



PET INSURANCE POLICY WORDING

This document only constitutes a valid Evidence of Insurance when it is accompanied by a valid certificate issued between 10/04/2017 and 10/04/2018

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FRN528912*

*Some words and phrases in **your policy** are highlighted in bold print. Wherever these words or phrases appear in **bold** throughout **your policy** they shall have the specific meaning given in the Definitions section of this policy wording.*

Statement of Demands and Needs

This product is intended to fulfil the requirements of individuals who wish to protect themselves against the specific risks faced by pet owners, including coverage against financial loss from the demise of their pet, as well as the cost of vets fees, and other costs should some unexpected event befall their pet.

This statement does not form part of the Terms & Conditions of **your policy**.

Terms & Conditions

The Terms & Conditions outlined in this document form part of **your policy** and, along with the **certificate** and any further **addendums** attached to the **policy**, gives the full details of coverage provided by **your policy**.

If **you** make a claim that is covered under this insurance **policy**, **we**, the **insurer**, will pay any sums due, less any applicable **excess(es)** and/or **co-insurance**, within a reasonable time. A reasonable time includes allowing **us** a reasonable time to investigate and assess **your** claim, which may vary according to the complexity of **your** claim.

The Administrator

The Administrator of **your policy** is TIF Group, 1 Tower View, Kings Hill, West Malling, Kent ME19 4UY. TIF Group is regulated by the Financial Conduct Authority (No. 306537), and their status can be checked on the Financial Conduct Authority's register: www.fca.gov.uk, or by telephone on 0800 111 6768.

Your insurer

The insurer of **your policy** is QIC Europe Limited under a facility granted to Cranbrook Underwriting Limited, 1 Minster Court, Mincing Lane, London EC3R 7AA, reference number B0142A162653.

QIC Europe Limited is regulated by the Financial Conduct Authority (No. 659521) and authorised and regulated by the Malta Financial Services Authority (No. C67694), and their registered office is: The Hedge Business Centre, Triq ir-Rampa ta San Giljan, St Julian's, Malta.

Law and language

This **policy** is governed by English Law.

All communication in relation to this **policy** will be made in English.

Your duty to give information

When applying for, amending or renewing **your policy**, **we** will ask **you** a number of questions before agreeing to provide insurance coverage for **you**. It is **your** duty to ensure that **you** answer all of **our** questions honestly and reasonably.

The questions **we** will ask **you** are designed to enable **us** to obtain a comprehensive picture of the nature of the risk to be insured; only by asking such questions, and receiving answers which are given honestly and with reasonable care can **we** offer terms which will meet **your** demands and needs as set out above.

If **you** do not provide some or all of the documentation or information that **we** may request as part of the assessment of the proposed risk until after the date **your** policy starts, **we** reserve the right to apply additional exclusions to **your policy**, or to amend **your** coverage, or to cancel the **policy**. Any such exclusion, amendment or cancellation will apply from the start date of **your policy**.

The reason why **you** must honestly and correctly respond to **our** questions is that if **you** fail to tell **us** some information **we** ask for, or if **you** answer carelessly, or deliberately or recklessly make misrepresentations when answering questions, **your** policy may be cancelled or suspended and leave **you** with no insurance protection, or **we** may not pay all or a part of **your** claim.

If it is found that **you** did not tell **us** everything when asked, **you** may find it difficult to arrange other insurance coverage because **you** may be obligated to disclose **your** misrepresentation(s) and/or non-disclosure(s) when **you** apply for insurance with another company.

Applicable to Accident Only, Bronze, Silver and Gold policies

The Administrator

TIF Group
1 Tower View, Kings Hill, West Malling, Kent ME19 4UY
Telephone: 020 3824 0721

You must contact the Administrator for all matters relating to your **policy**, including claims.

Helplines

You and anybody authorised to act on **your** behalf have unrestricted access to the following help lines (calls may be monitored or recorded for training and quality control purposes):

Pet Help and Advice Line

If **your pet** is ill or injured, please call Petline 24/7 on 0333 332 7924 to get 24/7 expert advice on what to do next from a veterinary nurse.

Petline 24/7 helpline gives you free access to a nationwide network of RCVS (Royal College of Veterinary Surgeons) registered veterinary nurses, 24 hours a day, 7 days a week and 365 days a year.

Our dedicated nurses are available any time to answer concerns **you** may have regarding **your pet's** health or general wellbeing.

We offer **you** the peace of mind that help is only a phone call away, and can help **you** with what to do next when **your pet** is unwell.

Petline 24/7 is not intended to replace a consultation with **your vet**, but by calling us first, we may be able to help prevent an unnecessary **vet** visit, which can be very time consuming and inconvenient for **you** and traumatic for **your pet**.

Claims helpline

If **you** need to make a claim on **your policy**, please call the Claims Helpline on: 020 3824 0722. Opening hours are 8.30 to 6pm Monday to Friday.

Third Party Liability Claims

If your dog has injured someone, or caused damage to somebody's property, please call the Claims Helpline on: 020 3824 0722. Opening hours are 8.30 to 6pm Monday to Friday.

Pet Travel Scheme

For more information: <https://www.gov.uk/take-pet-abroad>

If **you** need more information about pet travel you should contact the **Pet Travel Scheme** helpline:

Email: pettravel@apha.gsi.gov.uk

Telephone: 0370 241 1710 Monday to Friday, 8am to 6pm (closed on bank holidays)

IMPORTANT: your policy does not provide any coverage under any Section if **you** take **your pet** to a country outside the European Union.

Definitions

Accident

A sudden unexpected and unintentional event that results in bodily **injury** to or the death of **your pet**, and which occurs during the **period of insurance**.

Addendum

An attachment to **your** insurance **policy** that changes the original standard **policy** conditions, either to include or exclude coverage. The **addendum** becomes part of **your** insurance **policy**.

If **your policy** is subject to any specific changes to the standard coverage, these details will be contained in an **addendum**, which will be sent to **you**, either as part of **your policy** documentation package, or (in the case of a change happening after the **policy** starts) in a separate communication.

Alternative and complementary medicine

Physiotherapy, hydrotherapy, acupuncture, osteopathy, chiropractic, homeopathic or herbal medicines or laser treatment administered by a suitably qualified practitioner following a recommendation from a **vet**.

Laser **treatment** may only be used to treat a condition which is acknowledged to be responsive to this therapy, and the **treatment** must be carried out by a **vet**.

The following practitioners are considered to be suitably qualified and members of the following listed associations: Association of Chartered Physiotherapists in Animal Therapy/ National Association of Veterinary Physiotherapists, The International Association of Animal Therapists, Canine Hydrotherapy Association, The Society of Osteopaths in Animal Practice (SOAP), International Veterinary Acupuncture Society (IVAS), Association of British Veterinary Acupuncturists (ABVA) and the British Veterinary Rehabilitation and Sports Medicine Association (BVRSM).

Benefit limit

The amount of insurance coverage provided for **your pet** per **incident**, which varies for each section of the **policy**. If **you** renew **your policy** with **us** each year, **your** claim can continue up to the benefit limit for that **incident**. Your **certificate** provides complete details of the **benefit limits** for each section.

Bilateral conditions

Bilateral conditions are **incidents** that occur to both sides of **your pet's** body, whether at the same time or at different times. For example, if **your** dog has hip dysplasia in his right hip and later on the same problem occurs in the left hip, this may be considered to be a bilateral condition.

Bilateral conditions include, but are not limited to, orthopaedic issues such as hip dysplasia and cruciate ligament ruptures. A full list of the conditions which are deemed to be **bilateral conditions** for the purposes of this **policy** is available on request, or on **our** website.

Certificate

The certificate **we** issue to **you** verifies the existence of **your** insurance coverage and lists various details including the effective **period of insurance**, the type and amount of insurance coverage purchased, and the details of any optional coverage sections **you** have decided to purchase.

Co-insurance

The percentage amount **you** are responsible for from each **vet fee** claim or other costs claimed for once the fixed excess has been deducted. If **your pet** receives treatment for the same **injury** or illness in separate **policy** years, the **co-insurance** may become payable in the next policy year.

Age restrictions may alter the amount of co-insurance **you** pay so please read **your policy** documents thoroughly.

