

Lifetime Insurance for Cats



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LIFETIME INSURANCE FOR CATS

SUMMARY OF COVER

This summary of cover does not contain the full Terms and Conditions of your Pet LifeCover insurance. Full details are included within the policy document 02546.

WHO ARE THE INSURER AND PROVIDER?

This policy is:

underwritten 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) which its 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 its 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 cats subject to certain terms and conditions being met.

ELIGIBILITY

You can start insurance for your pet from 8 weeks up to their 10th birthday. 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

- **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 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 premium will be payable.
- **Outside the "cooling off period"** - if you cancel outside the initial 14 day cooling off period, no refund of premium will be payable.

If we change your premium and/or vary or waive your terms and conditions and you do not wish to continue your cover you should contact us to cancel. 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 premium.

All cancellation requests should be made to:
Customer Services Department, Cardiff Pinnacle
Pinnacle House, A1 Barnet Way
Borehamwood, Hertfordshire WD6 2XX
Telephone: **0344 801 0749**

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, whichever happens first.

For full details, please see Section 5 D 2 of your policy document.

WHAT ARE THE MAIN FEATURES, BENEFITS, EXCLUSIONS AND LIMITATIONS OF THIS POLICY?

The table overleaf summarises the cover provided for your cat under this policy. For full details please refer to the relevant Sections in your 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 the day or night on **0330 123 1923**.

Please make sure you have your policy number available when you telephone the helpline. Please note that we cannot guarantee the validity of your 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. In order to make a claim, please contact our Claims Department on **0344 801 0749** as soon as possible.

For full details, please see Section 6 of your 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 continue your cover, you can contact us to cancel.

For full details, please see Section 5 D 4 of your 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 5 D 4 (b) of your policy, and that change results in our expected future costs being higher or lower than assumed when the premium was set;

LIFETIME INSURANCE FOR CATS

SUMMARY OF COVER

- 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 cancel.

For full details, please see Section 5 D 5 of your policy document.

OUR RIGHT TO CANCEL

There may be circumstances which cause us to cancel your policy, such as fraud or dishonesty.

For full details, please see Section 5 D 7 of your policy document.

OUR COMPLAINTS PROCEDURE

We hope you never need to, but if you want to complain about our products or services you can do so by:

calling us: **0344 801 0749**
writing to: Customer Relations Department
Cardif Pinnacle
Pinnacle House
A1 Barnet Way
Borehamwood
Hertfordshire WD6 2XX

We will deal with any concerns you may have as quickly as we can and wherever possible within 8 weeks of receiving your complaint as required by the Financial Conduct Authority.

If you are not satisfied with the answer we give you, you can refer your complaint to the:

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London E14 9SR
Telephone: 0300 123 9 123
Website: www.financial-ombudsman.org.uk

If you make a complaint, it will not have any detrimental effect on the outcome of any claim you make. This procedure will not prejudice your right to take legal proceedings.

A leaflet detailing our full complaints process is available from us on request

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

Lifetime Cover	Significant Exclusions and Limitations	Policy Reference
<p>VETERINARY FEES Cover for illness or injury.</p>	<p>We will not pay for:</p> <ul style="list-style-type: none"> • veterinary fees excess; • any condition that has been investigated by a vet or is known to you prior to the policy start date; • the costs of post operative, convalescent treatment which your vet confirms you could have provided in your home yourself; • preventative treatment such as routine vaccinations, cosmetic or voluntary treatment such as neutering for non-medical reasons, or for pregnancy; • treating any injury or illness that is preventable by vaccination and you failed to vaccinate; • the cost of treatment for a dental condition and any related conditions, <u>unless</u>: there is a history of annual check-ups (or if not annual, as recommended by your vet) and evidence that any advice given has been followed within 6 months; the treatment is to relieve suffering due to illness; and the dental treatment was recommended and undertaken after the first 2 years of cover. This does not apply to the treatment of deciduous teeth; • any cost of dental crowns, root canals or fillings; • any cost relating to routine or investigative tests, unless these are to diagnose a condition due to specific existing symptoms and the condition is covered under this policy. This includes but is not limited to pre-operative blood tests; • any treatment for accidental injury within 3 days of the start date; • vet fees to treat an illness or poisoning first occurring or showing signs within 14 days of the start date; or • the cost of any transplant (including stem cell transplants), pacemakers, prostheses or associated treatment, including the provision of a support or mobility aid. 	<p>Section 4 A</p>

