

Pet-ID Insurance does not provide advice or any personal recommendation about the insurance products offered.

## Demands and Needs – who is this product suitable for?

This product meets the demands and needs of a pet owner who wants cover for the cost of veterinary treatment for each injury and illness for 12 months only.

## Your Pet Insurance Policy Terms and Conditions

Effective 17th May 2018

Written in plain English

Details of your pet's cover are outlined in these Terms and Conditions. There are 13 sections of cover but please be aware that some sections may not be included in the cover you have chosen for your pet. The section is only included if it is shown as covered on your Certificate of Insurance Pet Details. We recommend you check your pet's cover and contact us as soon as possible if this is not as expected.

These policy Terms and Conditions are part of **your** insurance contract. The other parts are **your** Certificate of Insurance Policy Details, Certificate of Insurance Pet Details and **your** written, internet or telephone application. To understand exactly what **your** insurance contract covers **you** must read **your** Certificates of Insurance, together with these policy Terms and Conditions.

### Definitions

If **we** explain what a word means, that word has the same meaning wherever it appears in these Terms and Conditions. For ease, you'll see that these words appear in bold throughout.

**12 months:** 365 days calculated from and including the date an **injury** happened or the first **clinical signs** of the **illness** were noticed.

**Agreed countries:** Any European Union member States and Territories which are included in the **Pet Travel Scheme (PETS)**.

**Behaviour modification programme:** A programme written by a **member of a veterinary practice** detailing specific techniques to be used and action to be taken with the aim of permanently changing **your pet's** behaviour.

**Clinical sign(s):** A change(s) in **your pet's** normal healthy state, its bodily functions or behaviour.

**Elective treatment, diagnostic or procedure:** Any treatment, diagnostic or procedure **you** request, which the **vet** confirms is not necessary.

### Excess:

- The excess is the first part of each unrelated claim and the amount **you** have to pay.
  - The excesses which apply to the cover for **your pet** are shown on **your** Certificate of Insurance Pet Details.
  - For Veterinary Fees and Travel Veterinary Fees this will be a) a fixed amount only b) a percentage amount only or c) a fixed amount and a percentage amount.
- a) **A fixed amount only** - the fixed amount is the amount that **you** have to pay towards each **injury** or **illness** that is not related to any other **injury** or **illness**. This amount will be deducted from the first claim(s) for that **injury/illness**
- b) **A percentage amount only** - **you** must pay a percentage of all treatment costs and this will be deducted from all claims submitted. The percentage **you** have to pay is shown on **your** Certificate of Insurance Pet Details.
- c) **A fixed amount and a percentage amount** - the fixed amount will be deducted as explained in a) above. In addition, **you** must also pay a percentage of all treatment costs. The percentage **you** have to pay is shown on **your** Certificate of Insurance Pet Details and this will be deducted from all claims submitted and will be calculated on the amount left after the fixed amount has been deducted.

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

**Home:** The place in the **UK** where **you** usually live.

**Illness:** Any change(s) to a normal healthy state, sickness, disease, defects and abnormalities, including defects and abnormalities **your pet** was born with or were passed on by its parents.

**Illness which starts in the first 14 days of cover:**

An **illness** that:

- a) Showed **clinical signs**,
- b) Has the same diagnosis or **clinical signs** as an **illness** that showed **clinical signs**,
- c) Is caused by, relates to, or results from, a **clinical sign** that was noticed, or an **illness** that showed **clinical signs**,  
In the first 14 days of:
  - **Your pet's first policy year**, or
  - The section being added to **your** insurance.

No matter where the **illness** or **clinical signs** are noticed or happen in, or on, **your pet's** body.

**Immediate family:** **Your** husband, wife, civil partner, partner, parents, sons and daughters.

**Injury:** Physical damage or trauma caused immediately by an accident. Not any physical damage or trauma that happens over a period of time.

**Journey:** Travel from **your home** to any of the **agreed countries** for a maximum of 90 days for all journeys in the **policy year**. This includes the duration of **your** holiday or business trip and any travel in and between **agreed countries** and return journeys to **your home**.