Cruciate ligament disease

Partial or complete rupture of one or both cranial cruciate ligaments due to a degenerative process, causing hind limb lameness, pain, and subsequent knee arthritis in dogs.

Cruciate ligament disease can affect dogs of all sizes, breeds, and ages, but certain breeds of dog are known to have a high incidence of this disease, including, but not limited to, the Akita, Chesapeake Bay Retriever, Labrador Retriever, Mastiff, Newfoundland, Rottweiler, Saint Bernard, Staffordshire Terrier and West Highland White Terrier breeds.

Diagnostic scans and associated costs

Diagnostic imaging techniques including, but not limited to, Computed Tomography (CT) and Magnetic Resonance Imaging (MRI), and any costs associated with preparing **your pet** to undergo a scan, or to recover after the procedure.

Excess

The fixed amount that **you** agree to pay towards each claim for each unrelated injury or illness to **your pet** in each **policy** year.

This means that, if **your pet** receives treatment for an ongoing **injury** or **illness** in separate **policy** years, **we** will deduct the amount of **your** excess from the first claim(s) paid for the **injury** or **illness** in each **policy** year.

Exclusion

An excluded item or eventuality is one that is not covered by **your** insurance **policy**. Exclusions may be standard, and are listed in this document, or may be specific to **your policy**. Specific

exclusions will be stated clearly, either in the **certificate** or in any **addendum** included with **your policy** documentation.

Existing condition

Any **incident** which was apparent, or would have been apparent to any reasonable person, prior to the start of **your policy** will not be covered by this insurance **policy** unless **we** are made aware of the **accident** or **illness**, and **we** have agreed in writing to provide coverage for the **incident**.

An existing condition includes, but is not limited to, any **injury** or **illness** that:

- i) happened, or first showed clinical signs, or
- ii) has the same diagnosis or clinical signs as an **injury, illness** or clinical sign **your pet** had, or
- iii) is caused by or relates to, or results from an **injury, illness** or clinical sign **your pet** had,

no matter where the **illness or** clinical signs appear, are noticed, or happen in, or on **your pet's** body before the start date of **your policy**.

Illness

Any change in the normal healthy state of **your pet** as a result of sickness, physical disease, infection, defect or abnormality which is not caused by **injury**.

Immediate Family

Your spouse or domestic partner, and **your** child or children, and **your** spouse or domestic partner's child or children (even if they do not live with **you**), and any other person permanently residing at **your** address, including any person employed by **you**.

Incident

An identifiable **illness** or **injury** arising on a specific date. Repeated, recurring or ongoing incidents shall be considered as one **incident** for the purposes of claim assessment, and shall include:

- i) Clinical manifestations resulting in the same diagnosis (regardless of the number of incidents or areas of the body affected) to which **your pet** has an ongoing predisposition or susceptibility that is related in any way to the original incident, or;
- ii) Conditions which are incurable and likely to continue for the remainder of **your pet's** life.

Injury

Physical damage or trauma caused by an **accident** or a malicious or intentional act.

Period of insurance

The length of time for which **your policy** will provide insurance coverage, and for which **we** have accepted **your** premium. The start and end dates are set out in **your certificate**. The **period of insurance** is normally twelve (12) months, however it may be less if **your policy** is cancelled or suspended for any reason.

Pet

The domestic dog or cat named or otherwise identified in **your certificate**.

Pet Travel Scheme

A scheme, administered by DEFRA in the United Kingdom, which permits pet owners to transport their pets between EU member countries without the need to pass through quarantine, provided the pet meets the mandated health requirements.

Policy

This **policy** document, the **certificate**, and any specific conditions, restrictions or exclusions which may apply to **your policy** (which will be expressly stated in an **addendum** to the **certificate**) comprise your contract of insurance with **us**. These documents should be read together as they form the entirety of the contract between **you** and **us**.

Prescription Diet

A commercially-manufactured compound **pet** food recommended by a **vet** to assist in the treatment of a specific **condition**.

Territorial limits

The **territorial limits** of **your policy** are the United Kingdom (including Northern Ireland), the Isle of Man and the Channel Islands.

Your policy may also extend to cover **your pet** under the **Pet Travel Scheme** (excluding all non-European Union countries, even if they are listed as members of the scheme), but:

- i) Only for a maximum stay of 30 days in total during the **period of insurance** in respect of a Bronze **policy**.
- ii) Up to a maximum stay of 90 days in total during the **period of insurance** in respect of a Silver **policy**.
- iii) Up to a maximum stay of 180 days in total during the **period of insurance** in respect of a Gold **policy**.

This extension of coverage does not apply to [Section 2: Third Party Liability Coverage \(applicable to Dogs only\)](#).

Terrorism

An act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) or persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Treatment

Any diagnostic examination, consultation, advice, diagnostic test or radiograph, and any medication, surgery, dental treatment, hospitalisation, nursing care or any other intervention provided by **your vet**, veterinary practice or by a qualified practitioner recommended by **your vet**.

Vet

A veterinary practitioner in the United Kingdom (including Northern Ireland), the Isle of Man or the Channel Islands, fully qualified and working in a licensed veterinary practice and registered with the Royal College of Veterinary Surgeons, or is a member of staff in a licensed veterinary practice acting under the direction of a fully qualified veterinary practitioner.

Outside the United Kingdom (including Northern Ireland), the Isle of Man and the Channel Islands, the **vet** must be a fully qualified veterinary practitioner licensed and registered with the appropriate controlling body in the country where the **treatment** is provided.

Vet fees

The standard, customary and reasonable sums incurred to treat an **incident** suffered by **your pet** and normally charged by a **vet** practicing in the area in which the **pet** suffers the **incident**, including but not limited to:

- i) any consultation, examination, advice, test, diagnostic procedure, surgery and/or nursing carried out by a **vet**, a veterinary nurse or another member of the veterinary practice under the supervision of a **vet** surgeon; and/or
- ii) any medication legally prescribed by a **vet**.

We/us/our/insurers

TIF, IIS and/or Cranbrook Underwriting Limited (for and on behalf of QIC Europe Limited), and/or the Administrator, and/or DMS in respect of all sections of the wording.

You/your/yourself

The person shown as the owner of the **pet** on the **certificate**, or any person nominated to act on their behalf.

Insuring Agreement

In exchange for **you** agreeing to pay the **policy** premium in accordance with the agreed payment schedule, **we** agree to pay any valid claim that **you** present to **us** up to the maximum **benefit limit**, as shown in **your certificate**. The **benefit limit** is applied separately to each separate **incident** claimed for.

In addition to the General Policy Conditions, General Policy Exclusions and General Claims Conditions applying to all sections, further exclusions also apply to each individual **policy** section as shown below.

General Policy Conditions: applicable to all sections of the **policy**

You must, to the best of **your** ability, comply with the following conditions in order to benefit from the full protection of **your policy**.

If **you** fail to comply with the conditions set out in this Section, or in other sections of this **policy** document, **we** may, at **our** discretion:

1. cancel **your policy**, or
2. refuse to accept **your** claim, or
3. reduce the amount of any claim payment.

You will not be able to make a claim under this **policy** unless all of the following conditions are met:

1. At the start of the **period of insurance your pet** must be in good health and free from any **illness**, disease, **injury** or physical disability (except as declared by **you** and accepted by **us**).
2. **Your pet** must not have any previously displayed vicious or aggressive behaviour towards human beings or to other animals.
3. **Your pet** must have received, at the appropriate time, initial and booster vaccinations against distemper, hepatitis, leptospirosis, and parvovirus in the case of dogs, against feline infectious enteritis, feline leukaemia and feline influenza in the case of cats as advised by a **vet**. All vaccinations must be administered by a **vet**.
4. **You** will provide proper care and attention at all times for **your pet**.
5. **You** agree that any current or previous **vet(s)** may release to **us** information or records regarding any **pet** insured by **us**.
6. **You** are the owner of **your pet** and are permanently resident within the UK (including Northern Ireland), the Isle of Man and the Channel Islands.

