

# Lifetime Insurance for Dogs





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This policy summary does not contain the full terms and conditions of your Pet LifeCover insurance. Full details are included within the policy document 02545.

### Who are the insurer and provider?

This policy is:

underwritten and administered by Pinnacle Insurance plc, Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX. Pinnacle Insurance plc (Company Registered number 1007798) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Financial Services Register number 110866). Cardiff Pinnacle is a trading style of Pinnacle Insurance plc; and

arranged by Positive Cover Limited (Company Registered number 08984170) whose registered office address is at Unit 2 Aviation Bus Park, Bournemouth International Airport, 446 Commercial Road, Christchurch, Dorset, England BH23 6NW. Positive Cover Limited is an appointed representative of Your Company Matters Limited (Company Registered number 05649402) which is authorised and regulated by the Financial Conduct Authority (Financial Services Register number 486123) and whose registered office address is at Ternion Court, 264 - 268 Upper Fourth Street, Central Milton Keynes, Buckinghamshire MK9 1DP. Pet LifeCover is a trading style of Positive Cover Limited.

### Type of Insurance and cover

The policy provides 3 levels of lifetime insurance cover for dogs subject to certain terms and conditions being met.

### Significant Features and Benefits

This policy provides protection for your dog and the main benefits of the cover are shown in the table overleaf.

### Eligibility

You can start insurance for your pet from 8 weeks up to their 8<sup>th</sup> birthday. However, for the following breeds of dogs you can start insurance from 8 weeks up to their 5<sup>th</sup> birthday:

Beauceron, Bernese Mountain Dog, Bull Mastiff, Bulldog, Deerhound, Dogue de Bordeaux, Estrela Mountain Dog, Giant Schnauzer, Great Dane, Irish Wolfhound, Leonberger, Mastiff, Neapolitan Mastiff, Newfoundland, Old English Bulldog, Old English Sheepdog, Pyrenean Mountain Dog, Rhodesian Ridgeback, Rottweiler, Shar Pei, St Bernard, Standard Poodle, Tibetan Mastiff and Utonagan.

Cover will continue beyond these entry ages for the lifetime of your pet subject to the terms and conditions of this policy.

### Your right to cancel

If you are unhappy with your cover you can cancel it within 14 days of receiving your policy and receive a full refund of any premium paid providing you have not made a claim. If you have made a claim or you cancel after this period no refund of premium will be paid.

All cancellation requests should be made to:

Customer Services Department  
Cardif Pinnacle  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX

Telephone: 0844 801 0749

Please see Section 4 (D) (8) of the Policy Document.

### Period of contract

This is a monthly renewable policy for the lifetime of your pet with the premium fixed for 12 month periods and reviewed annually on the anniversary of the policy start date. The cover will continue until you fail to pay the premium when due, you or we cancel your policy or your pet dies.

Please see Section 4 (D) (2) of the Policy Document.

### How to claim

As soon as your pet shows any signs of injury, illness or distress, we suggest you telephone Petcall any time of day or night on 0845 121 2431.

Please make sure you have your policy number available when you telephone the helpline. Please note we cannot guarantee the validity of a claim over the phone. You will need to provide a completed claim form and we will notify you in writing of our decision.

If your pet has collapsed, is unconscious or has been involved in a serious accident, you should consult your vet immediately and then phone our Claims Department as soon as possible.

In order to make a claim you should phone our claims department on 0844 801 0749 to request a claim form or write to:

Claims Department  
Cardif Pinnacle  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX

Your completed form should be sent to the above address.

Please see Section 5 of the Policy Document.

### Premiums

The premium for this policy is payable monthly. The amount you pay for cover may change during the time you have this policy. This may be because of changes to our expected future costs. We will only change your premium for this reason where there is a change to the specific factors we have set out in your policy, and that change results in our expected future costs being higher or lower than assumed when the premium was set.

Your premium will be reviewed annually on the anniversary of the policy start date. Each year, at least three weeks before the current policy year is due to end we will send you a review notice setting out the new premium for the next policy year. If your premium is changed due to legislative, tax or regulatory requirements or changes to your circumstances (specifically notified to us by you), then we may change your premium at any time during the policy year.

As a result of the premium review, your premium may go up, stay the same or go down, and there is no limit to the amount of any change. If a review results in an increase to your premium and you do not wish to pay the increase you can contact us to discuss your options or cancel.

Please see Section 4 (D) (4) of the Policy Document.

### Terms and conditions

Your terms and conditions will be reviewed annually on the anniversary of the policy start date. Each year, at least three weeks before the current policy year is due to end we will send you a review notice setting out the new policy terms and conditions for the next policy year. If your terms and conditions must be changed due to legislative, tax or regulatory requirements or changes to your circumstances (specifically notified to us by you), then we may change them at any time during the policy year.

We may vary or waive the terms and conditions of this policy. This may be to:

- vary the cover provided under this policy because of changes to our expected future costs. We will only change your terms and conditions for this reason where there is a change to the specific factors we have set out in Section 4 D 4 (ii) of your policy, and that change results in our expected future costs being higher or lower than assumed when the premium was set;
- improve your cover;
- comply with any applicable laws or regulations;
- reflect any changes to taxation; or
- correct any typographical or formatting errors that may occur.

Such changes may have the effect of increasing or reducing the cover previously provided under this policy. If you do not wish to continue your cover you can contact us to discuss your options or cancel.

Please see Section 4 (D) (5) of the Policy Document.

### Our right to cancel

We may cancel your insurance cover immediately where there is evidence of dishonesty or exaggerated behaviour by you (or by someone acting on your behalf) or where you have misrepresented or when asked failed to disclose something at the time of application which would have caused us to decline you for cover.

We may cancel your insurance cover but only in the circumstances as set out in Section 4 D 7 of your policy.

Please see Section 4 (D) (7) of the Policy Document.

### Our complaints procedure

While it is always our intention to provide a first class standard of service, if you do have any concerns regarding your insurance cover, you can write to the:

Customer Relations Manager  
Cardif Pinnacle  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX

If we cannot resolve your complaint to your satisfaction you may be entitled to complain to the Financial Ombudsman Service.

Please see Section 6 (B) of the Policy Document.

### Compensation arrangements

We are covered by the Financial Services Compensation Scheme (FSCS). If we are unable to meet our liabilities to you, you may be entitled to compensation from the FSCS. Further information is available from their website: [www.fscs.org.uk](http://www.fscs.org.uk)

Please see Section 4 (E) (3) of the Policy Document.