Lifetime Cover	Significant Exclusions and Limitations	Policy Reference
<p>YOUR HOSPITALISATION 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"> • for hospitalisation for alcoholism, drug abuse, attempted suicide or self-inflicted injuries; • if your accident or illness occurred or showed symptoms before the policy start date; or • any claim if your illness first occurs or shows symptoms within the first 14 days of cover. 	Section 4 E
<p>HOLIDAY CANCELLATION We will help with the cost of cancelling your holiday if your pet needs lifesaving treatment or goes missing.</p>	<p>We will not pay:</p> <ul style="list-style-type: none"> • expenses arising from your holiday cancellation non-lifesaving treatment or if your pet's condition is pre-existing; • 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; • any claim if your pet's illness first showed symptoms within 14 days of cover; or • costs for anyone else who was on holiday with you other than members of your family. 	Section 4 F
<p>FINDING YOUR PET 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 any:</p> <ul style="list-style-type: none"> • claim for searching for or finding your pet within the first 14 days of cover; • amount more than the maximum benefit; • reward to a family member; or • reward to the person who was caring for your pet when it was lost or stolen. 	Section 4 D
<p>LOSS THROUGH THEFT OR STRAYING If, despite everything, you can't find your pet, we will refund the purchase price you paid for your pet to you.</p>	<p>We will not pay:</p> <ul style="list-style-type: none"> • any claim for a lost or stolen pet within the first 14 days of cover; or • any amount more than the maximum benefit. 	Section 4 C
<p>DEATH FROM ACCIDENT 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"> • any claim for accidental death as a result of poisoning within the first 14 days of cover; • if your pet dies as a result of an illness; • if your pet dies as a result of poisoning first occurring or showing symptoms within 14 days of the start date; • if your pet dies as a result of an accidental injury within 3 days of the start date; or • any amount more than the maximum benefit. 	Section 4 B
<p>WAIVER OF PREMIUM 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"> • for any claim during the first 30 days from the start date; • more than 6 premiums per accidental injury or for each period of illness or involuntary unemployment; • if your claim results from any condition you had before you took out the policy; • if you are under 18 or over your planned retirement age; • if you were working for less than 16 hours per week immediately prior to the date your unemployment or accident occurred or illness began; • if you were aware of impending unemployment when you took out the policy; or • if you were self-employed but have not ceased trading. 	Section 4 G
<p>OVERSEAS EXTENSION OF COVER 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"> • any cost associated with complying with the requirement of the Pets Travel Scheme; • any amount more than the maximum benefit; or • any claims for treatment not supported by a receipt endorsed with the address and telephone number of the veterinary surgery providing treatment. 	Section 4 H

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 : 02546

Date of Policy : 1st 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 2- Definition of Terms. Defined words are shown in "**bold**" wherever they appear.

SECTION 1 - 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 **0344 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 **0330 123 1923**. 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. Should this then result in **you** needing to make a claim, please contact **our** Claims Department on **0344 801 0749** as soon as possible.

To improve the quality of **our** service, **we** may monitor and record 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 Department

Address:

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

Email Customer Services Department:

custservice@cardifpinnacle.com

Email Claims Department:

vets@cardifpinnacle.com

You can also download a **vet fees** claim form online at:

www.support.cardifpinnacle.com

SECTION 2 - 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.

Bilateral means the right and left sides of paired organs or body parts.

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. There will be **conditions** that will fall in the following categories:

1. **Bilateral Condition(s)** means any **illness** or **accidental injury** affecting **bilateral** body parts of **your pet** such as (but not limited to) ears, eyes, cruciate ligaments, hips and patellae;
2. **Recurring Condition(s)** means any previous **illness** or any **symptoms** relating to that **illness** or a previous **accidental injury** or any **symptoms** relating to that **accidental injury** that may come back or that **your pet** is prone to, no matter how many times this comes back or how many areas of the body are affected;
3. **Related Condition(s)** means if a number of **illnesses**, accidental injuries or **symptoms** are:
 - (a) diagnosed as one **illness** or **accidental injury**; or
 - (b) caused by, relate to, or result from another **illness**, **accidental injury** or symptom.

When applying a **maximum benefit** or exclusion, **we** will consider **bilateral conditions**, **recurring conditions** or **related conditions** as one **illness** or **accidental injury**, unless a **vet** confirms that they are unrelated. **We** may seek further confirmation of this from a **vet** appointed by **us**.

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: 4 Atlantic Quay, 70 York Street, Glasgow G2 8JZ.

Illness(es) 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:

1. 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
2. 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; or
 - (d) Department of Social Care in the Isle of Man; and
3. **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
4. if **you** are self-employed, **you** must have ceased trading and the final accounts for the winding up of the business have been prepared and submitted to HM Revenue & Customs.