Other policy conditions:

7. **We** may make changes to the Terms & Conditions of **your policy** that **we** reasonably consider are appropriate due to a change in any applicable legislation, regulation or taxation. In such circumstances, **we** will notify **you** in writing in advance of any changes being made.
8. In relation to any claims against Section 2: Third Party Liability Coverage (applicable to Dogs only), **we** may pay up to the **benefit limit** as stated in **your certificate** or any lesser amounts for which any claim can be settled (after deduction of any sum or sums already paid as compensation) and shall be released from any further liability in respect of the **incident** under this **policy**, except for costs and expenses of litigation recoverable or incurred with **our** consent prior to the date of such payment.
9. If **you** decide to cancel **your policy** within fourteen (14) days of receipt of the **policy** documents, and provided that no claims have been made against the **policy** and no **incidents** have occurred that could result in a claim, **we** will refund any premium and taxes **you** may have paid. **You** must notify the Administrator as soon as possible and confirm **your** decision to cancel in writing.
10. **You** may cancel **your policy** at any time by contacting the Administrator to confirm the date the cancellation is to take effect (cancellation requests cannot be backdated). Should **you** decide to cancel:
 - a. If **you** pay **your** premium monthly, and **you** have made no claims during the **policy period**, no further premium will be taken after the calendar month in which the cancellation takes effect.
 - b. If **you** pay **your** premium annually, and **you** have made no claims during the **policy period**, a refund of premium will be made for all months after the calendar month in which the cancellation takes effect.
11. **We** may cancel this **policy** at any time where there is a valid reason for doing so. **We** will send our cancellation letter to **you** at the address shown in the **policy certificate**, at least seven (7) days' prior to the effective date of cancellation.

A proportional refund of any premium **you** have paid will be made to **you**, providing **you** have not claimed in the current **period of insurance**.

Valid reasons for cancellation include, but are not limited to:

- a. where **we** have been unable to collect a premium payment from **you** (see Condition 13 below);
- b. where **you** have failed to cooperate with **us**, and **your** failure to cooperate has materially affected **our** ability to process a claim, or the ability to defend **our** interests;
- c. where **you** have failed to take care of **your pet**, for example: failing to vaccinate **your pet** in accordance with **your vet's** recommendations;
- d. where **we** reasonably suspect fraud; or

- e. if **you** use threatening or abusive behaviour towards **our** staff, or **you** bully or intimidate, or attempt to bully or intimidate **our** staff.
12. If **you** or **we** cancel **your policy** and:
- a. there has been a claim in the current **period of insurance**; and
 - b. **your** premium is being paid by instalments, then the outstanding balance, including any interest charges, will become payable to **us** by **you** (**we** will deduct any balance of premium from the claims settlement where possible).
13. **We** will make two attempts in any one month to collect **your** premium. If the first attempt fails, we will notify you of the failure, and we will make a second attempt to collect your premium seven (7) days after the first attempt. If **our** second attempt to collect **your** premium fails **your policy** will terminate, and all coverage under it will cease from the date of the second collection attempt.
14. In the event of any disagreement between **your vet** and **our vet** regarding the **treatment** of any **incident**, the diagnosis of any **injury** or **illness**, or the prognosis for **your pet**'s continued wellbeing, an independent **vet** mutually agreed upon between **you** and **us** will be appointed and act as arbitrator. The arbitrator's decision will be binding on both sides, and the cost of such arbitration will be split equally between **you** and **us**.
- General Policy Exclusions: applicable to all sections of the **policy**
- We** will not pay any claim whatsoever in any circumstances that are shown under this **exclusions** section of **your policy**:
1. Any claim for costs relating to any animal not named in the **certificate**.
 2. Any claim for **treatment** of distemper, hepatitis, leptospirosis, and parvovirus in dogs, or for feline infectious enteritis, feline leukaemia and feline influenza in cats, if **your pet** has not received, at the appropriate time, initial and booster vaccinations against these diseases.
 3. For claims resulting from **existing conditions**.
 4. For claims made where either the **incident** and/or **treatment** claimed for occurred outside of the **period of insurance**.
 5. For the death or humane destruction of **your pet** as a result of **illness** or disease resulting from **your** failure to vaccinate **your pet** in accordance with the practice recommended by the British Small Animal Veterinary Association.
 6. Any claims for a **pet** under the age of 8 weeks.
 7. Any claims under any section of cover for which the premium has not been paid.
 8. Any claims arising outside the **territorial limits**.
 9. Any claims as a consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection or military or usurped power.
 10. Any claim or liability directly or indirectly caused or contributed to, by or arising from:
 - a. Ionising radiations or contamination by radioactivity from any nuclear fuel or from any waste from the combustion of nuclear fuel.
 - b. The radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
 11. Any claim resulting from intentional slaughter, irrespective of any order by Government, Local Authority or any person having jurisdiction in the matter, except in the case of humane destruction to alleviate incurable and inhumane suffering.
 12. Any animal which is, or should be, registered under the Dangerous Dogs Act 1991, or any subsequent legislation amending or altering that Act.
 13. Malicious or wilful **injury** or gross negligence to **your pet** caused by **you**, **your** agents, employees or members of **your** family.
 14. Any claims where **your pet** has received medication which has not been either prescribed or recommended by a **vet**.
 15. The recurrence or continuation of **illness**, disease or any condition from which **your pet** previously suffered arising prior to or within fourteen (14) days of the start date of **your insurance policy**. (This exclusion is not applicable to renewed policies.)
 16. Any claims arising from the use of **your pet** for commercial, guard, security, work or racing purposes.
 17. Any claim where **you** are covered for the loss under any other insurance policy, such as a household policy except for any **excess** that **you** have to pay under the other insurance policy. However, in respect of Section 2: Third Party Liability Coverage (applicable to Dogs only) exclusion 11 of that Section will apply instead.
 18. Any claim for loss or injury to any **pet** if **you** have temporarily or permanently sold or otherwise voluntarily parted with the ownership of the **pet**.
 19. Any claim under Section 3: Death from Illness or Section 4: Death from Accident for dogs aged seven (7) years and above or cats aged nine (9) years and above.
 20. Any claim for charges related to a post mortem examination.
 21. Any charges or fees made by **your vet** to complete a claim form or to provide information to support **your** claim.

22. Any claim relating to **your pet** suffering from a disease listed on the Notifiable Diseases in Animals register maintained by the Department for Environment, Food & Rural Affairs (DEFRA).

Section 1: **Vet fees**

Section 1a: **Vet fees** - applicable to Bronze, Silver and Gold **policies** only

For the avoidance of doubt, please note that the **benefit limits** for **alternative and complementary medicine, diagnostic scans and associated costs** or **bilateral conditions** are not additional limits, and that claim payments made for these treatments are also set against the maximum **benefit limit** for Section 1a: Vet Fees as shown in **your certificate**.

Policy benefit for Section 1a: Vet fees

We will pay **you** or **your vet** for all reasonable and customary charges made for **treatment** carried out by a **vet**, and necessitated by an **incident** occurring to **your pet** during the **period of insurance**, subject to the **benefit limit** as specified in **your certificate**, less any **excess** and/or **co-insurance** as specified in **your certificate**.

Notice of any **incident** must have been given to **us** within 60 days of occurrence of the **incident** for **your** claim to be accepted.

The **benefit limit** specified on the **certificate** is applied on a per **incident** basis. If **you** renew **your policy** with **us** each year, **your** claim can continue up to the **benefit limit** for that **incident**. **Your certificate** provides complete details of the **benefit limit** for this section.

The **excess** will be deducted from any claim **you** make for each **incident** and for each **policy** year.

The **co-insurance** is applied as a percentage of each separate **vet fees** invoice. If **your pet** receives treatment for the same **injury** or **illness** in separate **policy** years, the **co-insurance** may be payable in the next policy year.

Coverage remains in place for each **incident** until the **policy** limit is reached subject to the payment of relevant premiums. If the **benefit limit** has been reached for a specific **incident**, that **incident** will no longer be covered by **your policy**.

Sub-Limits applicable to Section 1a: **Vet fees**

a) **Alternative and complementary medicine**

We will pay fees and costs incurred for **treatment** using **alternative and complementary medicine** up to the **benefit limit** as shown below for **alternative and complementary medicine**.

