resulting from the circumstances that led to **your** claim, **we** may take legal action against them in **your** name at **our** expense. **You** must help **us** by providing any documents, written statements, names and addresses of people involved. **You** agree to go to court if necessary.
5. **You** agree that any **vet** can provide any information about **your pet** that is relevant to any claim. If the **vet** makes a charge for this **you** agree to accept the cost.
6. If there is a disagreement between **your vet** and **our vet**, **we** will appoint an independent **vet**, agreed by **you**, to arbitrate and **you** and **we** agree to accept the independent **vet's** decision.
7. When a **vet** or complementary therapist who has, or is about to treat **your pet** contacts **us** about **your policy** and **we** agree to give them information. **We** will tell them:
 - If **you** have a current **policy**,
 - The start and renewal date of **your policy**.
 - What **your policy** covers.
 - **Your fixed excess** and **percentage excess** amounts.
 - Information about how any outstanding premium payments could affect a claim payment.
8. **We** may use external claims investigators to help **us** deal with **your** claim which may delay the time it takes to process **your** claim.
9. **We** will not pay **your** claim if:
 - **Your** claim form is not correct and complete.
 - **We** do not have all the information needed to support **your** claim.

- **We** are not sure **your** claim is valid.
 - Any legal action or other action is outstanding.
10. If **your policy** is in joint names **we** will accept a claim from either person and, if **we** agree, may make claim payments and premium refunds in line with either person's instructions.
 11. If **we** pay a claim under **policy** Section 5b - Theft or Straying because someone stole **your pet** or it went missing and **you** get **your pet** back **you** must pay back all of the money **we** paid.
 12. Unless **we** receive:
 - a full breakdown of the costs of **veterinary treatment your pet** is about to have; and,
 - **your pet's** full medical history,**we** cannot tell **you** on the telephone or by email if **your policy** covers a claim under the Veterinary Fees **policy** section either:
 - before **your pet** receives **veterinary treatment**; or,
 - after **your pet** receives **veterinary treatment** and before **you** make a claim.
 If **we** provide some information about a possible claim or what **your policy** covers, **you** accept that this does not mean **we** will pay **your** claim.
 13. **We** have complete control of the handling of any claim and legal proceedings under the Third Party **policy** sections and can take legal action in **your** name for **our** benefit.
 14. **We** may decide to settle and pay a claim under **policy** Section 4 - Third Party Liability or **policy** Section 8e – Overseas Third Party Liability to prevent the additional costs of legal action. The payment will include costs and expenses incurred before the date of the payment. Once **we** make the payment there is no further responsibility on **us** under this **policy**. If **you** decide that **you** do not want **us** to settle this way **you** must take over responsibility for the claim. This means **you** will have to pay **your** legal costs and the third party person's legal costs and any other costs from this point. If the final settlement amount to the third party person is more than **we** have decided to pay, **you** will have to pay the extra amount.

HOW TO CLAIM

- A) For claims regarding all sections apart from Section 4, Third Party Liability and Section 8e, Overseas Third Party Liability.
 1. **You** must always use a claim form to submit **your** claim unless the **policy** section says you can send a letter. **You** can download a claim form from **our** website at www.agriapet.co.uk, **you** can email **us** at claims@agriapet.co.uk or call **us** on 03330 30 83 99 to ask for a claim form.
 2. **We** will need **your policy** number if **you** email or call **us**. Please note that calls may be monitored or recorded to assist with training and for quality control purposes.
 3. **You** do not need to contact **us** before any **veterinary treatment** begins.
 4. **You** must follow the 'How to Claim' procedure shown in the section of cover that **you** are claiming under.
5. Send **your** completed claim form and supporting documents to:

Agria Pet Insurance Limited
2b Alton House Office Park
Gatehouse Way
Aylesbury
HP19 8XU
- B) For claims regarding Section 4, Third Party Liability and Section 8e, Overseas Third Party Liability.
 1. In the event of a claim relating to Third Party Liability (Sections 4, or 8e where relevant) please call Ageas Insurance Limited on 0345 415 0495, email commercialclaims@ageas.co.uk or write to:

Commercial Claims Department,
1 Port Way,
Port Solent,
Portsmouth,
PO6 4TY
 2. Please provide **your policy** number on all communications. Please note that calls may be monitored or recorded to assist with training and for quality control purposes.
 3. **You** must follow the "How to Claim" procedures shown under the relevant section of the **policy** for **your** claim to be considered. These can be found on page 10 for Third Party Liability and on page 16 for Overseas Third Party Liability.