Lifetime Cover	Significant Exclusions and Limitations	Policy Reference
<p><b>Veterinary fees</b> Cover for illness or injury.</p>	<p>We will not pay for:</p> <ul style="list-style-type: none"> <li>• Veterinary fees excess;</li> <li>• any condition that has been investigated by a vet or is known to you prior to the policy start date;</li> <li>• the costs of post operative, convalescent treatment which your vet confirms you could have provided in your home yourself;</li> <li>• preventative treatment such as routine vaccinations, cosmetic or voluntary treatment such as neutering for non-medical reasons, or for pregnancy;</li> <li>• treating any injury or illness that is preventable by vaccination and you failed to vaccinate;</li> <li>• the cost of dental treatment to relieve suffering due to illness, <u>unless</u> the treatment was recommended and undertaken after the first 2 years of cover, there is a history of check-ups and treatment is carried out within 6 months of recommendation;</li> <li>• vet fees to treat an illness or poisoning first occurring or showing signs within 14 days of the start date; or</li> <li>• the cost of any transplant, artificial limbs or associated treatment.</li> </ul>	Section 3A
<p><b>Third party liability</b> Covers your legal liability should your dog cause damage or injury. Cover includes legal costs.</p>	<p>This cover does not apply if you are already insured under any other householders' or liability policy, unless the cover provided by that policy has been exhausted.</p> <p>We will not pay for:</p> <ul style="list-style-type: none"> <li>• the first £250 of any compensation, costs or damages awarded by a court for property which has been damaged;</li> <li>• any claim arising as a result of your profession, occupation or business, or resulting from any incident that happens at your place of work;</li> <li>• any claim arising outside the United Kingdom, the Channel Islands or the Isle of Man;</li> <li>• any claim where your pet lives or is kept on premises licensed for the sale of alcohol.</li> </ul>	Section 3G
<p><b>Your hospitalisation</b> If you spend more than 48 hours in hospital, we pay a daily rate for your pet's boarding fees or the cost of homecare with a friend or relative.</p>	<p>We will not pay:</p> <ul style="list-style-type: none"> <li>• for hospitalisation for alcoholism, drug abuse, attempted suicide or self inflicted injuries;</li> <li>• if your accident or illness occurred or showed symptoms before the policy start date; or</li> <li>• any claim if your illness first occurs or shows symptoms within the first 14 days of cover.</li> </ul>	Section 3E
<p><b>Holiday cancellation</b> We will help with the cost of cancelling your holiday if your pet needs emergency surgery or goes missing within 7 days of your holiday starting.</p>	<p>We will not pay:</p> <ul style="list-style-type: none"> <li>• for non-lifesaving treatment or if your pet's condition is pre-existing;</li> <li>• if you booked your holiday less than 28 days before you were due to leave or if you can get the expenses back from any other source e.g. travel insurance;</li> <li>• any claim if your pet's illness first showed symptoms within 14 days of cover; or</li> <li>• costs for anyone else who was on holiday with you.</li> </ul>	Section 3F

Lifetime Cover	Significant Exclusions and Limitations	Policy Reference
<p><b>Finding your pet</b></p> <p>Should your pet go missing or be stolen, we will pay for the cost of local advertising and a reward.</p>	<p>We will not pay for:</p> <ul style="list-style-type: none"> <li>any claim for searching for or finding your pet within the first 14 days of cover;</li> <li>any amount more than the maximum benefit; or</li> <li>any reward to a family member.</li> </ul>	Section 3D
<p><b>Loss through theft or straying</b></p> <p>If, despite everything, you can't find your pet, we will refund the purchase price to you.</p>	<p>We will not pay:</p> <ul style="list-style-type: none"> <li>any claim for a lost or stolen pet within the first 14 days of cover; or</li> <li>any amount more than the maximum benefit.</li> </ul>	Section 3C
<p><b>Death from accident</b></p> <p>If your pet dies as a result of an accident we will pay you the purchase price you paid for your pet.</p>	<p>We will not pay:</p> <ul style="list-style-type: none"> <li>any claim for accidental death as a result of poisoning within the first 14 days of cover;</li> <li>if your pet dies as a result of poisoning or illness first occurring or showing symptoms within 14 days of the start date; or</li> <li>any amount more than the maximum benefit.</li> </ul>	Section 3B
<p><b>Waiver of premium</b></p> <p>We will during the policy year pay your premium for each complete 30 day period you are unable to work as a result of an accidental injury, illness or involuntary unemployment.</p>	<p>We will not pay:</p> <ul style="list-style-type: none"> <li>for any claim during the first 30 days from the start date;</li> <li>more than 6 premiums;</li> <li>if your claims results from any condition you had before you took out the policy;</li> <li>if you are under 18 or over 65 years of age;</li> <li>if you are not in full-time employment;</li> <li>if you were aware of impending unemployment when you took out the policy; or</li> <li>If you were self-employed but have not ceased trading.</li> </ul>	Section 3H
<p><b>Overseas extension of cover</b></p> <p>If your pet travels under The Pets Travel Scheme the policy includes 90 days of veterinary fees cover.</p>	<p>We will not pay for:</p> <ul style="list-style-type: none"> <li>any cost associated with complying with the requirement of the Pets Travel Scheme;</li> <li>any amount more than the maximum benefit;</li> <li>any claim for third party liability outside the United Kingdom, the Channel Islands or the Isle of Man; or</li> <li>any claims for treatment not supported by a receipt endorsed with the address and telephone number of the veterinary surgery providing treatment.</li> </ul>	Section 3I
<p><b>General conditions/exclusions</b></p> <ul style="list-style-type: none"> <li>Any claim arising where your pet has been used as a guard dog, gun dog, farm dog or as a dog used for racing or for security purposes.</li> <li>Any dog that is required to be registered under the Dangerous Dogs Act and/or the Dogs (muzzling) regulations.</li> </ul>		Section 4C

**UNDERWRITTEN BY : PINNACLE INSURANCE PLC**Head and Registered Office : Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX  
United Kingdom

Company Registered Number : 1007798

Policy Number : 02545

Date of Policy : 1<sup>st</sup> June 2014**INTRODUCTION**

This policy provides **you** with everything **you** need to know about **your Pet LifeCover** insurance and contains all the contractual terms and conditions of **your** cover including the exclusions.

Please read this policy carefully, and keep it in a safe place as it explains the benefits that are available to **you** and the conditions which must be met to qualify for those benefits. The policy, **certificate of insurance** and any endorsements should be read as one document. Any **excesses** or special conditions/exclusions are shown in **your certificate of insurance**. Please make sure that **you**:

- know what this insurance does and does not cover; and
- understand the terms and conditions of making a claim.

This policy uses words and phrases that have specific meanings. **You** will find these explained in Section 1 - Definition of Terms. Defined words are shown in "**bold**" wherever they appear.

**CONTACT DETAILS**

As there may be times when **you** need to get in touch with **us**, **we** have put **our** contact details in this Section so that they are easy to find.

If **you** need to speak to **us**, please call **us** on: 0844 801 0749

Lines are open Monday to Friday, 8:30am to 6pm.