Your vet must recommend such **treatment**, and it must be pre-approved by **us**. This sub limit is included in the overall **benefit limit** for **vet fees** and is subject to the same excess and/or co insurance:

Bronze		Silver		Gold	
Cat	Dog	Cat	Dog	Cat	Dog
£500	£500	£750	£750	£1,000	£1,000

b) **Hydrotherapy**

We will pay fees and costs incurred for **treatment** using **hydrotherapy** up to the **benefit limit** as shown below.

Your vet must recommend such **treatment**, and it must be pre-approved by **us**. This sub limit is included in the overall **benefit limit** for **vet fees** and is subject to the same excess and/or co insurance:

Bronze		Silver		Gold	
Cat	Dog	Cat	Dog	Cat	Dog
£250	£250	£350	£350	£500	£500

c) **Prescription diet**

We will pay fees and costs incurred for **treatment** using a **prescription diet** up to the **benefit limit** as shown below.

Your vet must recommend such **treatment**, and it must be pre-approved by **us**. This sub limit is included in the overall **benefit limit** for **vet fees** and is subject to the same excess and/or co insurance:

Bronze		Silver		Gold	
Cat	Dog	Cat	Dog	Cat	Dog
£100	£100	£200	£200	£300	£300

d) **Diagnostic scans and associated costs**

We will pay fees and costs up to the **benefit limit** as shown below for **diagnostic scans and associated costs**, provided that the **incident** which necessitates diagnosis using this method occurred within the **period of insurance**.

Your vet must recommend the procedure, and unless **your vet** certifies that the procedure was necessary for diagnosis in an emergency such that the **pet's** health would have been endangered by any delay, the procedure must be pre-approved by **us**. This sub limit is included in the overall **benefit limit** for **vet fees** and is subject to the same excess and/or co insurance:

Bronze		Silver		Gold	
Cat	Dog	Cat	Dog	Cat	Dog
£500	£500	£1,000	£1,000	£1,500	£1,500

e) **Bilateral conditions**

All occurrences of recognised **bilateral conditions** happening to one or both organs/limbs will be treated as one **incident** under **your policy**, whether the occurrences arise at the same time or not, and a single **benefit limit** will apply. A full list of **bilateral conditions** is available on request, or on **our** website at: www.insurancefair.co.uk/pet-policy/bilateralconditions

We will pay fees and costs for **treatment** of a recognised **bilateral condition** up to the **benefit limit** as shown below, provided that the fees and/or costs are incurred within 12 months from the date the first occurrence of the **incident** in a recognised **bilateral condition**.

This sub limit is included in the overall **benefit limit** for **vet fees** and is subject to the same excess and/or co insurance:

Bronze		Silver		Gold	
Cat	Dog	Cat	Dog	Cat	Dog
£2,000	£2,000	£4,000	£4,000	£7,000	£7,000

f) **Cruciate ligament disease**

All occurrences of **cruciate ligament disease** happening to one or both legs will be treated as one **incident** under **your policy**, whether the occurrences arise at the same time or not, and a single **benefit limit** will apply.

We will pay fees and costs for **treatment** of **cruciate ligament disease** up to the **benefit limit** as shown below, provided that the fees and/or costs are incurred within 12 months from the date the first occurrence of **cruciate ligament disease**.

This sub limit is included in the overall **benefit limit** for **vet fees** and is subject to the same excess and/or co insurance:

Bronze		Silver		Gold	
Cat	Dog	Cat	Dog	Cat	Dog
£1,000	£1,000	£2,000	£2,000	£3,000	£3,000

g) **Dental treatment as a result of an injury to your pet**

We will pay fees and costs incurred up to the **benefit limit** as shown below for **treatment** to **your pet's** teeth or gums deemed necessary by **your vet** as the direct result of an **accident**, provided that the **incident** which necessitates this **treatment** occurred within the **period of insurance**.

This sub limit is included in the overall **benefit limit** for **vet fees** and is subject to the same excess and/or co insurance:

Bronze		Silver		Gold	
Cat	Dog	Cat	Dog	Cat	Dog
£1,500	£1,500	£3,000	£3,000	£7,000	£7,000

Any payments made for claims under sub-sections (a), (b), (c), (d), (e), (f), or (g) shall also be deducted from the **benefit limit** for [Section 1a: Vet fees](#).

Exclusions applicable to Section 1a: **Vet fees**

Your policy does not cover any costs or charges related to:

1. The **excess** and/or any **co-insurance** shown in **your certificate**. (**You** must refer to **your** current **certificate** to establish the **excess** and **co-insurance** applicable to **your** claim).
2. Any **treatment** costs for any **injury** or **illness** resulting from an **incident** arising after **your policy** has been cancelled, has lapsed, been suspended, or expired.

3. Any **treatment your pet** receives after **your policy** has been cancelled, has lapsed, been suspended, or expired, whether the **incident** occurred during the **period of insurance** or not.
4. **Treatment** of:
 - a. Any **existing condition** unless it has been previously agreed by **us** in writing that **we** will pay such costs.
 - b. Any claim arising as a result of an **injury** occurring within the first 48 hours from 12.01 a.m. on the start date of **your policy**. (This exclusion is not applicable to renewed **policies**.)
 - c. Any claim arising as a result of an **illness** occurring within the first 14 days of the start date of **your policy**. (This exclusion is not applicable to renewed **policies**.)
 - d. Preventative and elective **treatments**, or costs arising from routine examinations or routine **treatment** including, but not limited to:
 - e. Routine neutering, spaying or castration, or
 - f. Spaying for **treatment** of false pregnancy, or
 - g. Spaying for **treatment** of mammary tumours, or
 - h. Routine removal of dewclaws, or
 - i. Routine deworming, tick and flea treatments, or
 - j. Routine blood tests, or
 - k. Any **treatment** in connection with pregnancy or parturition (giving birth).
 - l. Organ transplantation or any costs associated with organ transplantation procedures.
 - m. Behavioural problems and training unless caused as a direct result of a covered **incident** occurring during the **period of insurance**.
 - n. Non-essential or elective hospitalisation and / or house calls unless **your vet** certifies that to move **your pet** at that time would have seriously endangered its health.
 - o. **Prescription diet**, other than for a 4 week period for a specific **incident**.
 - p. The cost of routine, preventative or cosmetic dental or gum **treatment**; or scaling and polishing teeth; or the cost of any form of dentistry except as a result of an **accident**.
 - q. Any cost for any form of special diet except as permitted under Sub-Limits applicable to Section 1a: Vet Fees, **prescription diet**.
 - r. Any cost whatsoever for any form of housing or bedding needed either for the **treatment** of a specific **incident** or for the general wellbeing of **your pet**.

- s. Any costs for **treatment** in connection with a retained testicle or testicles.
- t. Any charges made in respect of euthanasia except where **your vet** certifies that the euthanasia was necessary to alleviate incurable and inhumane suffering.
- u. Any charges in respect of disposal, cremation or burial of **your pet**.
- v. The costs in respect of repair and **treatment** of umbilical hernias.
- w. Any costs for **alternative medicine and/or complementary medicine** that have not been approved by **us**.

Section 1b: Vet fees - applicable to **Accident Only policies**

Policy Benefit for Section 1b: Vet fees

We will pay **you** or **your vet** for **vet fees** necessitated by an **accident** occurring to **your pet** during the **period of insurance**, up to the **benefit limit** as shown in **your certificate**, less any **excess** and/or **co-insurance** as specified in **your certificate**. Any **illnesses** and/or **injuries** found to have been connected to or caused by a single **accident** will be treated as one claim and will have one **benefit limit** applied.

For this section only the benefit is restricted to **vet fees** incurred within 365 days from the date of the **accident** or to the maximum **benefit limit**, whichever is reached first. If **you** stop paying your premiums to **us** then all coverage under this **policy** will cease in accordance with the cancellation protocol outlined in the General Policy Conditions.

Notice of any **accident** must have been given to **us** within 60 days of occurrence of the **accident** for **your** claim to be accepted.

The **benefit limit** specified on the **certificate** applies on a per **incident** basis. If **you** renew **your policy** with **us** each year, **you** can continue to claim up to the **benefit limit** for that **incident**. **Your certificate** provides complete details of the **benefit limit** for this section.

The **excess** will be deducted from any claim **you** make for each **incident** and for each **policy** year.