FRAUD

We will investigate any activity that **we** suspect may be fraudulent. Fraud increases the premiums of all policyholders. **You** must not act in a fraudulent manner. If **you** or anyone acting for **you**:

- Provide information when **you** take out this **policy** or renew it knowing the information is false or fraudulently exaggerated in any way; or,
- Know that a breeder or someone else authorised by **us** to give information that **we** base insurance upon has provided false or fraudulently exaggerated information for this **policy** or a free insurance; or,
- Have fraudulently arranged a free insurance that this **policy** continues from; or,
- Make a claim knowing it is false, dishonest or fraudulently exaggerated in any way; or,
- Make a statement or submit a document in support of a claim knowing it is false or incorrect in any way; or,
- Make a claim for anything **you** have done deliberately or deliberately allowed to happen; or,
- Make a claim that involves **your** dishonesty; or,
- Gives **us** reasonable grounds to suspect **you** have acted fraudulently or dishonestly.

Then **we** will:

- Not pay **your** claim or any other claims.
- Cancel any **policy** **you** have with **us**, either from the start or after giving **you** 7 days' notice.
- Take legal action against **you** to recover the amount of any claims already paid.
- Tell the police Insurance Fraud Enforcement Department (IFED) and any other appropriate authorities.

- Tell other Insurance companies and the Insurance Fraud Investigators Group (IFIG).
- Refuse to offer further policies to **you**.

CUSTOMER SERVICE AND COMPLAINTS

If **you** have a question or would like more information about **your policy** or claim **you** can contact **us**:

- By email at info@agriapet.co.uk
- By telephone:

Agria Pet Insurance Customer Service	UK Telephone 03330 30 83 98	Outside UK Telephone +44 (0) 1296 319248
Agria Pet Insurance Claims	UK Telephone 03330 30 83 99	Outside UK Telephone +44 (0) 1296 319247

In most cases the Customer Service and Claims teams can answer **your** questions or resolve any issues within 24 hours. **We** and the **insurers** are committed to provide **you** with an exceptional level of service and customer care. However, things can go wrong and there may be times when **you** feel **you** have not received the service **you** expect. When this happens **we** and the **insurers** want to hear about it to try to put things right.

HOW TO COMPLAIN

For the purposes of this section, unless otherwise indicated **we** and **us** and **our** means both or either Agria Pet Insurance Limited or Ageas Insurance Limited. **We** take complaints seriously and want to hear from **you** if **you** are not completely happy with the service **you** have been provided with so **we** can try to address **your** concerns. If **you** wish to make a complaint, please contact **us** by telephone, in the first instance, so **we** can try and resolve **your** issue.

Detailed below are all the methods that **you** can use to contact **us**:

If **your** complaint is about Sections 1, 2, 3, 5, 6, 7, 8a, 8b, 8c or 8d.

Telephone:

Agria Pet Insurance Customer Service	UK Telephone 03330 30 83 98	Outside UK Telephone +44 (0) 1296 319248
Agria Pet Insurance Claims	UK Telephone 03330 30 83 99	Outside UK Telephone +44 (0) 1296 319247

Email: info@agriapet.co.uk

Post: Complaints

Agria Pet Insurance
2b Alton House Office Park
Gatehouse Way
Aylesbury
HP19 8XU

If **your** complaint cannot be resolved within 3 business days **we** will:

- Acknowledge **your** complaint promptly by email or post
- Investigate **your** complaint thoroughly and as quickly as possible
- Keep **you** informed of the progress of **your** complaint within 4 weeks of receiving it, if it has not already been resolved
- Provide **you** with a final response letter confirming **our** investigation and conclusion in no later than 8 weeks of receiving **your** complaint.

If **your** complaint is about Sections 4 or 8e.

Telephone: 0345 415 0495

Email: csa.uk@ageas.co.uk

Post: Ageas Insurance Limited

Ageas House
Hampshire Corporate Park
Templars Way
Eastleigh
Hampshire
SO53 3YA

- **We** will acknowledge **your** complaint within 3 working days of receiving it
- Investigate **your** complaint thoroughly and as quickly as possible
- Provide **you** with a final response letter confirming **our** investigation and conclusion in no later than 8 weeks of receiving **your** complaint.