Market Value means the cost for an animal of the same age, breed, pedigree, sex and breeding ability as **your pet**.

Maximum Benefit(s) 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 cat 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) which its 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 its registered office address is at Ternion Court, 264 - 268 Upper Fourth Street, Central Milton Keynes, Buckinghamshire MK9 1DP.

PETS means Pet Travel Scheme, the United Kingdom Government scheme, administered by the Department for Environment, Food and Rural Affairs (DEFRA) allowing **you** to take **your pet** abroad to certain specific countries and re-enter the United Kingdom without the need for **your pet** to go into quarantine provided certain criteria have been adhered to. The scheme is also known as the PETS.

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 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 5 D 4 (d) 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:

1. 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
2. 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 **PETS**.

A **vet** treating **your pet** cannot be **you**, a relative or close friend.

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

We, Us, Our means Pinnacle Insurance plc (Company Registered number 1007798) 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. Cardiff Pinnacle is a trading style of Pinnacle Insurance plc.

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 3 - ELIGIBILITY AND COVER LIMITS

You can start insurance for **your pet** from 8 weeks up to their 10th birthday.

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 under this policy per **policy year** are shown in **your certificate of insurance**.

SECTION 4 - 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 **treatment** for a dental **condition** and any related **conditions**, provided:
 - (a) there is a history of annual check-ups (or if not annual, as recommended by **your vet**) and evidence that any advice given has been followed within 6 months;
 - (b) the **treatment** is to relieve suffering due to **illness**; and
 - (c) the dental **treatment** was not recommended and undertaken within the first 2 years of cover. This does not apply to the **treatment** of deciduous teeth;
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. any amount more than the **maximum benefit** in any **policy year**;
4. more than any **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 **treatment** for **accidental injury** within 3 days of the **start date**;
9. any cost relating to routine or investigative tests including but not limited to pre-operative blood tests, unless these are to diagnose a **condition** due to specific existing **symptoms** and the **condition** is covered under this policy;
10. 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**;

11. preventative vaccinations or any complications arising from these;
12. the cost of **treatment** for a dental **condition** and any related **conditions**, unless:
 - (a) there is a history of annual check-ups (or if not annual, as recommended by **your vet**) and evidence that any advice given has been followed within 6 months;
 - (b) the **treatment** is to relieve suffering due to **illness**; and
 - (c) the dental **treatment** was recommended and undertaken after the first 2 years of cover. This does not apply to the **treatment** of deciduous teeth;
13. the cost of any dental crowns, root canals or fillings;
14. any **treatment** related to retained testes if **your pet** is over 16 weeks of age at the **start date**;
15. any **treatment** related to deciduous teeth if **your pet** is over 16 weeks of age at the **start date**;
16. any **treatment** related to pregnancy, giving birth or breeding and any complications thereof;
17. house calls, premium rate out of hours **treatment**, or ambulance fees unless **your vet** confirms these were essential for **your pet's** health;
18. any **treatment** for an injury or **illness** deliberately caused by **you** or anyone living with **you**;
19. any **treatment** for an **illness** that is preventable by vaccination and **you** failed to vaccinate as recommended by **your vet**;
20. the cost of any **treatment** for fleas except where this is used to treat a skin condition, in which case **we** will pay the cost of 1 flea **treatment**;
21. any **treatment** following a fight between two or more of **your pets**, or where one of **your pets** injures the other or where one of the pets involved is residing at **your** address but belongs to a member of **your family** or anyone else living with **you** on a permanent or temporary basis;
22. any fees charged by **your vet** for completing claim forms;
23. travelling expenses;
24. the cost of any post mortem, cremation, burial or disposal of **your pet**;
25. any post operative or convalescent **treatment** which **your vet** confirms **you** could have provided in **your home yourself**;
26. any transplants, (including stem cell transplants), pacemakers, prostheses and any associated **treatment** including the provision of a support and mobility aids;
27. any more than one protective collar (or cone), protective boot (one per foot), protective shirt or harness per **treatment**;
28. the cost of surgical items that can be used more than once;
29. the cost of any food except as set out in Section 4 A "What you are covered for" 5; or
30. any fees charged by **your vet** for referral to another **vet**.

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** whichever is the lower value of the amount **you** disclosed at the time of **your** application for cover or the **market value** (up to the **maximum benefit**).