The **co-insurance** is applied as a percentage of each separate **vet fees** invoice. If **your pet** receives treatment for the same injury or illness in separate **policy** years, the **co-insurance** may be payable in the next policy year.

Sub-Limits applicable to Section 1b: Vet fees

a) **Alternative and complementary medicine**

We will pay fees and costs incurred for **treatment** using **alternative and complementary medicine** up to the **benefit limit** as shown below for **alternative and complementary medicine**.

Your vet must recommend such **treatment**, and it must be pre-approved by **us**. This sub limit is included in the overall **benefit limit** for **vet fees** and is subject to the same excess and/or co insurance:

Accident Only	
Cat	Dog
£500	£500

b) **Hydrotherapy**

We will pay fees and costs incurred for **treatment** using **hydrotherapy** up to the **benefit limit** as shown below.

Your vet must recommend such **treatment**, and it must be pre-approved by **us**. This sub limit is included in the overall **benefit limit** for **vet fees** and is subject to the same excess and/or co insurance:

Accident Only	
Cat	Dog
£200	£200

c) **Diagnostic scans and associated costs**

We will pay fees and costs up to the **benefit limit** as shown below for **diagnostic scans and associated costs** necessitated as the direct result of an **accident**, provided that the **incident** which necessitates diagnosis occurred within the **period of insurance**.

Your vet must recommend the procedure, and unless **your vet** certifies that the procedure was necessary for diagnosis in an emergency such that the **pet's** health would have been endangered by any delay, the procedure must be pre-approved by **us**. This sub limit is included in the overall **benefit limit** for **vet fees** and is subject to the same excess and/or co insurance:

Accident Only	
Cat	Dog
£500	£500

d) Dental treatment as the result of an **injury to your pet**

We will pay fees and costs incurred up to the benefit limit as shown below for **treatment to your pet's** teeth or gums deemed necessary by **your vet** as the direct result of an **accident**, provided that the **incident** which necessitates this **treatment** occurred within the **period of insurance**.

This sub limit is included in the overall **benefit limit** for **vet fees** and is subject to the same excess and/or co insurance:

Accident Only	
Cat	Dog
£500	£500

Any payments made for claims under sub-sections (a), (b), (c), or (d) shall also be deducted from the **benefit limit** for [Section 1b: Vet fees](#).

Exclusions applicable to Section 1b: **Vet fees**

Your policy does not cover any costs or charges related to:

1. Any **illness**, disease or other change in the health status of your pet not caused by an **accident**.
2. Any claim arising as a result of an **injury** occurring within the first 48 hours from 12.01 a.m. on the start date of **your policy**. (This exclusion is not applicable to renewed **policies**.)
3. The **excess** and/or any **co-insurance** shown in **your certificate**. (**You** must refer to **your current certificate** to establish the **excess** and **co-insurance** applicable to **your claim**).
4. Any **treatment** for **vet fees** or **alternative and complementary medicine** more than 365 days from the date the **accident**.
5. Any **treatment** for **vet fees** or **alternative and complementary medicine** over the **benefit limit**.
6. Any **treatment** as a result of an **accident** that occurred before **your policy** start date.
7. Any **treatment**:
 - a) As a result of an **injury** that has the same diagnosis or clinical signs as an **injury** or clinical signs **your pet** had before the **policy** start date, or
 - b) That is necessitated by, relates to or results from an **accident, injury** or clinical signs **your pet** had before **your policy** start date, or
 - c) Resulting from or related to any exclusion as shown in **your certificate**.

8. Any **prescription diet**, whether or not recommended by **your vet**.

9. **Diagnostic scans.**

Section 2: Third party liability coverage (applicable to dogs only)

Policy Benefit for Section 2: Third party liability coverage (applicable to dogs only)

We will cover **you** against all sums for which **you** become legally liable to pay as damages, claimants' costs and/or expenses arising out of an accident or bodily injury (fatal or non-fatal) caused by **your** pet during the **period of insurance** and happening to a person who is not **you** or a member **your immediate family**, or accidental damage caused by **your** pet to property not owned by **you** or **your immediate family** or to property that is not in **your** custody, which occurs within the **territorial limits** of this section.

The total of payment(s) under this section, whether in respect of or arising out of any one occurrence, or in respect of an aggregate number of claims, will not exceed the **benefit limit** shown on **your certificate** in any **period of insurance** under any circumstances.

You must not admit or accept liability, negotiate or make a payment or promise of payment to any person without **our** written consent.

You are required to provide **us** with any information which **we** may reasonably require in order to assess the claim against **you**.

We will have the sole conduct and control of any claim and the associated legal proceedings including the right to prosecute in **your** name for **our** benefit, for any claim, damages or liability.

Exclusions applicable to Section 2: Third party liability coverage (applicable to dogs only)

Your policy does not cover any costs or charges related to:

1. The **excess** shown in **your certificate**.
2. Any costs or charges over the **benefit limit** shown in **your certificate**.
3. Any liability assumed by **you** under any agreement or contract which imposes a liability on **you** which **you** would not be liable for in the absence of such an agreement.
4. Any liability arising as a result of any deliberate act, wilful default or neglect by **you** or members of **your immediate family**.
5. Any liability arising as a result of any person controlling, restraining or handling, or attempting to control, restrain or handle, **your** dog without **your** consent.
6. The cost of fines, penalties and punitive, exemplary, aggravated, liquidated and multiple damages.

7. Any claim or other proceedings against **you** or **your immediate family** in a court of law outside the United Kingdom (including Northern Ireland), the Isle of Man or the Channel Islands.

8. Any loss or damage to property in the ownership, custody or control of **you** or members of **your immediate family** or household or any person employed by members of **your** household.

9. Any damage or bodily injury to **you** or any members of **your immediate family** or to any persons permanently residing with **you**.

10. Any damage or bodily injury to any person who has contact with **your pet** for professional purposes, such as a **vet**, or any person employed in a **vet** practice, a dog walker or trainer, or a person employed by or working in a grooming parlour.

11. Any damage or bodily injury to any person under a contract of service or apprenticeship with **you** when the damage or bodily injury arises out of and in the course of their employment by **you**.

12. Any liability covered by another insurance **policy**, such as **your** household insurance **policy**, which would normally cover the same loss, unless the coverage limits on that insurance **policy** have been exhausted.

Any claim arising from loss or destruction of or damage to any property or bodily injury to any person, directly or indirectly caused by pollution or contamination, unless the pollution or contamination is directly caused by a sudden, identifiable, unintended and unexpected incident, which occurs in its entirety at a specific time and place during the **period of insurance** provided that all pollution or contamination which arises out of one incident shall be deemed to have occurred at the time such incident takes place.

13. Any claims for liability arising at **your** work place.

14. Any claims involving a member of the **veterinary** practice treating **your** dog.

15. Any costs incurred whilst **your** dog is competing in any type of competition, including but not limited to field trials, dog shows and or breeder's competitions.

Section 3: Death from illness - applicable to Bronze, Silver and Gold **policies** only

Policy Benefit for Section 3: Death from illness

If, during the **period of insurance**, **your pet** dies from an **illness**, **we** will pay **you** either the price **you** paid when **you** bought **your pet**, or the **benefit limit** shown in **your certificate**, whichever is the lower amount.

We will also pay up to the **benefit limit** shown in **your certificate** if **your pet** has to be put to sleep, as long as your **vet** confirms that the procedure was necessary to alleviate the incurable and inhumane suffering of **your pet** due to the **illness**.

Conditions applicable to Section 3: Death from **illness**

1. If **you** do not have the purchase receipt for **your pet**, **we** will pay the estimated cost at the date **you** purchased **your pet** for an animal of the same breed, up to the **benefit limit** shown in **your certificate**.

Exclusions applicable to Section 3: Death from **illness**

1. This section does not provide coverage for dogs that are 7 or more years old and cats that are 9 or more years old at the start of the **period of insurance**.

Section 4: Death from **accident**

Policy Benefit for Section 4: Death from **accident**

If, during the **period of insurance**, **your pet** dies from an **accident**, **we** will pay **you** either the price **you** paid when **you** bought **your pet**, or the **benefit limit** shown in **your certificate**, whichever is the lower amount.

We will also pay this policy benefit if your pet has to be put to sleep, as long as your **vet** confirms that the procedure was necessary to alleviate the incurable and inhumane suffering of **your pet** due to the **accident**.