For non-emergency pet health queries:

Please call **our** helpline (Petcall) any time of the day or night on 0845 121 2431. Please make sure that **you** have **your** policy number available when **you** telephone.

In case of emergencies:

If **your pet** has collapsed, is unconscious or been involved in a serious accident **you** should consult **your vet** immediately and then phone **our** Claims Department on 0844 801 0749 as soon as possible.

To improve the quality of **our** service, **we** will be monitoring and recording some telephone calls.

If **you** need to write to **us**, **you** should address **your** letter to the relevant department and send it to the address below:

For general enquiries or cancellations: Customer Services Department

For claims: Claims Department

To make a complaint: Customer Relations Manager

Address: Cardiff Pinnacle

Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX

**You** can also download a claim form online at: [www.support.cardifpinnacle.com](http://www.support.cardifpinnacle.com)**SECTION 1 - DEFINITION OF TERMS**

**Accidental Injury** means a sudden and unforeseen injury which is the result of an identifiable and known cause or event during the **policy year**. This includes any **symptoms**, whether or not diagnosed.

**Alternative Medicine** means herbal or homeopathic medicine.

**Certificate of Insurance** means the personalised document issued by **us** which sets out the details of **your** cover, and which should be read in conjunction with the terms and conditions of the policy.

**Complementary Treatment** means physiotherapy, hydrotherapy, osteopathy, massage and healing, acupuncture or chiropractic **treatment**.

**Condition(s)** means any **illness** or **accidental injury** whether or not it results in a diagnosis.

**Excess(es)** means the amount **you** are required to pay as part of each and every Veterinary Fees claim under this policy. The **excess** is applicable to each **condition** per **policy year** and is shown in **your certificate of insurance**.



**Family** means **your** spouse, civil partner, partner of the same or opposite sex whom **you** currently live with, children, parents or other relatives who normally live with **you**.

**Helpline** means the helpline operated by Petcall, a trading name of Vetsdirect Limited. Company Number: SC230445. Registered office: Monachyle, Watt Road, Bridge of Weir, Renfrewshire PA11 3DN.

**Illness** means physical disease, sickness, abnormality, infection or failure which is not caused by an **accidental injury**. This includes any **symptoms**, whether or not diagnosed.

**Involuntary Unemployment** means:

- (i) being entirely without paid employment (which includes the assisting, managing and/or the carrying on of any part of the day to day running of a business); and
- (ii) being available for, and actively seeking work and registered with the:
  - (a) Department for Work and Pensions Jobcentre Plus; or
  - (b) Department for Social Development in Northern Ireland; or
  - (c) States Insurance Authorities in the Channel Islands or a European Union member state; and
  - (d) Department of Social Care in the Isle of Man;
- (iii) **you** must have signed a Jobseeker's agreement within the United Kingdom, or equivalent agreement in Northern Ireland, the Channel Islands, the Isle of Man or a European Union member state; and
- (iv) if **you** are self-employed, **you** must have ceased trading and that the final accounts for the winding up of the business have been prepared and submitted to HM Revenue & Customs.

**Maximum Benefit** means the most **we** will pay during the **policy year** in respect of any element of cover as set out in **your certificate of insurance**.

**Pet** means the dog named and described on the **certificate of insurance**.

**Pet LifeCover** is a trading style of Positive Cover Limited. Positive Cover Limited (Company Registered number 08984170) whose registered office address is at Unit 2 Aviation Bus Park, Bournemouth International Airport, 446 Commercial Road, Christchurch, Dorset, England BH23 6NW.

Positive Cover Limited is an appointed representative of Your Company Matters Limited (Company Registered number 05649402) which is authorised and regulated by the Financial Conduct Authority (Financial Services Register number 486123) and whose registered office address is at Ternion Court, 264 - 268 Upper Fourth Street, Central Milton Keynes, Buckinghamshire MK9 1DP.

**Poisoning** means the introduction of a substance into the body by any route which causes **accidental injury** or death to **your pet**.

**Policy Year** means the 12 month period shown on **your certificate of insurance** during which **your** monthly **premium** and benefit levels are guaranteed. However, due to legislative, tax or regulatory requirements **we** may be required to alter **your premium** during that 12 month period. Section 4 D 4 (iv) of this policy provides more detail.

**Pre-existing Condition** means a **condition** or any complication directly attributable to that **condition** that has been investigated by a **vet** or is otherwise known to **you**, prior to the **start date** of the insurance. This also includes any **symptom** which clinical evidence shows **you** knew about or where **your pet** showed **symptoms** that **you** would have been aware of prior to the **start date**.

**Premium(s)** means the monthly premium payable by **you** in respect of this insurance.

**Start Date** means the date on which **your pet** first becomes covered under this policy as shown on **your certificate of insurance**.

**Symptom(s)** means a change in **your pet's** normal healthy state, its bodily functions or behaviour.

**Treatment(s)** means any examination, consultation, advice, tests, X-rays, medication, surgery, nursing and care provided by a **vet**, veterinary practice or member of an approved professional organisation following **your vet's** instruction, which a **vet** who may be appointed by **us** deems necessary in line with the Royal College of Veterinary Surgeons code of professional conduct up to the limits set out in **your certificate of insurance**. **We** may telephone **your vet** to ascertain that **treatment** was appropriate for the particular **condition**.

**Vet** means:

- (i) in the United Kingdom, the Channel Islands or the Isle of Man, a member of the Royal College of Veterinary Surgeons, actively working as a veterinary surgeon or holding a veterinary degree approved by the Royal College of Veterinary Surgeons; or
- (ii) outside the United Kingdom, the Channel Islands or the Isle of Man, a veterinary surgeon who is registered and actively working in a country covered by the Pet Travel Scheme (PETS).

**Vet Fees** means fees charged by a **vet** to provide **treatment** for a **condition**.

**We, Us, Our** means Pinnacle Insurance plc trading as Cardiff Pinnacle. Pinnacle Insurance plc (Company Registered number 1007798) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Financial Services Register number 110866) and whose registered office address is at Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX.

**You, Your, Yourself** means the person named in the **certificate of insurance** who is responsible for **your pet**. Joint policyholders are not permitted. If **your pet** is owned by more than one person **you** must select one to be the policyholder.

## SECTION 2 - ELIGIBILITY AND COVER LIMITS

You can start insurance for **your pet** from 8 weeks up to their 8<sup>th</sup> birthday. However, for the following select breeds of dogs you can start insurance from 8 weeks up to their 5<sup>th</sup> birthday:

Beauceron, Bernese Mountain Dog, Bull Mastiff, Bulldog, Deerhound, Dogue de Bordeaux, Estrela Mountain Dog, Giant Schnauzer, Great Dane, Irish Wolfhound, Leonberger, Mastiff, Neapolitan Mastiff, Newfoundland, Old English Bulldog, Old English Sheepdog, Pyrenean Mountain Dog, Rhodesian Ridgeback, Rottweiler, Shar Pei, St Bernard, Standard Poodle, Tibetan Mastiff and Utonagan.