We will not pay this benefit if your pet dies as a result of:

1. an **illness**;
2. **poisoning** first occurring or showing **symptoms** within 14 days of the **start date**; or
3. **accidental injury** within 3 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** whichever is the lower value of the amount **you** disclosed at the time of **your** application for cover or the **market value** (up to the **maximum benefit**).

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, local rescue centre or local authority warden.

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 pay:

1. if **your pet** is stolen or strays within 14 days of the **start date**;
2. 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**;
3. any reward to a **family** member; or
4. any reward to the person who was caring for **your pet** when it was lost or stolen.

E. YOUR HOSPITALISATION AND BOARDING FEES

What we will pay:

We will reimburse **your** cattery 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 cattery 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 your hospitalisation:

1. for alcoholism, drug abuse, attempted suicide or self-inflicted injuries;
2. for an **illness** or **accidental injury** first occurring or showing **symptoms** before the **start date**; or
3. for 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** the cost of any lost travel and accommodation expenses up to the **maximum benefit**, if during the **policy year you** or any member of **your family** cancel **your** holiday less than 7 days before **you** were due to leave or 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** other than members of **your family**;
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. 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 **your** planned retirement age;
5. if **you** were working for less than 16 hours per week immediately prior to the date **your** unemployment or accident occurred or **illness** began;
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.

H. 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 **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**, subject to **you** complying with all the requirements of 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; or
3. any claims for **treatment** not supported by a receipt endorsed with the address and telephone number of the veterinary surgery providing **treatment**.

SECTION 5 - 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, any claims previously paid by **us**, and whether **you** can make any subsequent claim.
4. If **you** have legal rights against another person in relation to **your** claim, **we** may take legal action against them in **your** name and at **our** expense. **You** must give **us** all the help that **you** can and provide any documents that **we** ask for.
5. This is a monthly renewable policy and **you** must pay **your premium** in full and on time to remain covered.
6. **You** must check **your certificate of insurance** on receipt and return it to **us** for correction if **you** find any mistakes.
7. **You** must keep to the conditions of the policy.
8. **You** must never make any claim **you** know is false or dishonest.
9. If **you** wish to cancel **your** policy, please contact **us** as set out in Section 1.

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.
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.

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 loss if **you** break the United Kingdom animal health or importation legislation.
6. 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.
7. Any claims arising from radiation, nuclear explosion or radioactive contamination.
8. Any claims arising from air, water or soil pollution.
9. Any claim arising from pressure waves from supersonic aircraft.
10. 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.
11. 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:
 - (a) the date **your pet** dies;
 - (b) the date **you** fail to pay the **premium** when due; or
 - (c) the date **you** or **we** cancel **your** cover subject to the terms and conditions of this policy.
3. (a) If **we** make any claim payments as a result of dishonesty or deceitful behaviour by **you** (or by someone acting on **your** behalf), then:
 1. **we** may stop making further payments and may seek to recover from **you** any sums paid by **us** in respect of any dishonest claim;
 2. **we** may terminate the contract with effect from the time of the behaviour which may affect other claims; and
 3. if **we** terminate the contract, **we** may refuse to pay any claims occurring after the time of the dishonest claim.
- (b) If **we** terminate the contract under this section, **we** will not return any of the premiums paid by **you**.
- (c) These provisions will not affect any valid claim occurring before the dishonest claim.

4. Premiums

- (a) 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 5 D 4 (d) below of this policy provides more detail.
- (b) When reviewing **your** premiums, **we** will consider any future impact to one or more of the following:
1. 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;
 2. 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;
 3. changes to **your** circumstances such as the age of **your** pet or any change to **your** address;
 4. relevant changes to **our** previous assumptions in relation to:
 - (a) expenses related to providing the insurance;
 - (b) policy lapse rates which means the average time policies are held;
 - (c) interest rates;
 - (d) tax rates; or
 - (e) the cost of any legal or regulatory requirements.
- (c) Any changes to **your** premium **we** make will not:
1. be made as a result of any reason other than changes in the assumptions mentioned in Section 5 D 4 (b) above; or
 2. be made to recover any previous losses.
- (d) 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.
- (e) 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.
- (f) If **we** change **your** premium and **you** do not wish to continue **your** cover **you** should contact **us** to cancel. **You** can cancel at any time as set out in "Your right to cancel" Section of **your** policy summary.
- (g) **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