Conditions applicable to Section 4: Death from **accident**

1. If **you** do not have the purchase receipt for **your pet**, **we** will pay the estimated cost at the date **you** purchased **your pet** for an animal of the same breed, up to the **benefit limit** shown in **your certificate**.

Exclusions applicable to Section 4: Death from **accident**

1. This section does not provide coverage for dogs that are 7 or more years old and cats that are 9 or more years old at the start of the **period of insurance**.

Section 5: Advertising and reward - applicable to Bronze, Silver and Gold **policies** only

Policy Benefit for Section 5: Advertising and reward

If **your pet** is lost or stolen during the **period of insurance**, **we** will pay up to the **benefit limit** stated in **your certificate** towards the cost of advertising in local media to assist in the recovery of **your pet**, and/or a reward if **your pet** is found.

Exclusions applicable to Section 5: Advertising and reward

Your policy does not provide coverage for:

1. Any costs in excess of the **benefit limit** stated in **your certificate**.
2. Any reward to any member of **your immediate family**, or any person living with **you**.

3. Any reward that **we** have not agreed to before **you** advertised it.
4. Any reward not supported by a signed receipt giving the full name and address of the person who found **your pet**.
5. Any reward paid to the person who was caring for **your pet** when it was lost or stolen.

Section 6: Theft and straying - applicable to Bronze, Silver and Gold **policies** only

Policy Benefit for Section 6: Theft and straying

If **your pet** is lost or stolen during the **period of insurance**, and if it is not recovered after 45 days despite **your** reasonable and appropriate endeavours towards recovery, including advertising and reward, **we** will pay **you** either the price you paid when **you** brought **your pet**, or the **benefit limit** shown in **your certificate**, whichever is the lower amount.

Conditions applicable to Section 6: Theft and straying

1. If **you** do not have the purchase receipt for **your pet**, **we** will pay the estimated cost at the date **you** purchased **your pet** for an animal of the same breed, up to the **benefit limit** shown in **your certificate**. However, we will not pay more than the value of an animal of the same breed at the time of the loss.
2. In order to claim under this section, **you** must have suffered no thefts, attempted thefts or threats of any nature against **you**, or **your pet** or any other animals or property **you** own during the twelve months immediately prior to the start of the **period of insurance**.
3. **We** will not pay **your** claim for the loss of **your pet** by theft or unlawful removal until 90 days after the loss is reported to **us** and then only if **the pet** has not been recovered during that period.
4. **We** will not pay **your** claim for the loss of **your pet** by straying until 45 days after the loss is reported to **us** and then only if **the pet** has not been recovered during that period.
5. **You** must, as soon as possible, report any theft or disappearance of **your pet** to the Police and your Local Authority Animal Control Officer, and **you** must follow their recommendations strictly, except that under no circumstances whatsoever may **you** pay, agree to pay, or promise to pay a ransom, bribe or payoff, or give similar assurance of such nature to any person.
Should **you** pay, agree to pay, or promise to pay a ransom, bribe or payoff, or give similar assurances of such nature to any person, all insurance coverage under **your policy** will stop from midnight on the day before the payment, agreement to pay, or promise to pay or similar assurance was given.
6. If a claim is paid under this section of **your policy**, and **your pet** is subsequently recovered, **you** must return the amount paid in settlement of **your** claim.
7. If a claim is paid under this section of the policy and **your pet** is subsequently recovered there can be no abandonment of **your pet** to **us**.

8. If **your pet** is female, no coverage is given under this section for any embryo within the **pet**.

Exclusions applicable to Section 6: Theft and straying

1. **Your policy** does not provide coverage for any occurrence of theft or straying where the loss occurs within 45 days of the start date of **your policy**. (This exclusion is not applicable to renewed policies).

Section 7: Pet boarding fees - applicable to Bronze, Silver and Gold **policies** only

Policy Benefit for Section 7: Pet boarding fees

We will reimburse **you** for boarding kennel or cattery fees in a licensed boarding establishment, up to the **benefit limit** as stated in **your certificate**, in any one **period of insurance** if **you** or a member of **your immediate family** who is permanently residing with **you** is hospitalised on medical advice for a period exceeding 4 consecutive days.

Exclusions applicable to Section 7: Pet boarding fees

This section of **your policy** does not provide coverage for:

1. Any hospitalisation of **you** or any member of **your immediate family** who is permanently residing with **you** as a result of pregnancy or complication arising from pregnancy.
2. Any hospitalisation that occurs due to any existing medical condition that **you** or any member of **your immediate family** who is permanently residing with **you** suffers from, or was suffering from at the start date of **your policy**.

Section 8: Holiday cancellation costs - applicable to Bronze, Silver and Gold **policies** only

Policy Benefit for Section 8: Holiday cancellation costs

If **your pet** requires emergency, life-saving treatment within 7 days of **your** departure on a holiday, and the aftercare required following this emergency treatment necessitates, in **your vet's** opinion, cancellation or curtailment of **your** holiday, **we** will reimburse **you** for any non-refundable cancellation or curtailment costs or expenditure up to the **benefit limit** shown in **your certificate** in any one **period of insurance**.

Exclusions applicable to Section 8: Holiday cancellation costs

Your policy does not provide coverage for:

1. Any non-refundable cancellation or curtailment costs or expenditure incurred when cancelling or curtailing **your** holiday if **your vet** will not certify that the surgery was required in an emergency attempt to save the life of **your pet**.
2. Any non-refundable cancellation or curtailment costs or expenditure incurred when cancelling or curtailing **your** holiday if the emergency life-saving surgery relates to an **existing condition**.

3. Any cancellation or curtailment costs or expenditure incurred when cancelling or curtailing **your** holiday that **you** can recover elsewhere.

Section 9: Overseas travel with **your pet** - applicable to Bronze, Silver and Gold **policies** only

If **you** incur any costs while travelling with **your pet** in a country outside the United Kingdom (including Northern Ireland), the Isle of Man or the Channel Islands, but within a European Union country that is listed as a member of the **Pet Travel Scheme**, **you** will need to make payment **yourself** first.

IMPORTANT: **your policy** does not provide coverage under any Section if **you** take **your pet** to any non-EU country, even if that country is listed as a scheme member on the **Pet Travel Scheme** website or other documentation, nor will **your policy** provide coverage if **your pet** is outside the United Kingdom (including Northern Ireland), the Isle of Man and the Channel Islands for more than 31 consecutive days in any one trip or more than the overseas travel limit stated in **your certificate** over all trips during the **period of insurance**.

Pet Travel Scheme – information only

This extract is provided for information purposes only and does not form part of **your policy**:

You can enter or return to the United Kingdom (including Northern Ireland), the Isle of Man and the Channel Islands with **your pet if it:**

- a. *has been microchipped; and*
- b. *has a pet passport or third-country official veterinary certificate; and*
- c. *has been vaccinated against rabies – **your pet** will also need a blood test if **you** are travelling from an unlisted country; and*
- d. *dogs must also usually have a tapeworm treatment.*

Your pet may be put into quarantine for up to 4 months if **you** do not follow these rules – or refused entry if **you** have travelled by sea.

For more information: <https://www.gov.uk/take-pet-abroad>

If **you** need more information about pet travel **you** should contact the Pet Travel Scheme helpline:

email: pettravel@apha.gsi.gov.uk; telephone: 0370 241 1710 Monday to Friday, 8am to 6pm (closed on Bank Holidays).

Section 9a: Loss of **Pet** Passport

Policy Benefit for Section 9a: Loss of documents and quarantine expenses

If, while **you** are travelling in a country outside the United Kingdom (including Northern Ireland), the Isle of Man or the Channel Islands, but within a European Union country that is listed as a member of the **Pet Travel Scheme**, **your pet's** travel documentation is lost or

stolen, or **your pet** is not allowed to return to the UK due to the failure of their microchip, **we** will pay costs incurred for the replacement documentation or for replacement of the failed microchip, and any quarantine costs that may be incurred as a direct result of these events, up to the following limit:

Bronze		Silver		Gold	
Cat	Dog	Cat	Dog	Cat	Dog
£150	£150	£350	£350	£1,000	£1,000

Conditions applicable to Section 9a: Loss of **Pet** Passport

1. All claims under this section must be supported with all relevant receipts and documentary evidence of expenditure.

Exclusions applicable to Section 9a: Loss of **Pet** Passport

1. In any event **we** will not pay more than the **benefit limit** for this section as stated in **your certificate**.
2. **Your policy** does not provide any coverage if **you** take **your pet** outside the European Union.
3. **Your policy** does not provide coverage for any costs where the loss of the **pet** passport or failure of the microchip was discovered prior to leaving the United Kingdom (including Northern Ireland), the Isle of Man and the Channel Islands.
4. **Your policy** does not provide coverage for any claims where the loss of the passport was not reported to the issuing **vet** within 24 hours of the loss having been discovered.