Cover will continue beyond these entry ages for the lifetime of **your pet** subject to the terms and conditions of this policy.

The maximum benefits payable for each **condition** under this policy per **policy year** are shown in **your certificate of insurance**.

## SECTION 3 - YOUR INSURANCE COVER

### A. VETERINARY FEES

#### What we will pay

We will reimburse you the cost of any **treatment** your pet has received for a **condition(s)** during the **policy year**, up to the limits set out in **your certificate of insurance**. We may telephone **your vet** to confirm the **treatment** was appropriate for the particular **condition**. If a **vet** appointed by us advises these fees and **treatment** are excessive, we will negotiate with **your vet** on **your** behalf and we may ask you to seek an alternative **vet** for future **treatment**. Otherwise we may not be able to pay future claims.

#### What you pay - the excess

For each **condition** that is treated during the **policy year** and which is not related to any other **condition** treated during the same **policy year** you will have to pay the **excess**.

#### What you are covered for:

1. **vet fees** incurred treating the **condition**;
2. any **alternative medicine** your **vet** recommends;
3. any **complementary treatment** your **vet** recommends up to £750 per **policy year** (in respect of Vital cover, subject to the **condition** limit per policy year);
4. the cost of having **your pet** put to sleep (euthanasia) if recommended by or agreed with **your vet**;
5. 25% of the cost of a clinical diet for **your pet** for a maximum period of 6 months per **condition**, provided it is recommended by **your vet** for a treatable **condition** other than for obesity/weight loss;
6. the cost of dental **treatment** to relieve suffering due to **illness**, provided:
  - (a) the dental **treatment** was not recommended and undertaken within the first 2 years of cover; and
  - (b) there is a history of annual check-ups (or if not annual as recommended by **your vet**); and
  - (c) any **treatment** recommended is carried out within 6 months of that recommendation;
7. the cost of dental **treatment** as a result of an **accidental injury**; and
8. ongoing **treatment** of a **condition** providing the policy remains in force.

#### We will not pay for:

1. any **treatment** your pet has received outside the **policy year**;
2. the **excess**;
3. more than the **maximum benefit** in any **policy year**;
4. Classic and Vital cover - more than the **condition** limits per **policy year**, as shown in **your certificate of insurance**;
5. any excluded **condition** stated on **your certificate of insurance**;
6. any **pre-existing condition** or any subsequent **condition** related to any **pre-existing condition**;
7. the cost of any **treatment** for any **illness** or **poisoning** which occurs or shows **symptoms** within 14 days of the **start date**;
8. any routine and preventative **treatments**, cosmetic dentistry, cosmetic surgery, cleaning and descaling of teeth, spaying, castration, routine removal of dew claws, parasite control treatments, grooming and nail clipping or any complications arising from these treatments;
9. preventative vaccinations or any complications arising from these;
10. the cost of dental **treatment** to relieve suffering due to **illness**, unless:
  - (a) the dental **treatment** was recommended and undertaken after the first 2 years of cover; and
  - (b) there is a history of annual check-ups (or if not annual as recommended by **your vet**); and
  - (c) any **treatment** recommended is carried out within 6 months of that recommendation;
11. any **treatment** related to retained testes if **your pet** is over 16 weeks of age at the **start date**;
12. any **treatment** related to deciduous teeth if **your pet** is over 16 weeks of age at the **start date**;
13. any **treatment** related to pregnancy, giving birth or breeding and any complications thereof;
14. house calls, premium rate out of hours **treatment**, or ambulance fees unless **your vet** confirms these were essential for **your pet's** health;

15. any **treatment** for an injury or **illness** deliberately caused by **you** or anyone living with **you**;
16. any **treatment** for an injury or **illness** that is preventable by vaccination and **you** failed to vaccinate as recommended by **your vet**;
17. any fees for **treatment** where a claim for such fees can be made against another party;
18. claims resulting from **your pet** being involved in a fight where **your pet** has a history of **treatment** following fighting;
19. any **treatment** following a fight between two or more of **your** pets, or where one of **your** pets injures the other;
20. any **treatment** where another owner's pet has injured **your pet** and the **treatment** costs can be recovered from the other pet's owner;
21. any fees charged by **your vet** for completing claim forms;
22. travelling expenses;
23. the cost of any post mortem, cremation, burial or disposal of **your pet**;
24. any post operative or convalescent treatment which **your vet** confirms **you** could have provided in **your** home yourself;
25. any transplants, artificial limbs and any associated **treatment**; or
26. the cost of any food except as set out in Section 3 (A) (5).

## B. ACCIDENTAL DEATH

### What we will pay

We will reimburse **you** the price **you** paid for **your pet** up to the **maximum benefit**, if it dies during the **policy year** following an **accidental injury**.

We will pay this benefit in addition to any **treatment** costs already paid to treat **your pet** for the **accidental injury**.

If **you** did not pay for **your pet** or have no formal proof of payment, **we** will pay **you** the market value (up to the **maximum benefit**) of **your pet** at the time **you** purchased it, based on the same age, breed, pedigree, sex and breeding ability as **your pet**.

### We will not pay this benefit:

1. if **your pet** dies as a result of an **illness**; or
2. if **your pet** dies as a result of **poisoning** first occurring or showing **symptoms** within 14 days of the **start date**.

## C. THEFT AND STRAYING

### What we will pay

We will reimburse **you** the price **you** paid for **your pet** up to the **maximum benefit**, if during the **policy year** **your pet** is stolen or strays and is not recovered within 30 days.

If **you** did not pay for **your pet** or have no formal proof of payment, **we** will pay **you** the market value (up to the **maximum benefit**) of **your pet** at the time **you** purchased it, based on the same age, breed, pedigree, sex and breeding ability as **your pet**.

### What you need to do

As soon as **you** find out **your pet** is missing, **you** must report this to the **vet** which is closest to where **your** pet went missing. **You** must also tell the police and ask for an incident or crime number when reporting **your** loss.

If **your pet** is found after **we** have paid **you**, **you** must repay **us** all the money **you** received. **We** may take legal action to recover the money if **you** fail to repay **us**.

### We will not pay this benefit:

1. if **your pet** is stolen or strays within 14 days of the **start date**.

## D. FINDING YOUR PET

### What we will pay

We will reimburse **you** for any local advertising expenses, rewards and other costs **you** have had to pay to help recover **your pet** after it is stolen or strays during the **policy year**, up to the **maximum benefit**.

### We will not:

1. pay if **your pet** is stolen or strays within 14 days of the **start date**;
2. pay any reward not supported by a signed receipt giving the name, address and telephone number of the person who found and returned **your pet** to **you**; or
3. pay any reward to a **family** member.