- (a) 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 5 D 5 (e) below of this policy provides more detail.
- (b) **We** may vary or waive the terms and conditions of this policy to reflect changes in the assumptions set out in Section 5 D 4 (b) 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.
- (c) When changing **your** terms and conditions **we** will consider any future impact of changes in one or more assumptions due to the reasons set out in Section 5 D 4 (b) above.
- (d) In addition, **we** may also vary or waive **your** terms and conditions to:
1. improve **your** cover;
 2. comply with any applicable laws or regulations;
 3. reflect any changes to taxation;
 4. correct any typographical or formatting errors; or
 5. provide additional clarity to the existing terms and conditions.
- (e) 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.
- (f) Any changes to **your** terms and conditions **we** make will not:
1. be made as a result of any reason other than changes in the assumptions mentioned in Section 5 D 4 (b) or for the reasons set out in Section 5 D 5 (d) above; or
 2. be made to recover any previous losses.
- (g) If **we** vary or waive **your** terms and conditions and **you** do not wish to continue **your** cover **you** should contact **us** to cancel. **You** can cancel at any time as set out in "Your right to cancel" Section of **your** policy summary.

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 **premium**.

7. Our Right to Cancel

(a) **We** may cancel **your** insurance cover immediately:

1. 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);
2. 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 or apply to vary cover which, if correctly answered, would have caused **us** to decline **you** for cover;
3. where there is evidence of dishonesty or deceitful behaviour by **you** (or by someone acting on **your** behalf) in relation to the cover provided under this policy (see Section 5 D 3); or
4. where necessary to comply with any applicable laws or regulations.

If **your** policy is cancelled as a result of Section 5 D 7 (a) 1, 3 or 4, **we** will not return any **premiums** **you** have paid under the terms of this policy. If **your** policy is cancelled as a result of Section 5 D 7 (a) 2, **we** will return any **premiums** **you** have paid under the terms of this policy provided no claim has been made.

(b) 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 Section 5 D 7 (a) 1, 2 or 3 applies.

(c) Cancellation of **your** policy will not affect **your** entitlement to claim for any event occurring before the date of cancellation, except where Section 5 D 7 (a) 1, 2 or 3 applies.

8. 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 **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. **Surrender Value** - when **your** cover under this policy ends it will not have a cash value.
4. **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 1. Transfer of rights may result in a change to the **premium** amount.
5. **Telephone Recording** - to improve the quality of **our** service, **we** will be monitoring and recording some telephone calls.
6. Failure to comply with any condition of this policy may result in the suspension or the stopping of the benefits.
7. **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 6 - 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

Ring the helpline if you need medical advice regarding your pet

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 **0330 123 1923**. 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. Should this then result in **you** needing to make a claim, please contact **our** Claims Department on **0344 801 0749** as soon as possible.

- Step 1 Check with **your vet**
Before **your pet** is treated, check **your vet** is prepared to complete a claim form, provide invoices and a full medical history.
- Step 2 Request and complete a claim form
You can download a claim form online at: www.support.cardifpinnacle.com or alternatively request one from **our** Claims Department on **0344 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 3 When to claim
You should send **us your** claim form within 6 months of the first date of **treatment** or within 6 weeks of the end of the **policy year** if the **treatment** is not complete by that time. Failure to do so will result in non payment of **your** claim unless there are exceptional circumstances.
- Step 4 Return the claim form to **us** together with the invoices showing the costs/fees **you** have incurred.

B. ALL OTHER CLAIMS

- Step 1 Request a claim form from **our** Claims Department on **0344 801 0749**.
- Step 2 Complete the relevant sections of the claim form, sign and return together with:

Accidental Death:

- (a) if applicable, 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** or the amount **you** disclosed at the time of **your** application for cover, whichever is the lower value (up to the **maximum benefit**).

Theft and Straying/Finding Your Pet:

- (a) if applicable, the original purchase receipt **you** received when **you** bought **your pet**;
(b) if applicable, the pedigree certificate; and
(c) receipts for any advertising costs and rewards.

In the absence of a purchase receipt, **we** reserve the right to restrict **your** claim to the **market value** or the amount **you** disclosed at the time of **your** application for cover, whichever is the lower value (up to the **maximum benefit**).

Your Hospitalisation and Boarding Fees:

- (a) **your** boarding cattery 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 confirmation, booking date, dates of the holiday, cost of the holiday, cancellation or return home date, a copy of **your** travel insurance policy, evidence from **your vet** that **your pet** required life saving **treatment**, evidence that **your** holiday was cancelled or **you** had to return home early 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 7 - 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 **0344 801 0749**.

B. IMPORTANT INFORMATION

Your Pet LifeCover Insurance is underwritten and administered by Pinnacle Insurance plc under policy number 02546 (1st June 2014) and arranged by Positive Cover Limited.