Section 9b: Emergency expenses abroad

Policy Benefit for Section 9b: Emergency expenses abroad

If, while **you** are travelling in a country outside the United Kingdom (including Northern Ireland), the Isle of Man or the Channel Islands, but within a European Union country that is listed as a member of the **Pet Travel Scheme**, **your pet** requires emergency **vet treatment** due to an **incident** that, in the opinion of **your vet**, renders **your pet** unable to travel, or **your pet** becomes lost, **we** will pay the additional costs for any required **vet** clinic inpatient or quarantine stay, extra accommodation for **you**, the cost of replacing or exchanging travel documentation, and other expenses incurred due to **your** delayed return home, up to the following limit:

Bronze		Silver		Gold	
Cat	Dog	Cat	Dog	Cat	Dog
£150	£150	£350	£350	£1,000	£1,000

Conditions applicable to Section 9b: Emergency expenses abroad

1. All claims under this section must be supported with all relevant receipts and documentary evidence of expenditure.

Exclusions applicable to Section 9b: Emergency expenses abroad

1. In any event **we** will not pay more than the **benefit limit** for this section as stated in the table above.
2. **Your policy** does not provide any coverage if **you** take **your pet** outside the European Union.
3. **Your policy** does not provide coverage for any costs where the **incident** began, or was first discovered prior to leaving the United Kingdom (including Northern Ireland), the Isle of Man and the Channel Islands.
4. **Your policy** does not provide coverage for any costs **you** can recover elsewhere.

Section 10: Accidental damage - applicable to Gold policies only

Policy Benefit for Section 10: Accidental damage

Your policy provides coverage for accidental property damage caused by **your pet** to the property of a person who is not **you** or **your immediate family** up to a maximum of £500 per accident subject to the section **excess** of £95.

Exclusions applicable to Section 10: Accidental damage

Your policy does not provide coverage for:

1. The first £95 of any claim under this section.
2. Any amounts above the **benefit limit** for this section.
3. Damage to property in the ownership, care, custody or control of **you** or **your immediate family** or any person employed in **your** household.
4. Damage to property in the ownership of any person entrusted with the care, control and custody of **your pet**.
5. Damage caused to the property of any person while **your pet** is unsupervised.
6. Any loss covered by any other insurance **policy** such as your household insurance **policy**.

General Claims Conditions: Applicable to all sections of the **policy**

You must, to the best of **your** ability, comply with the following conditions in order to benefit from the full protection of **your policy**.

If **you** fail to comply with the conditions set out in this section, or in other sections of this policy document, **we** may:

1. cancel **your policy**, or
2. refuse to accept **your** claim, or
3. reduce the amount of any claim payment.

If **you** renew **your policy** each year and **you** keep **your** premium payments up to date, cover for the **treatment** of an **incident** continues until **you** reach the **benefit limit** stated in **your certificate**. The **benefit limit** will be the limit stated in the **certificate** in force when the **incident** or **injury** occurred or the first clinical signs of the **illness** were noticed.

If **you** change **your benefit limit** or if **you** change **your policy** cover level, coverage for the **treatment** of any ongoing **treatment** for an **incident** will be capped at the **benefit limit** in force at the time the **incident** occurred.

1. In the event of any possible claim under any section of this **policy** **you** must notify **us** as soon as possible and not later than 60 days after any possible event likely to result in a claim.
 - a) If **you** do not notify **us** within 60 days and this prejudices **our** ability to assess or verify the claim, or to mitigate our losses, then, other than in exceptional circumstances, no payments will be made in respect of the claim.
 - b) If **you** make a claim under this **policy**, **we** will pay any sums due in respect of **your** claim within a reasonable time. A reasonable time includes allowing **us** a reasonable time to investigate and assess **your** claim, the period for which may vary according to the complexity of **your** claim.

2. Following the settlement of a claim under **your policy**, **we** shall be entitled to take over and exercise any rights in **your** name against any other party for **our** own benefit and at **our** own expense to recover any payment **we** have made under this **policy**.
3. **You** must not act in a fraudulent manner. If **you** or anyone acting for **you**:
 - a) Makes a claim under the **policy** in order to obtain a claims payment to which **you** are not entitled, or
 - b) Knowingly makes a false statement in support of a claim, in order to obtain a claims payment to which **you** are not entitled, or
 - c) Knowingly submits a forged or false document in support of a claim in order to obtain a claims payment to which **you** are not entitled, or
 - d) Makes a claim in respect of any loss or damage caused by **your** wilful act or with **your** connivance.

The following conditions shall apply:

- i. **We** will not pay any part of the claim to which **you** are not entitled, and
- ii. **We** shall not pay any other claims or part of any claims which have been or will be made under **your policy** to which **you** are not entitled, and
- iii. **We** will declare **your policy** void, and
- iv. **We** shall be entitled to recover from **you** the amount of any claim already paid under the **policy** to which **you** are not entitled, and
- v. **We** may inform the Police of the circumstances, and
- vi. **We** will not return any premium.

How we will settle **your** claim

Section 1: **Vet fees**

1. Upon commencement of **treatment** **you** should contact us and report the **incident** as soon as possible. **We** will then send **you** a claim form for completion by **you** and **your vet**.
2. Before we can begin the process of assessing **your** claim, **you** must return the completed form to **us** with supporting receipts and any other documentation reasonably requested as soon as possible, even if **your pet's treatment** is still ongoing.

- Alternatively, claim settlements to United Kingdom-based **vets** can be made directly to the **vet** after deduction of the **excess** and/or **co-insurance**. **Your vet** must send **us** the claim form, supporting receipts and any other documentation reasonably requested before **we** can begin the process of assessing **your** claim.

We will not pay any **excess** or **co-insurance**, nor does **your policy** cover any charge **your vet** may make to submit the claims documentation on **your** behalf.

- We** have the right to request further information either directly from **your vet** or from **you** to confirm the validity of **your** claim. If any **vet** or other third-party makes a charge for providing this information, **you** must pay this but **we** will not reimburse **you** for this expense.

Section 2: Third party liability

Claims under this section of **your policy** are administered by DMS but in the first instance **you** should contact the Claims Helpline on 020 3824 0722.

You shall not admit or accept liability, negotiate or make any payment or promise of payment without **our** written consent.

- You** should immediately contact the Claims Helpline on the above number and advise them of any event which may lead to a claim, whether **you** think a claim is likely to be made or not. DMS will then contact you and give **you** instructions on what to do with any letter, claim, writ or summons.
- You** are required to provide **us** with all of the information that **we** may reasonable require.
- We** will have the sole conduct and control of any claim and legal proceeding relating to it including the right to prosecute in **your** name for **our** benefit for any claim, damages or liability.

Section 3: Death from illness and Section 4: Death from accident

- If **your pet** dies, **you** must obtain a certificate from **your vet**, at **your** own expense, detailing the date and the cause of death.
- If **your pet** is put to sleep, **you** must obtain a certificate from **your vet** stating that, in their opinion, the procedure was necessary for humane reasons to end **your pet's** incurable suffering, and detailing the date **your pet** was put to sleep and the, **illness**, disease or **injury** which made the procedure necessary.
- Section 3: Death from Illness and Section 4: Death from Accident does not apply in the case of dogs that are seven (7) or more years of age or cats that are nine (9) or more years of age at the start of the **period of insurance**.

Section 5: Advertising and reward

- If **you** lose **your pet**, or **your pet** escapes or strays, **you** must, as soon as possible, report any theft or disappearance of **your pet** to the Police and your Local Authority Animal Control Officer, and **you** must follow their recommendations strictly.
- If **you** lose **your pet**, or **your pet** escapes or strays, **you** should telephone **us** immediately and obtain **our** approval prior to making any expenditure.