Regarding all sections

If **you** remain dissatisfied **you** have the right to refer **your** complaint to the Financial Ombudsman Service, free of charge - but **you** must do so within 6 months of the date of **our** final response letter. If **you** do not refer **your** complaint in time, the Ombudsman will not have **our** permission to consider **your** complaint and so will only be able to do so in very limited circumstances. They can be contacted at:

Financial Ombudsman Service

Exchange Tower

London

E14 9SR

Telephone 0300 123 9 123 or 0800 0234 567

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

Website: www.financial-ombudsman.org.uk

Referral to the Financial Ombudsman does not affect **your** right to take legal action against Agria Försäkring for Sections 1, 2, 3, 5, 6, 7 & 8a, b, c, d and Ageas Insurance Limited for Sections 4 and 8e.

USE OF YOUR PERSONAL DATA

The Data controllers under the Data Protection Act 1988 for **your** personal data are Agria Pet Insurance, Agria Försäkring and Ageas Insurance Limited. For the purposes of this section, unless otherwise indicated **we** and **us** and **our** means all three or any of these companies.

We will process **your** personal information securely as required by the Data Protection Act 1988 and will not retain this information for longer than necessary. It will be used to manage **your** policy and handle any claims. This may involve giving **your** information to the **Insurers**, other insurers, regulatory authorities and agents who provide services for **us**. **You** must give **us** accurate personal information and obtain consent from any other person insured to give **us** their personal information. The **Insurers** may pass information to Insurance Databases to check policyholder information and to help prevent fraud and **we** may search these Databases. To help **us** improve **our** service, prevent and detect fraud **your** calls may be monitored and recorded. **We** may give **your** information to regulatory bodies to monitor and/or enforce compliance with any regulatory rules and codes. It may also be transferred to countries outside of the **UK** for marketing, offering renewals, research, statistical purposes, crime prevention and general administration. However, this will always be handled with security and within **UK** law.

By accepting this policy **you** agree that **we** can process **your** or anyone else's information, including sensitive information where necessary.

You have the right to access the personal data **we** hold on **you** which will incur a fee.

REGULATORY INFORMATION

Agria Försäkring is the **UK** branch of Försäkringsaktiebolaget Agria (publ.) who are registered in Sweden with Company Registration Number 516401-8003. Registered office: Box 703 06, 107 23 Stockholm, Sweden. Försäkringsaktiebolaget Agria (publ.) are authorised and regulated by Fininspektionen (Swedish Financial Supervisory Authority) and EEA authorised by the Financial Conduct Authority, Financial Services Register number 623469.

Agria Pet Insurance Limited is authorised and regulated by the Financial Conduct Authority, Financial Services Register number 496160. Agria Pet Insurance Limited is registered and incorporated in England and Wales with registered number 4258783. Registered office: 2b Alton House Office Park, Gatehouse Way, Aylesbury, Buckinghamshire, HP19 8XU.

Ageas Insurance Limited, Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3YA. Registered in England and Wales No 354568. Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register Number 202039.

Agria Pet Insurance and Försäkringsaktiebolaget Agria (publ.) are regulated by the Jersey Financial Services Commission (JFSC).

This information can be checked on the Financial Conduct Authority's website www.fca.org.uk or by contacting the Financial Conduct Authority on 0800 111 6768.

HELPLINES

All policies automatically include access to the following helplines:

Healthcare Away From Home - Telephone 0870 609 1438

If **you** and **your pet** are away from home whilst in the **UK** and **your pet** needs urgent veterinary care, **you** have access to a helpline so **you** can identify the nearest **vet** to **you**.

Pet Minders - Telephone 0870 609 1438

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

USEFUL NUMBERS AND WEBSITES

PETS Travel Scheme - Telephone 0845 933 5577

For information on how to obtain a **PETS Travel Scheme Pet Passport**.

Association of Pet Behaviour Counsellors - www.apbc.org.uk

For information about the Association, if **your vet** has referred **your pet** to a member.

Canine and Feline Behaviour Association - www.cfba.co.uk

For information about the Association, if **your vet** has referred **your pet** to a member.

Canine Hydrotherapy Association (CHA) - www.canine-hydrotherapy.org

For information about the Association and how to locate hydrotherapy pools, which are CHA approved.

The National Association of Registered Canine Hydrotherapists (NARCH) - www.narch.org.uk

For information about the Association and how to locate Registered Canine Hydrotherapists or Hydrotherapy Centres.

The Association of Chartered Physiotherapists in Animal Therapy (ACPAT) - www.acpat.org

For information about the Association and how to locate a Chartered Physiotherapist.



This insurance is administered by
Agria Pet Insurance Limited



This insurance is underwritten by
Agria Försäkring and Ageas Insurance Limited

2b Alton House Office Park, Gatehouse Way, Aylesbury HP19 8XU.

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The policy terms and conditions in this booklet were correct at the time of publication 07/2016