## E. YOUR HOSPITALISATION AND BOARDING FEES

### What we will pay

We will reimburse **your** kennel fees that **you** have had to pay up to the **maximum benefit**, if during the **policy year**:

1. **you** are ill or injured and have to spend more than 48 hours in hospital; and
2. **your pet** stays in a licensed kennel while **you** are hospitalised.

Alternatively, if **you** ask someone who is not living with **you** to look after **your pet** while **you** are in hospital, **we** will pay a daily rate of £4, subject to the **maximum benefit**.

**We will not pay any costs resulting from:**

1. **your** hospitalisation for alcoholism, drug abuse, attempted suicide or self-inflicted injuries; or
2. **your** hospitalisation for an **illness** or **accidental injury** first occurring or showing **symptoms** before the **start date**; or
3. an **illness** first occurring or showing **symptoms** within 14 days of the **start date**.

#### **F. HOLIDAY CANCELLATION**

**What we will pay**

**We** will reimburse **you** up to the **maximum benefit**, if during the **policy year** **you** cancel **your** holiday less than 7 days before **you** were due to leave or **you** come home early, because **your pet** goes missing while **you** are away or **your vet** advises **your pet** needs life-saving **treatment**.

**We will not pay:**

1. costs for anyone else who was on holiday with **you**;
2. if **you** cancel **your** holiday or come home early because **your pet** needs **treatment** which **your vet** confirms is not life-saving;
3. if **you** cancel **your** holiday or come home early because **your pet** needs **treatment** arising from:
  - (a) an **accidental injury**, **illness** or **poisoning** first occurring or showing **symptoms** before the **start date**; or
  - (b) an **illness** or **poisoning** first occurring or showing **symptoms** within 14 days of the **start date**;
4. if **you** booked **your** holiday less than 28 days before **you** were due to leave; or
5. if **you** can claim these expenses back from any other source e.g. travel insurance.

#### **G. THIRD PARTY LIABILITY**

**This cover does not apply if you are already insured under any other householders' or liability policy, unless the cover provided by that policy has been exhausted.**

**You** must provide **us** with details of any other insurances which may provide cover for the damage or accidental injury in question. **We** will then contact the other insurer(s) to determine who will handle **your** claim and **our** liability for any compensation, costs and expenses, which will be determined by reference to the cover provided under each of the relevant policies.

**What we will pay**

If **your pet** causes an **accidental injury** to anyone or damages anyone's property during the **policy year** and **you** are legally responsible, **we** will pay up to a total £1,000,000 in aggregate for:

1. any compensation and legal costs awarded by a court for their **accidental injury** or damage to their property; and
2. the legal costs of defending a claim.

If more than one person is injured or has their property damaged, **we** will pay compensation and legal costs awarded by a court and the legal costs of defending a claim until the £1,000,000 limit is reached.

If someone else is looking after **your pet** when the **accidental injury** or damage occurs, **we** will pay provided:

1. **you** asked them to look after **your pet**;
2. **you** did not agree to pay them to look after **your pet**;
3. the **accidental injury** or damage was not to them or their property; and
4. **you** are not aware that **your pet** has previously caused any **accidental injury** or damage.

**Other Dogs**

If another dog was involved with **your pet** in causing **accidental injury** or damage, **we** will only pay for the damage or injury caused by the dog insured under this policy. If the other dog is **your** uninsured dog, or belongs to someone else, **you** or the other owner will have to pay for the share of the **accidental injury** or damage **your** uninsured dog or their dog caused.

**What you pay**

The first £250 of any compensation, costs or damages awarded by a court for property which has been damaged.

**We will not pay:**

1. compensation or legal costs if the injured person or owner of the damaged property:
  - (i) is **you** or part of **your family**;
  - (ii) lives in **your** home;
  - (iii) works for **you**; or
  - (iv) was looking after **your pet** with **your** permission;
2. if **you** or someone listed above is looking after the property or holding it in trust;
3. the first £250 of any compensation, costs or damages awarded by a court for property which has been damaged;
4. for any claim if **you** are legally responsible for the **accidental injury** or damage only because of an agreement or contract **you** have entered into;
5. for any claim arising as a result of **your** profession, occupation or business, or resulting from any incident that happens at **your** place of work;
6. for any claim where **your pet** lives or is kept on premises licensed for the sale of alcohol; or
7. for any claim arising outside the United Kingdom, the Channel Islands or the Isle of Man.

## Conditions

1. **You** must notify **us** immediately of any injury/damage **you** become aware of which may lead to a claim under this Section (Third Party Liability). **You** must give **us** any assistance **we** request (including providing **us** with any information and/or documents that are relevant to **your** claim, at **your** expense) and follow any instructions **we** give **you**. **We** may choose to take over any complaint or legal action against **you**, in **your** name and at **our** expense.
2. Do not admit that **your pet** was at fault or offer to make payments to anyone unless **you** have received written instructions from **us** to do so.
3. Do not give anybody information or help them claim against **you** unless **you** have received instructions from **us** to do so.
4. Do not answer letters from people who may claim against **you**, or who are acting for people who may claim against **you**. **You** must pass all correspondence to **us**.
5. Do not incur any legal costs relating to a claim under this Section (Third Party Liability) - **we** will arrange for legal representation if applicable.
6. In some circumstances, following a claim for third party liability or an incident involving **your pet** which is relevant to that element of cover, it may be necessary to exclude **your pet** from part or all of the third party liability cover from **your** next policy review. If this should happen **we** will advise **you** in writing and adjust **your premium** accordingly.

## H. WAIVER OF PREMIUM

### What we will pay

**We** will during the **policy year** pay **your premium** for each complete 30 day period **you** are unable to work as a result of an **accidental injury, illness or involuntary unemployment**.

### We will not pay:

1. more than 6 **premiums** per **accidental injury, illness** or period of **involuntary unemployment**;
2. if **your accidental injury, illness or involuntary unemployment** first occurs during the first 30 days from the **start date**;
3. if **your** inability to work results from a **condition** or any complication directly attributable to that **condition** or any **symptoms** related to that **condition you** had before **you** took out the policy;
4. if **you** are under 18 years or over 65 years of age;
5. if **you** were working for less than 16 hours per week at the start of **your policy year**;
6. if **you** were aware of impending unemployment when **you** took out the policy; or
7. if **you** were self-employed but have not ceased trading.

## I. OVERSEAS EXTENSION OF COVER

### What we will pay

**We** will reimburse **you** the cost of any **treatment your pet** has received in any country included in the Pet Travel Scheme (PETS) (England) Order 1999 (as amended, supplemented or re-enacted) during the **policy year**, subject to the **maximum benefit**.