**Market value:** The price generally paid for an animal of the same age, breed, pedigree, sex and breeding ability at the time **you** took ownership of **your pet**.

**Maximum benefit:** The most **we** will pay as shown on **your** Certificate of Insurance Pet Details.

**Member of a veterinary practice:** Any person legally employed by a veterinary practice under a contract of employment.

**Pet Travel Scheme (PETS):** A system that allows people in the **UK** to take their pets to certain countries and bring them back again without the need for quarantine.

**Policy year:** The time during which **we** give cover as shown on **your** Certificate of Insurance Policy Details. This is normally 12 months but may be less if **your pet** has been added to, or cancelled from, **your** insurance.

**Pre-existing condition:**

An **injury** or **illness** that:

- a) Happened or first showed **clinical signs**,
- b) Has the same diagnosis or **clinical signs** as an **injury**, **illness** or **clinical sign your pet** had,
- c) Is caused by, relates to, or results from, an **injury**, **illness** or **clinical sign your pet** had,
  - Before **your pet's** cover started, or
  - Before the section was added to **your** insurance.

No matter where the **injury**, **illness** or **clinical signs** are noticed or happen in, or on, **your pet's** body. This is regardless of whether or not **we** place any exclusion(s) for the **injury/illness**.

**Select breeds:** All Mastiff breeds, Beauceron, Bernese Mountain Dog, Bulldog, Deerhound, Dogue de Bordeaux, Estrela Mountain Dog, Great Dane, Irish Wolfhound, Leonberger, Newfoundland, Old English Sheep Dog, Pyrenean Mountain Dog, Rottweiler, Shar Pei and St Bernard.

**Travel documents:** The Pet Passport, PETS Certificate and/or Certificate for treatment against parasites issued for **your pet** under the terms of the **Pet Travel Scheme (PETS)**.

**Treatment of a behavioural illness:** The treatment of a change(s) to **your pet's** normal behaviour that is caused by a mental or emotional disorder which could not have been prevented by training and/or spaying/castration.

**UK:** England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands.

**Vet:** Registered Veterinary Surgeon.

**Veterinary fees:** The amount **vets** in general or referral practices usually charge.

**Veterinary treatment:** The cost of the following when required to treat **injury** and **illness**:

- a) Any examination, consultation, advice, test, x-ray, diagnostic procedure, surgery and nursing carried out by a **vet**, a veterinary nurse or a **member of a veterinary practice** under the supervision of a **vet**, and
- b) Any medication legally prescribed by a **vet**.

**We, us, our:** Allianz Insurance plc.

**You, your:** The person named on the Certificate of Insurance Policy Details.

**Your pet:** The dog or cat named on the Certificate of Insurance Pet Details.

## General Conditions

1. **Conditions of the policy:**

**You** must keep to the General Conditions and Special Conditions to have the full protection of **your** policy. If **you** do not, and the condition **you** have not kept to relates to a claim, **we** may refuse the claim
2. **Caring for your pet:**
  - a) Throughout the **policy year you** must take all reasonable steps to maintain **your pet's** health and to prevent **injury, illness** and loss. If there is a disagreement between **you** and **us** as to what reasonable steps are, the details will be referred to independent national welfare body or an independent **vet** mutually agreed upon.
  - b) **You** must arrange and pay for **your pet** to have a yearly dental examination and any treatment normally recommended by a **vet** to prevent **injury** or **illness**. Any treatment recommended as a result of the dental examination must be carried out as soon as possible. If **you** do not keep to this condition, any claims which relate to it will not be covered under the policy.
  - c) **You** must keep **your pet** vaccinated against the following:
    - Dogs: Distemper, hepatitis, leptospirosis and parvovirus.
    - Cats: Feline infectious enteritis, feline leukaemia and cat flu.If **you** do not keep **your pet** vaccinated, **we** will not pay any claims that result from any of the above **illnesses**.
  - d) **You** must arrange for a **vet** to examine and treat **your pet** as soon as possible after it shows **clinical signs** of an **injury** or **illness**, and follow any advice they give. If **you** do not follow the **vet's** advice **we** will not pay any claims relating to that **injury** or **illness**.
3. **Paying your premium:**
  - a) **Your pet** is only covered under this policy if **you** pay the premium. If **you** pay the yearly premium in Direct Debit instalments and **you** miss an instalment **you** must pay the outstanding amount within 10 days of the date the instalment was due to be paid. If **we** do not receive **your** payment within 10 days of the date the premium was due **your** insurance will automatically stop and **we** will make no further claim payments.
  - b) If **your** policy stops because **you** have not paid the premium **we** may agree to reinstate **your** policy. If **we** agree, **we** may require **you** to pay all premiums due until the end of the current **policy year**.
  - c) When **we** settle **your** claim, **we** will deduct from the claim, any amount due to **us**.
4. **Renewing your policy:**