Section 6: Theft and straying

- If **your pet** is stolen or strays, **you** must, as soon as possible (within 24 hours of the disappearance being discovered) report any theft or disappearance of **your pet** to the Police and your Local Authority Animal Control Officer, and **you** must follow their recommendations strictly.
- If **your pet** is stolen, or **your pet** strays, **you** should telephone **us** immediately.
- We** will not pay **your** claim for the loss of **your pet** by theft until 90 days after the loss is reported to **us** and then only in the event that **the pet** has not been recovered during that period.
- We** will not pay **your** claim for the loss of **your pet** by straying until 45 days after the loss is reported to **us** and then only in the event that **your pet** has not been recovered during that period.

Section 7: Pet boarding fees

- If **you** are hospitalised in an emergency and are obliged to board **your pet** at a licensed kennel or cattery, **you** should obtain, at **your** own expense, receipts or invoices from the kennel or cattery, which should describe the dates on which **your pet** was boarded, and any other expenses incurred.
- You** must also obtain, at **your** own expense, confirmation of the period **you** or **your immediate family** member(s) were hospitalised, and any additional information that **we** may reasonably request.

Section 8: Holiday cancellation costs

- If **you** are obliged to cancel or curtail **your** holiday due to an emergency health issue suffered by **your pet**, **you** should obtain, at **your** own expense, the booking invoice and cancellation invoice from **your** travel agent or tour operator. This should detail the total unrecoverable charges made and the date of cancellation or curtailment.

Section 9: Overseas travel with your pet

- If **your pet** requires **treatment** by a **vet** while **you** are on holiday in a country outside the United Kingdom (including Northern Ireland), the Isle of Man and the Channel Islands, but within a European Union country that is listed as a member of the **Pet Travel**

Scheme on the DEFRA website, **you** should pay the **vet** directly for any **treatment** and retain the **treatment** records and invoices for submission to **us** on **your** return home. **We** will assess **your claim** and reimburse **you** where appropriate.

2. **You** must report the **incident** to the Claims Helpline 020 3824 0722 as soon as possible.
3. **We** will send **you** a claim form, which **you** should complete and return to **us** as quickly as possible, with the **treatment** records and paid **vet** receipts.
4. Settlement will then be made to **you** in pounds sterling (GBP) at the rate of exchange applicable at the time **you** paid the **vet**.
5. If **your pet** requires further **treatment** for the condition on **your** return home, any claim for **vet fees** or reimbursement under any other section will be settled in the manner outlined in [How we will settle your claim: Section 1](#).
6. If while **you** and **your pet** are temporarily outside the United Kingdom (including Northern Ireland), the Isle of Man and the Channel Islands, the Pet Passport is lost or stolen, **you** must report the loss to the issuing **vet** as soon as possible to obtain a replacement or copy.
7. **You** should retain all invoices for charges of replacement vaccinations, treatment or quarantine that **you** have paid, and **you** should call the Claims Helpline on 020 3824 0722 immediately to begin the claim process.

Section 10: Accidental damage

1. If **your pet** causes damage to another person's property, even if **you** do not think a claim will be made, **you** should call the Claims Helpline on 020 3824 0722 immediately.
2. **You** must complete the claim form which will be sent to **you**, detailing the exact circumstances, including the description of the articles damaged, and their purchase price if known.
3. **You** should not admit any responsibility for the damage until the claim has been reported and considered by **us**. If **you** accept liability for any damage without **our** permission, **we** will not pay any claim arising from the event.

Complaints Procedure

We are committed to giving **you** a first-class service at all times, and will make every effort to meet the high standards **we** have set. If **you** feel **we** have not attained the standard of service **you** would expect or **you** are dissatisfied in any way, this is the procedure that **you** should follow:

Initiating your complaint

You should contact **us** by emailing petcomplaints@infinityinsurance.co.uk, by calling **us** on 020 3824 0731 or in writing to **our** Complaints Officer at: TIF Group, 1 Tower View, Kings Hill,

West Malling, Kent ME19 4UY. **We** will confirm receipt of **your** complaint by telephone or email by the next working day, and do **our** best to resolve the problem within 3 working days from the date **we** receive **your** complaint.

If **we** are unable to resolve **your** complaint within three (3) working days, **we** will send **you** a communication, either verbally, by email or by post (depending on the method of communication **you** prefer) explaining why **we** have been unable to resolve **your** complaint, and the steps **we** intend to take to resolve the issue as soon as possible.

We aim to conclude **our** enquiries and provide a Final Response Letter to **you** within eight (8) weeks from the date **your** complaint was received by **us**. **We** will keep **you** regularly informed of **our** progress towards resolving **your** complaint, and may need to contact **you** during this time to request or verify information relating to **your** complaint.

Financial Ombudsman Services (FOS)

If the differences between **us** remain unresolved, or **you** have not received a Final Response Letter from **us** within eight (8) weeks from the date **your** complaint was received by **us**, **you** may refer **your** complaint to the Financial Ombudsman Service (FOS). **You** can ask the FOS to review **your** complaint if for any reason **you** are still dissatisfied with **our** Final Response, or if a Final Response Letter has not been issued within eight (8) weeks from the date of **your** initial complaint to **us**.

Details for contacting the FOS

The Financial Ombudsman Service

Exchange Tower,
Harbour Exchange Square
London E14 9SR

Tel: 0800 023 4567 from a landline or 0300 123 9123 from a mobile.

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

Website: www.financial-ombudsman.org.uk

Please note that **you** have six (6) months from the date **you** receive **our** Final Response Letter in which to refer **your** complaint to the FOS. The FOS is an independent body that arbitrates on complaints about general insurance products.

The FOS will only investigate complaints after **we** have issued a Final Response Letter, or if a Final Response Letter has not been issued to **you** within eight (8) weeks from the date of **your** complaint.

Following this procedure will not affect **your** legal rights.

Please quote **your policy** number in any communication with the FOS.

Status Disclosure

The Administrator of **your policy** is TIF Group, 1 Tower View, Kings Hill, West Malling, Kent ME19 4UY. Details about **your** insurance Administrator's authorisation and regulation by the Financial Conduct Authority can be checked on the Financial Conduct Authority's register; www.fca.gov.uk, or telephone 0800 111 6768.

Your policy is underwritten under facility reference B0142A162653 granted by the Insurer to Cranbrook Underwriting Ltd, (registered number 04286691, registered office 1 Minster Court, Mincing Lane, London EC3R 7AA), which is an appointed representative of Chesterfield Insurance Brokers Ltd. (registered number 03013489, registered office 1 Minster Court, Mincing Lane, London EC3R 7AA), which is authorised and regulated by the Financial Conduct Authority.

The Insurer is QIC Europe Limited, (registered office: The Hedge Business Centre, Triq ir-Rampa ta San Giljan, St. Julian's STJ1062, Malta), which is authorised by the Financial Conduct Authority and authorised and regulated by the Malta Financial Services Authority (No. C67694).

You can check the Financial Conduct Authority website at www.fca.org.uk, which includes a register of all the firms authorised to conduct business in the UK or **you** can phone them on 0800 111 6768.

Financial Services Compensation Scheme

QIC Europe Limited is covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event that QIC Europe Limited cannot meet its obligations, **you** may be entitled to compensation from the scheme. Eligibility for compensation depends on the circumstances of the claim. Further details can be obtained from www.fscs.org.uk or by telephone from the FSCS helpline 0800 678 1100 or 0207 741 4100.

Data protection

We will use the information **you** have provided for the purposes of fulfilling the insurance contract. **Your** information will be held for no longer than is necessary. By providing this information, **you** consent to **our** processing personal and sensitive data about **you** where this is necessary or appropriate.

Your data may be sent to other companies in **our** group or companies acting on **our** instructions, including those located outside of the European Economic Area.

You are entitled to a copy of the information that is held about **you**. A reasonable administration fee will be charged for providing this information and any request for information should be made in writing to **our** Data Protection Officer at: TIF Group, 1 Tower View, Kings Hill, West Malling, Kent ME19 4UY.