**You** are covered for a maximum of 90 days in any **policy year** whilst in any of the countries included in the PETS.

### We will not pay for:

1. any costs associated with complying with the requirements of the PETS;
2. claims arising outside the designated PETS countries, the United Kingdom, the Channel Islands and the Isle of Man;
3. any claims for **treatment** not supported by a receipt endorsed with the address and telephone number of the veterinary surgery providing **treatment**;
4. any claim for third party liability outside the United Kingdom, the Isle of Man or the Channel Islands.

## SECTION 4 - GENERAL CONDITIONS AND EXCLUSIONS

### A. YOUR RIGHTS AND RESPONSIBILITIES

1. Any claim **you** make will be assessed fairly, reasonably and promptly against the information **you** provide and the terms of the policy.
2. **You** must take **your pet** for regular annual check-ups (or as otherwise recommended by **your vet**) and vaccinations with licensed products as recommended by **your vet**.
3. **You** must respond honestly to any request for information **we** make when **you** take out cover under this policy, or apply to vary **your** cover under this policy. In the event that any statement of fact **you** make is untrue or misleading, this may affect the validity of **your** policy, and whether **you** can make a claim.
4. This is a monthly renewable policy and **you** must pay **your premium** in full and on time to remain covered.
5. **You** must check **your certificate of insurance** on receipt and return it to **us** for correction if **you** find any mistakes.
6. **You** must keep to the conditions of the policy.
7. **You** must never make any claim **you** know is false or dishonest.
8. If **you** wish to cancel **your** policy, please contact **us**.

If **you** fail to carry out these responsibilities, **we** may reduce or refuse to pay any claim **you** may make.

## B. OUR RIGHTS AND RESPONSIBILITIES

1. **We** will assess all claims fairly, reasonably and promptly against the information **you** provide and the terms of the policy.
2. When **you** claim, if **you** have other insurance cover under which **you** can claim, **you** must notify **us** of the other insurer and give **us** authority to contact them to discuss how **we** apportion liability for the claim.  
For third party liability claims the cover under this policy only applies if the cover provided to **you** under any other householders' or liability policy has been exhausted.
3. **We** may need to see **your pet's** records from any **vet** who has treated it and any other information about **your pet** before **your** claim is paid. If the **vet** charges for this information, **you** will have to pay.
4. **We** may need to arrange for a representative to visit **you** and **your pet** if **we** feel **we** need further information to properly validate **your** claim.
5. **We** will conduct all communications with **you** in English.
6. As explained in Section G, Third Party Liability, Condition 6, it may be necessary for **us** to exclude **your pet** from part or all of the third party liability cover when **we** next review **your** policy. If this should happen **we** will advise **you** in writing and adjust **your premium** accordingly.

## C. GENERAL EXCLUSIONS

**We** will not pay for:

1. Any other costs that are indirectly caused by the event which led to **your** claim, unless specifically stated in this policy.
2. Any claim arising from a malicious or intentional act, wilful injury, or gross negligence by **you** or any member of **your family**.
3. Any claim arising from worrying or chasing livestock.
4. Any **pet** less than 8 weeks old.
5. Any claim arising where **your pet** has been used as a guard dog, gun dog, farm dog or as a dog used for racing or for security purposes.
6. Any dog that is required to be registered under the Dangerous Dogs Act 1991 and/or the Dogs (Muzzling) regulations (Northern Ireland) 1991.
7. Any loss if **you** break the United Kingdom animal health or importation legislation.
8. Any claims arising as a result of war, civil war, hostilities (whether war be declared or not), terrorist activity, revolution, civil unrest or any similar event.
9. Any claims arising from radiation, nuclear explosion or radioactive contamination.
10. Any claims arising from air, water or soil pollution.
11. Any claim arising from pressure waves from supersonic aircraft.
12. The costs and compensation for euthanasia of **your pet** under a court order or the Contagious Diseases (Animals) Act 1869 or following its destruction for the protection of livestock.
13. Any claim which **your vet** confirms has arisen as a result of **you** not taking reasonable care of **your pet**.

## D. CONTRACT OF INSURANCE

1. The contract of insurance between **you** and **us** consists of these policy terms and conditions, **your certificate of insurance** and any endorsements.
2. **Your** cover under this policy will end on the earliest of the following:
  - (i) the date **your pet** dies;
  - (ii) the date **you** fail to pay the **premium** when due;
  - (iii) the date **you** or **we** cancel **your** cover subject to the terms and conditions of this policy.
3. If **we** make any claim payments as a result of dishonesty or exaggerated behaviour by **you** (or by someone acting on **your** behalf), **you** will no longer be entitled to any benefits. **We** may demand that any payments made by **us** are paid back and **we** may take legal action against **you** for the return of such monies and **we** may demand that **you** reimburse **us** for any investigation costs incurred.
4. **Premiums**
  - (i) The **premium** for this policy is fixed for 12 months and reviewed annually on the anniversary of the policy **start date**. Each year, at least three weeks before the current **policy year** is due to end, **we** will send **you** a review notice to **your** last known address setting out the new **premium** for the next **policy year**. However, please note that due to legislative, tax or regulatory requirements or changes to **your** circumstances (specifically notified to **us** by **you**), **we** may be required to alter **your premium** during that 12 month period. Section 4 D 4 (iv) below of this policy provides more detail.
  - (ii) When reviewing **your** premiums, **we** will only consider any future impact to one or more of the following:
    - (a) changes due to new information arising from **our** own experience suggesting that **our** future claims experience is likely to be better or worse than previously assumed. This information includes changes to the number and types of claims **we** expect to pay or changes to the average expected amount paid per claim;

- (b) changes due to new information arising from external sources such as general industry, population or reinsurer experience suggesting that **our** future claims experience is likely to be better or worse than previously assumed. This includes information on the cost of veterinary treatments (which may vary depending upon **your** location) and general information about the breed of **your** pet;
- (c) changes to **your** circumstances such as the age of **your** pet or any change to **your** address;
- (d) relevant changes to **our** previous assumptions in relation to:
  - (i) expenses related to providing the insurance;
  - (ii) policy lapse rates which means the average time policies are held;
  - (iii) interest rates;
  - (iv) tax rates;
  - (v) the cost of any legal or regulatory requirements.
- (iii) Any changes to **your** premium **we** make will not:
  - (a) be made as a result of any reason other than changes in the assumptions mentioned in Section 4 D 4 (ii) above; or
  - (b) be made to recover any previous losses.
- (iv) If **we** change **your** premium under this policy due to legislative, tax or regulatory requirements, then **we** will endeavour to give **you** at least three weeks' written notice of this change. However **we** may not be able to give **you** three weeks' notice as legislative, tax or regulatory requirements are outside **our** control.
- (v) As a result of the premium review, **your** premium may go up, stay the same or go down, and there is no limit to the amount of any change.
- (vi) If **we** change **your** premium and **you** do not wish to continue **your** cover **you** should contact **us** to discuss **your** options. Depending on the type of policy **you** have, **you** may be able to change **your** level of cover. Alternatively **you** can cancel as set out in Section 4 D 8.
- (vii) **You** must continue to pay the premium when **you** are making a claim under this policy to ensure that cover can continue in respect of any further **treatment** provided or costs incurred. Claims can only be considered in respect of **treatment** provided or costs incurred during the period for which **premium** has been paid.