If **you** pay **your** premium by Direct Debit instalment, when **your** policy is due for renewal **we** will renew it for **you** automatically, to save **you** the worry of remembering to contact **us** before the renewal date. **We** will write to **you** before the policy expires with full details of **your** premium and policy conditions for the next **policy year**. If **you** do not want to renew this policy just let **us** know.
5. **Changes at renewal:**
  - a) If **we** offer further periods of insurance **we** may:
    - Change the premium, **excesses** and policy Terms and Conditions.
    - Place exclusions because of **your pet's** claims and veterinary history.
    - Limit or withdraw Third Party Liability cover based on a review of **your pet's** behaviour. For example, any aggressive tendencies shown or any incidents where **your pet** has caused **injury** to a person or another animal.
  - b) During the policy and at each renewal, **we** ask **you** to notify **us** of certain information. The information **we** require from **you** will be stated in **your** Certificates of Insurance. It is important that **you** provide **us** with full and accurate information as this could affect a future claim.
  - c) **We** have the right not to invite renewal and **we** will notify **you** in writing of any such action.
6. **Changes during the policy year:**

Changes will only be made to **your** policy at renewal, **we** will not change the cover **we** provide for **your pet** during the **policy year**, unless:

  - a) **You** decide to change **your pet's** cover.
  - b) **You** did not tell **us** about something when **we** previously asked.
  - c) **You** provided **us** with inaccurate information when previously asked, regardless of whether or not **you** thought it was accurate at the time