## 5. Terms and Conditions

- (i) The terms and conditions of this policy are fixed for 12 months and reviewed annually on the anniversary of the policy **start date**. Each year, at least three weeks before the current **policy year** is due to end, **you** will be given written notice to **your** last known address of any alteration to the terms and conditions of cover under this policy. However, please note that due to legislative, tax or regulatory requirements or changes to **your** circumstances (specifically notified to **us** by **you**), **we** may be required to alter **your** policy terms and conditions during that 12 month period. Section 4 D 5 (v) below of this policy provides more detail.
- (ii) **We** may vary or waive the terms and conditions of this policy to reflect changes in the assumptions set out in Section 4 D 4 (ii) above which **we** use to design and price **your** cover. Such changes may have the effect of increasing or reducing the cover previously provided under this policy.
- (iii) **We** may make changes to **your** policy terms and conditions on each anniversary of the **start date** of **your** policy. When changing **your** terms and conditions **we** will only consider any future impact of changes in one or more assumptions due to the reasons set out in Section 4 D 4 (ii) above.
- (iv) In addition, **we** may also vary or waive **your** terms and conditions to:
  - (a) improve **your** cover;
  - (b) comply with any applicable laws or regulations;
  - (c) reflect any changes to taxation;
  - (d) correct any typographical or formatting errors; or
  - (e) provide additional clarity to the existing terms and conditions.
- (v) If any change to the terms and conditions of this policy is due to legislative, tax or regulatory requirements, then **we** will endeavour to give **you** at least three weeks' written notice of this change. However **we** may not be able to give **you** three weeks' notice as legislative, tax or regulatory requirements are outside **our** control.
- (vi) Any changes to **your** terms and conditions **we** make will not:
  - (a) be made as a result of any reason other than changes in the assumptions mentioned in Section 4 D 4 (ii) or for the reasons set out in Section 4 D 5 (iv) above; or
  - (b) be made to recover any previous losses.
- (vii) If **we** vary or waive **your** terms and conditions and **you** do not wish to continue **your** cover **you** should contact **us** to discuss **your** options. Depending on the type of policy **you** have, **you** may be able to change **your** type of cover. Alternatively **you** can cancel as set out in Section 4 D 8.

## 6. Annual Review

At least three weeks before the current **policy year** is due to end **we** will send **you** a review notice setting out the new policy terms and conditions for the next **policy year**. If **you** have already given **your** consent for **us** to collect the **premium**, **your** payment will continue to be taken from **your** designated bank or credit card account unless **you** instruct **us** otherwise. **Your** cover under this policy will continue as long as **you** pay the monthly **premium**.



## 7. Our Right to Cancel

- (i) **We** may cancel **your** insurance cover immediately:
  - (a) where there is evidence of dishonesty or exaggerated behaviour by **you** (or by someone acting on **your** behalf) in relation to the cover provided under this policy;
  - (b) where **you** deliberately tell **us** something which is untrue or misleading in response to any question **we** ask **you** when **you** take out cover under this policy, or apply to vary **your** cover under this policy (or **we** can demonstrate from the relevant circumstances that **you** did not take reasonable care to ensure the statements **you** made to **us** were true);
  - (c) where **you** unintentionally tell **us** something which is untrue or misleading in response to any question **we** ask **you** when **you** take out cover under this policy which, if correctly answered, would have caused **us** to decline **you** for cover; or
  - (d) where necessary to comply with any applicable laws or regulations.

If **your** policy is cancelled as a result of 'Our right to cancel' Section 7 (i) (a), (b) or (d), **we** will not return any **premiums you** have paid under the terms of this policy. If **your** policy is cancelled as a result of 'Our right to cancel' Section 7 (i) (c), **we** will return any **premiums you** have paid under the terms of this policy provided no claim has been made.

- (ii) Any decision to cancel cover will not be made at an individual level and will not be based on whether **you** have made a claim, except where 'Our right to cancel' Section 7 (i) (a), (b) or (c) applies.
- (iii) Cancellation of **your** policy will not affect **your** entitlement to claim for any event occurring before the date of cancellation, except where 'Our right to cancel' Section 7 (i) (a), (b) or (c) applies.

## 8. Your Right to Cancel

- (i) Within the "cooling off period" - if **you** decide **you** do not want the cover and wish to cancel **your** policy, **you** can do so within 14 days of the **start date** or the date **you** receive these policy documents (the "cooling off period"). **You** will receive a full refund of any **monthly premium you** have paid provided no claim has been made under the terms of this policy. If **you** have made a claim, no refund of **monthly premium** will be payable.
- (ii) Outside the "cooling off period" - if **you** cancel outside the initial 14 day cooling off period, no refund of **monthly premium** will be payable.
- (iii) If **we** change **your monthly premium** and/or vary or waive **your** terms and conditions and **you** do not wish to continue **your** cover **you** should contact **us** to discuss **your** options. Depending on the type of policy **you** have, **you** may be able to change **your** type of cover. Alternatively **you** can cancel without notice and without penalty. Any cancellation will take effect at the end of the period for which **you** have already paid **your monthly premium**.
- (iv) All cancellation requests should be made to:  
Customer Services Department  
Cardif Pinnacle  
Pinnacle House  
A1 Barnett Way  
Borehamwood  
Hertfordshire WD6 2XX  
Telephone: 0844 801 0749

## 9. Reinstatement

If **you** cancel **your** cover under this policy, or the cover lapses due to unpaid **premium**, **you** may ask **us** in writing to reinstate the policy. If **we** accept **your** request, any claim or **condition** arising during the period when **you** were not covered i.e. the lapse period, will not be accepted.

## E. GENERAL CONDITIONS

1. **Territorial Limits** - this insurance only applies in the United Kingdom, the Channel Islands and the Isle of Man except for claims arising under Overseas Extension of Cover where the territorial limits are extended to include any country included in the Pet Travel Scheme (PETS) (England) Order 1999 (as amended, supplemented or re-enacted).
2. **Choice of Law** - this policy is governed by English law. Any legal proceedings will be held in the courts of England and Wales unless **you** live in Scotland, Northern Ireland, the Channel Islands or the Isle of Man, in which case **you** will be entitled to commence legal proceedings in **your** local courts.
3. **Compensation** - **we** are covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet **our** liabilities to **you**, **you** may be entitled to compensation from the FSCS. Further information is available from their website - [www.fscs.org.uk](http://www.fscs.org.uk)
4. **Surrender Value** - when **your** cover under this policy ends it will not have a cash value.
5. **Transfer Rights** - the rights given under this policy can be transferred directly to another individual taking on the full responsibility of the **pet** provided **you** obtain **our** consent. In order to transfer the rights of **your** policy, please contact **our** Customer Services Department using the details in Section 6. Transfer of rights may result in a change to the **premium** amount.
6. **Telephone Recording** - to improve the quality of **our** service, **we** will be monitoring and recording some telephone calls.