- 7. Claiming:**
- We** will not guarantee on the phone if **we** will cover a claim. **You** must send **us** a claim form that has been fully completed and **we** will then write to **you** with **our** decision.
  - When **you** claim **you** agree to give **us** any information **we** may reasonably ask for.
  - We** will not make any payment for a claim that results from an incident which is covered by any other insurance. If there is any other insurance under which **you** are entitled to make a claim **you** must report the incident to that insurance company and tell **us** their name and address and **your** policy and claim number with them.
  - If **you** have any legal rights against another person in relation to **your** claim, **we** may take legal action against them in **your** name at **our** expense. **You** must give **us** all the help **you** can and provide any documents **we** ask for.
- 8. Veterinary information:** **You** agree that any **vet** has **your** permission to release any information **we** ask for about **your pet**. If the **vet** makes a charge for this, **you** must pay the charge.
- 9. Exclusions applicable to your pet:**
- Any **injury/illness** which occurred before **your pet's** cover started is a **pre-existing condition** and something which will never be covered by **your** insurance. This is regardless of whether **we** place an exclusion for the **injury/illness** or not.
  - In addition to these Terms and Conditions **your** policy does not cover any amount that results from an **injury, illness** or incident which is shown as excluded on **your** Certificate of Insurance Pet Details.
  - If, after **we** have offered a further period of insurance, **you** make a claim that relates to a period of insurance before the one **we** have offered, **we** may, based on the details of the claim, place exclusions backdated to the start of the further period of insurance.
- 10. Travel cover:**
- Your** policy only provides travel cover if **you** have taken the optional Pet Travel benefits and they are shown on **your** Certificate of Insurance Pet Details. The travel cover is then limited to the **agreed countries** for a maximum of 90 days in each **policy year**. While **your pet** is outside the **UK** **you** must follow the conditions of the **Pet Travel Scheme (PETS)**. Full details of the **Pet Travel Scheme (PETS)** can be found on the Defra website, [www.defra.gov.uk](http://www.defra.gov.uk), or **you** can call the Defra Pet Travel Scheme (PETS) Helpline on 0370 241 1710.
  - You** agree to pay translation costs for any claim documentation not written in English.
- 11. Jurisdiction:**
- English law applies to this insurance contract.
  - Unless **we** agree otherwise the language of the policy and all communications relating to it will be in English.
- 12. Your residence:**
- You** and **your pet** must live in the **UK**.
  - If **your** address, or the address of **your pet**, changes **you** must advise **us** as soon as possible as this may affect the insurance cover provided.
- 13. Lost pets:** If **your pet** is lost or missing when **you** first take **your** policy, the cover under this policy will not start until **you** are reunited with **your pet** and any incident, **injury** or **illness** which occurred before **you** are reunited will not be covered by **your** policy.
- 14. Cancellation rights:**
- If, after receiving **your** Certificates of Insurance and full policy Terms and Conditions, **you** are not happy **you** have 14 days during which **you** can cancel the policy. In this case **we** will cancel **your** policy and **you** will receive a full refund of any premiums paid. If **you** cancel outside the 14-day cancellation period and the premium becomes due **you** may not receive a refund of **your** premium.
  - You** may cancel **your** policy at any time by calling or writing to **us** and **we** may give **you** a refund of the money **you** have paid for the period of cover after the cancellation date. If **we** have paid a claim **you** may not receive a full return of **your** premium.
  - We** may cancel **your** policy at any time if **you** have been dishonest or fraudulent in any dealings with **us** or **your vet** has advised that **you** have been negligent towards **your pet**. **We** will give **you** 7 days' notice in writing to the last address **you** have given **us** and **we** will give **you** a refund of any money **you** have paid for the **policy year** after the cancellation date.
  - If **your** policy is cancelled or comes to an end for any reason all cover for **your pet** will stop on the date the policy is cancelled/ends and no further claims will be paid.

## Cover

In return for the correct premium, **we** will provide cover for the following sections if they are shown on **your** Certificate of Insurance Pet Details.

## Section 1 - Veterinary Fees

Cover under this section applies in the **UK** only

### What we will pay

The cost of **veterinary fees** for the **veterinary treatment your pet** has received to treat **injury** and **illness**.

This section also covers the following when carried out by a **member of a veterinary practice**:

Physiotherapy to treat **injury** and **illness**, and  
**Treatment of a behavioural illness**.

Each **injury** and **illness** is covered for:

**12 months** starting from the date during the **policy year** the **injury** happened or the **clinical signs** of an **illness** were first noticed, or  
Until the **maximum benefit** is reached,

Whichever happens first.

### What you pay

The **excess** shown on **your** Certificate of Insurance Pet Details.

### What we will not pay – applying to Veterinary Fees

1. More than the **maximum benefit** for each **injury** or **illness**.
2. The cost of any treatment for a **pre-existing condition**.
3. The cost of any treatment for an **illness which starts in the first 14 days of cover**.
4. The cost of any treatment **your pet** receives more than **12 months** after the date the **injury** happened or the **illness** first showed **clinical signs**.
5. The cost of any treatment resulting from an **injury** or **illness**, if the **clinical signs** are the same as the **clinical signs** of an **injury** which happened or an **illness** which showed **clinical signs** more than **12 months** before.
6. The cost of any medicines or materials prescribed or supplied to be used more than **12 months** after the date the **injury** happened or the **illness** first showed **clinical signs**.
7. The cost of any treatment to prevent **injury** or **illness**.
8. The cost of any **elective treatment, diagnostic or procedure** or any treatment that **you** choose to have carried out that is not directly related to an **injury** or **illness**, including any complications that arise.
9. The cost of killing and controlling fleas and the cost of general health improvers.
10. The cost of any treatment in connection with breeding, pregnancy or giving birth.
11. The cost of any food, including food prescribed by a **vet**, unless it is:  
Used to dissolve existing bladder stones and crystals in urine, which is limited to a maximum of 40% of the cost of food for up to 6 months. A diagnostic test must be carried out to confirm the presence of the stones/crystals.  
Liquid food, used for up to 5 days while **your pet** is hospitalised at a veterinary practice, providing the **vet** confirms the use of the liquid food is essential to keep **your pet** alive.
12. The cost of pheromone products, including DAP diffusers and Feliway, unless used as part of a structured **behaviour modification programme**, and then limited to a maximum period of 6 months.
13. The cost of any vaccination, other than the cost of treating any complications that arise from this procedure.
14. The cost of spaying and castration for the **treatment of a behavioural illness**.
15. The cost of spaying (including spaying following a false pregnancy) or castration, unless:  
The procedure is carried out when **your pet** is suffering from an **injury** or **illness** and is essential to treat the **injury** or **illness**, or  
The costs claimed are for the treatment of complications arising from this procedure.
16. The cost of any treatment in connection with a retained testicle(s) if **your pet** was over the age of 12 weeks when cover started.
17. The cost of treating any **injury** or **illness** deliberately caused by **you** or anyone living with **you**.
18. The costs of having **your pet**:  
Put to sleep, including any veterinary consultation/visit or prescribed medication specifically needed to carry out the procedure, or  
Cremated, buried or otherwise disposed of.
19. The cost of any additional veterinary attention required because **you** are unable to administer medication due to **your pet's** behaviour or **your** personal circumstances.
20. The cost of a house call unless the **vet** confirms that **your pet** is suffering from a serious **injury** or **illness** and that moving **your pet** would either endanger its life or significantly worsen the serious **injury/illness**.
21. Extra costs for treating **your pet** outside usual surgery hours, unless the **vet** confirms an emergency consultation is essential, regardless of **your** personal circumstances.
22. The cost of hospitalisation and any associated **veterinary treatment**, unless the **vet** confirms **your pet** must be hospitalised for essential **veterinary treatment**, regardless of **your** personal circumstances.

23. The cost of surgical items that can be used more than once.
24. The cost of physiotherapy or **treatment for a behavioural illness**, unless this is carried out by a **member of a veterinary practice**.
25. The cost of hydrotherapy, acupuncture, homeopathy, chiropractic manipulation, osteopathy or any other complementary or alternative treatment. This includes any **veterinary treatment** specifically needed to carry out the complementary or alternative treatment.
26. The cost of buying or hiring equipment or machinery or any form of housing, including cages.
27. The cost of grooming, de-matting or bathing **your pet**, other than bathing when a substance is being used which, according to manufacturer's guidelines, can only be administered by a **member of a veterinary practice**.
28. The cost of dental treatment unless **your pet** had a dental examination carried out by a **vet** in the 12 months before the **clinical signs** of the **injury** or **illness** were first noted.
29. The cost of a post mortem-examination.
30. The cost of transplant surgery, including any pre- and post-operative care.
31. The cost of any prosthesis, including any **veterinary treatment** needed to fit the prosthesis, other than hip, knee and/or elbow replacement(s).
32. The cost of any treatment if a claim has not been submitted within one year of **your pet** receiving treatment.

## Special Conditions - applying to Veterinary Fees

1. The maximum amount **we** will pay for the cost of treatment of each **injury** or **illness** is the **maximum benefit** that applied on the date the **injury** happened or the date the **clinical signs** of the **illness** were first noticed.
2. The period of **12 months** and the **maximum benefit** will always start or be calculated from the date in the **policy year**:
  - a) The **injury** first happened or the **clinical signs** of an **illness** were first noticed, or
  - b) An **illness** with the same diagnosis or **clinical signs** was first noticed.

No matter how many times the same **injury, illness** or **clinical signs** are noticed or happen in, or on, any part of **your pet's** body.