7. Failure to comply with any condition of this policy may result in the suspension or the stopping of the benefits.
8. **We** have a regulatory obligation to prevent fraud. In the event of a claim, any information **you** have supplied relevant to this insurance and on the claim form, together with other information relating to the claim may be shared with other insurers in order to prevent fraudulent claims.

## SECTION 5 - MAKING A CLAIM

Before making any claim please check **your** policy and **certificate of insurance** to see if **you** are covered. Please remember that any costs relating to the completion of claim forms must be paid by **you**.

Please note that **we** cannot guarantee the validity of a claim over the phone. **You** will need to provide a completed claim form and **we** will notify **you** in writing of **our** decision.

### A. VETERINARY FEES:

#### Step 1 Ring the Helpline

As soon as **your pet** shows any signs of an injury, illness or distress, **we** suggest **you** telephone the **Helpline** any time of the day or night on 0845 121 2431. Please make sure that **you** have **your** policy number available when **you** telephone the helpline.

Special Note: If **your pet** has collapsed, is unconscious or been involved in a serious accident **you** should consult **your vet** immediately and then phone **our** Claims Department on 0844 801 0749 as soon as possible.

#### Step 2 Check with **your vet**

Before **your pet** is treated, check **your vet** is prepared to complete a claim form and provide invoices.

#### Step 3 Request and Complete a Claim Form

**You** can download a claim form online at: [www.support.cardifpinnacle.com](http://www.support.cardifpinnacle.com) or alternatively request one from **our** Claims Department on 0844 801 0749. Complete **your** sections of the claim form and ask **your vet** to fill in their part. Remember **you** and **your vet** must both sign the form.

#### Step 4 When to Claim

**You** should normally send **us your** claim form at the end of the course of **treatment**, or within 6 weeks of the end of the **policy year** if the **treatment** is not complete by that time.

#### Step 5 Return the Claim Form

Return the claim form to **us** together with the invoices showing the costs/fees **you** have incurred.

### B. THIRD PARTY LIABILITY:

#### Step 1 Ring Our Claims Department Immediately

Ring **our** Claims Department on 0844 801 0749 immediately, or as soon as reasonably possible, for advice if someone is holding **you** responsible for an **accidental injury** or damage, caused by **your pet**. **We** will send **you** a claim form to complete.

**Important:** Do not accept any responsibility or respond to any letters, court documents or other legal documents.

#### Step 2 Return the Claim Form

Return the claim form to **us** together with:

- (a) a detailed written description of the incident; and
- (b) any legal claim form, court document or other legal document **you** have received.

#### Step 3 Forward any correspondence **you** receive

Forward any letters or other legal and court documents **you** receive to **us** as soon as possible quoting **your** policy number and claim number (if known).

### C. ALL OTHER CLAIMS

#### Step 1 Request a Claim Form

Request a claim form from **our** Claims Department on 0844 801 0749.

#### Step 2 Complete and Return the Claim Form

Complete the relevant sections of the claim form, sign and return together with:

##### **Accidental Death:**

- (a) the original purchase receipt **you** received when **you** bought **your pet**; and
- (b) if applicable, **your pet's** pedigree certificate.

In the absence of a purchase receipt **we** reserve the right to restrict **your** claim to the market value (up to the **maximum benefit**) of **your pet** at the time **you** purchased it, based on an animal of the same age, breed, pedigree, sex and breeding ability as **your pet**.

##### **Theft and Straying/Finding Your Pet:**

- (a) the police incident or crime number (for missing dogs);
- (b) the original purchase receipt **you** received when **you** bought **your pet**;
- (c) if applicable, the pedigree certificate; and
- (d) receipts for any advertising costs and rewards.

**Your Hospitalisation and Boarding Fees:**

- (a) **your** boarding kennel receipts; and
- (b) evidence from **your** doctor or hospital confirming **your** hospital stay.

**Holiday Cancellation:**

- (a) the booking invoice and cancellation invoice from **your** travel agent, tour operator or holiday organiser; and
- (b) evidence of the booking date, dates of the holiday, cost of the holiday, cancellation or return home date and any expenses **you** cannot recover.

**Waiver of Premium:**

- (a) Disability claims - details of **your** doctor, and a copy of **your** medical certificate; or
- (b) **Involuntary unemployment** claims - a copy of any correspondence from the Department for Work and Pensions with regards to benefits **you** have received and details of **your** former employer if **you** were in full-time employment, or if **you** are self-employed confirmation from **your** accountant that **you** have involuntarily ceased trading and that the final accounts for the winding up of the business have been prepared and submitted to HM Revenue & Customs. If **you** live and work in the Channel Islands or the Isle of Man, in respect of any Sections relating to HM Revenue & Customs, the local equivalent shall apply.

**Overseas Extension of Cover:**

- (a) a receipt endorsed with the address and telephone number of the veterinary surgery who provided the **treatment**;
- (b) a copy of **your pet's** passport; and
- (c) a copy of veterinary notes from the treating **vet**.

## SECTION 6 - IF YOU HAVE A CONCERN

### A. CUSTOMER SERVICE

If **you** have any queries during **your policy year** or **you** need to change **your** address, **your** payment details or **your pet** dies from natural causes, please contact **our** Customer Services Department on 0844 801 0749.

### B. ENQUIRIES AND COMPLAINTS

#### Step 1:

While it is always **our** intention to provide a first class standard of service, if **you** do have any concerns regarding **your** insurance cover, please address them to:

Customer Relations Manager  
Cardif Pinnacle  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX

#### Step 2:

Should **you** remain dissatisfied with the outcome of any internal enquiries **you** have the right to refer **your** complaint to:

The Financial Ombudsman Service  
Exchange Tower  
Harbour Exchange Square  
London E14 9GE

This procedure will not prejudice **your** right to take legal proceedings. However, please note that there are some instances when the Financial Ombudsman Service cannot consider complaints.

A leaflet detailing **our** full complaints/appeals process is available from **us** on request.

### C. IMPORTANT INFORMATION

**Your Pet LifeCover** Insurance is underwritten and administered by Pinnacle Insurance plc under policy number 02545 (1<sup>st</sup> June 2014) and arranged by Positive Cover Limited.