3. If a number of **injuries, illnesses** or **clinical signs** are:
  - a) Diagnosed as one **injury** or **illness**, or
  - b) They are caused by, relate to, or result from, another **injury, illness**, or **clinical sign**,

One period of **12 months** and one **maximum benefit** will apply to the treatment received for all the **injuries, illnesses** or **clinical signs**.

In this case the period of **12 months** and the **maximum benefit** will start or be calculated from the first date in the **policy year**:

Any of the **clinical signs** or any of the **illnesses** were noticed, or

Any of the **injuries** happened.

4. After **we** have paid the cost of treatment for **12 months** or the **maximum benefit** for an **injury, illness** or **clinical sign(s)** **we** will not pay the cost of any more treatment for:
  - a) The same **injury** or **illness**,
  - b) The same **clinical sign(s)**,
  - c) An **injury** or **illness** with the same diagnosis or **clinical sign(s)** as the **illness** or **clinical sign(s)** **we** have paid the limit for, or
  - d) An **injury** or **illness** that is caused by, relates to, or results from, an **injury, illness** or **clinical sign** that **we** have paid the limit for.

No matter where the **clinical sign(s), illness** or **injury** are noticed or happen in, or on, **your pet's** body.

5. If **we** receive a request to pay the claim settlement direct to a veterinary practice, **we** reserve the right to decline this request.
6. **We** may refer **your pet's** case history to a **vet** that **we** choose and if **we** request, **you** must arrange for **your pet** to be examined by this **vet**.
7. If **you** decide to take **your pet** to a different **vet** for a second opinion because **you** are unhappy with the diagnosis or treatment provided, **you** must tell **us** before **you** arrange an appointment with the new **vet**. If **you** do not, **we** will not pay any costs relating to the second opinion. If **we** request, **you** must use a **vet** **we** choose. If **we** decide the diagnosis or treatment currently being provided is correct, **we** will not cover any costs relating to the second opinion.
8. It is **your** responsibility to ensure the veterinary practice is paid within the required time frame.
 

If an additional charge is added to the cost of treatment due to the late payment of fees, **we** will deduct this charge from the claim settlement.

If a discount is provided for paying the cost of treatment within a certain time frame, **you** must provide payment within this time frame. If **you** do not, **we** will deduct the discount, which would have been provided, from the claim settlement.

## Section 2 - Legal Helpline

Cover under this section applies in the **UK** only

**What we will provide** - Access to Lawphone, a helpline that gives **you** legal advice on any personal legal issues that affect **you**. It is available 24 hours a day 365 days a year.

**What we will not provide** - Legal advice for business issues.

**How to get advice** - Phone 0370 241 4140 and quote master policy number 36105. **You** will be asked about the problem and details will be passed to an advisor who will call **you** back.

## Section 3 - Third Party Liability (This section only applies to dogs)

**This section only applies if you have requested the optional Third Party Liability Benefit and it is shown on your Certificate of Insurance Pet Details.**

Cover under this section applies in the **UK** only

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

### What we will pay

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

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

### What you pay

The first £250 of any compensation, costs and expenses where property has been damaged.

### What we will not pay – applying to Third Party Liability

1. More than the **maximum benefit** for each incident. If **you** have more than one dog insured under this policy please refer to 'Special Conditions – applying to Third Party Liability' – point 7.
2. Any costs and expenses for defending **you** which **we** have not agreed beforehand.
3. Any compensation, costs and expenses resulting from an incident which involves **your** profession, occupation or business.
4. Any compensation, costs and expenses resulting from an incident which involves the profession, occupation or business of anyone who is employed by **you** or anyone who works for **you** in any way.
5. Any compensation, costs and expenses for an incident which takes place when **your pet** is in the care of a business or a professional and **you** are paying for their services. For example, but not limited to, when **your pet** is in the care of a dog minder, a dog sitter or at the grooming parlour.
6. Any compensation, costs and expenses if **you** are legally responsible only because of a contract **you** have entered into.
7. Any compensation, costs and expenses if the person who is killed, injured or falls ill lives with **you**, is a member of **your immediate family** or is employed by **you**.
8. Any compensation, costs and expenses if the property damaged is **your** responsibility or belongs to **you**, any person who lives with **you**, a member of **your immediate family** or any person who is employed by **you**.
9. Any compensation, costs and expenses if **you**, a member of **your immediate family** or any person who lives with **you** or is employed by **you** is responsible for, or looking after, the property that is damaged.
10. Any compensation, costs and expenses that result from an incident if **you** have not followed instructions or advice given to **you** by previous owners, the re-homing organisation or a qualified behaviourist about the behaviour of **your pet**.
11. Any compensation, costs and expenses if the incident happens in an area or place where dogs are specifically prohibited, unless **your pet** escapes and enters the area outside of **your** control.
12. Any compensation, costs and expenses if **you** are deemed responsible under the laws of any country, other than members of the European Union.
13. Any compensation, costs and expenses if **you** are responsible for air, water or soil pollution, unless it can be proven that the pollution took place immediately after and as a result of an accident involving **your pet**.
14. Any compensation, costs and expenses resulting from an incident that happens where **you** work.
15. Any compensation, costs and expenses if **your pet** is kept or lives on premises which sell alcohol, unless there is no access from the residential premises to the business premises.

### Special Conditions – applying to Third Party Liability

1. **You** must not admit responsibility, agree to pay any claim or negotiate with any other person following an incident.
2. **You** must notify **us** immediately:
  - a) If an incident occurs which could lead to a claim under this section.
  - b) Upon being advised of any prosecution, inquest or enquiry which could lead to a claim under this section.  
To notify an incident please call 01483 218 783 for incidents involving an injury to a person and 01483 218 782 for injury to another animal or damage to property. **We** are available Monday to Friday, 9am to 5pm, excluding Bank Holidays. Outside these times please contact **our** customer services team.

3. **You** must immediately send **us** any writ, summons or legal documents **you** receive and **you** or any other person must not respond to any of these documents
4. **You** agree to provide **us** with any information connected with the claim **we** reasonably ask for including details of **your pet's** history.
5. **You** agree to tell **us** or help **us** find out all the circumstances of an incident that results in a claim, provide written statements and go to court if needed.
6. **You** must allow **us** to take charge of **your** claim and allow **us** to prosecute in **your** name for **our** benefit.
7. If more than one of the dogs insured under this policy are involved in, or contribute towards, an incident only one **maximum benefit** will apply to the incident for all of the dogs. This means that if:
  - a) The dogs involved have the same **maximum benefits**; the most **we** will pay for the incident is that **maximum benefit**. For example, if all of the dogs insured each have a **maximum benefit** of £1million, **we** will pay no more than £1million for the incident.
  - b) The dogs involved have different **maximum benefits**, the most **we** will pay for the incident is the highest of the **maximum benefits**. For example, if one of the dogs has a **maximum benefit** of £1million, and another of £2million, **we** will pay no more than £2million for the incident.
8. If a business or a professional is being paid to care for **your pet** in any way (for example, but not limited to a dog minder, a dog walker or a groomer) it is **your** responsibility to:
  - a) Make sure the business/person has the appropriate third party liability insurance cover, and
  - b) Tell them if **your pet** has any behavioural problems or requires any special handling so they are able to handle **your pet** in an appropriate manner.

### Additional Benefits - Sections 4 to 9

**These sections are only covered if you have requested the optional Additional Benefits and they are shown on your Certificate of Insurance Pet Details.**

#### Section 4 - Death from Illness

*Cover under this section applies in the UK only*

##### What we will pay

The price **you** paid for **your pet** if it either dies or has to be put to sleep by a **vet** during the **policy year** as a result of an **illness**.

If **you** have no formal proof of how much **you** paid, **we** will pay the **market value** or the purchase price, whichever is less.

If **you** did not pay for **your pet** we will pay the **market value**.

#### Section 5 - Death from Injury

*Cover under this section applies in the UK only*

##### What we will pay

The price **you** paid for **your pet** if it either dies or has to be put to sleep by a **vet** during the **policy year** as a result of an **injury**.

If **you** have no formal proof of how much **you** paid, **we** will pay the **market value** or the purchase price, whichever is less.

If **you** did not pay for **your pet** we will pay the **market value**.

##### What we will not pay – applying to Death from Illness and Death from Injury

1. More than the **maximum benefit**.
2. Any amount if **your pet's** death results from a **pre-existing condition**.
3. Any amount if **your pet's** death results from an **illness which starts in the first 14 days of cover**.
4. Any amount unless **your vet** confirms it was not humane to keep **your pet** alive because it was suffering from an **injury** that could not be treated or an incurable **illness**.
5. Any amount if **your pet** dies or is put to sleep more than **12 months** after the date during the **policy year** the **injury** happens or the **illness** first showed **clinical signs**.
6. Any amount if the death results from an **injury** or **illness**, if the **clinical signs** are the same as the **clinical signs** of an **injury** which happened or an **illness** which first showed **clinical signs** more than **12 months** before **your pet's** death.
7. Any amount if the death results from breeding, pregnancy or giving birth.
8. Any amount if the death results from an **illness** in any **Select breed** aged 5 years or over or any other pet aged 8 years or over.
9. Any amount if a claim has not been submitted within one year of **your pet's** death.

##### Special conditions - applying to Death from Illness and Death from Injury

1. The period of **12 months** will always start from the date in the **policy year**:
  - a) The **injury** first happened or the first **clinical signs** of the **illness** were noticed, or
  - b) An **illness** with the same diagnosis or **clinical signs** as the **illness** or **clinical signs** that caused **your pet** to be put to sleep or its death, was first noticed.

No matter how many times the same **injury**, **illness** or **clinical signs** are noticed or happen in, or on, any part of **your pet's** body.

2. If a number of **injuries, illnesses** or **clinical signs** are:
  - a) Diagnosed as one **injury** or **illness**, or
  - b) Caused by, relate to, or result from, another **injury, illness, or clinical sign**,The period of **12 months** will start from the first date in the **policy year**:
  - Any of the **clinical signs** or any of the **illnesses** were noticed, or
  - Any of the **injuries** happened.

## Section 6 - Holiday Cancellation

Cover under this section applies in the **UK** and **agreed countries** only

### What we will pay

1. Travel and accommodation expenses for **you** and **your immediate family**, that **you** cannot recover if **you** have to cancel **your journey** during the **policy year** because **your pet**:
  - a) Is injured, or
  - b) Shows the first **clinical signs** of an **illness**,Up to 7 days before **you** leave and needs immediate life-saving **veterinary treatment**.
2. If **your pet** is staying in the **UK** during **your journey**, travel and accommodation expenses for **you** and **your immediate family**, that **you** cannot recover if **you** have to cut short **your journey** during the **policy year** because **your pet**:
  - a) Goes missing, or
  - b) Is injured or shows the first **clinical signs** of an **illness** while **you** are away and needs immediate life-saving **veterinary treatment**.

### What we will not pay – applying to Holiday Cancellation

1. More than the **maximum benefit** for all **journeys** during the **policy year**.
2. Any amount or expense resulting from a **pre-existing condition**.
3. Any amount or expense resulting from an **illness which starts in the first 14 days of cover**.
4. Any amount **you** can claim back from anywhere else.
5. The cost of food.
6. Any amount if a claim has not been submitted within one year of **your journey** being cancelled or cut short.

## Section 7 - Boarding Fees

Cover under this section applies in the **UK** only

In this section, **'you'** means **you** or **your** husband, wife, civil partner or partner.

### What we will pay

The cost of boarding **your pet** at a licensed boarding establishment or £5 a day towards the cost of someone looking after **your pet** while **you** are in hospital during the **policy year**.

### What we will not pay – applying to Boarding Fees

1. More than the **maximum benefit** for all hospitalisation during the **policy year**.
2. Any amount if **you** are in hospital for less than 4 consecutive days during each hospital stay.
3. Any amount if the person looking after **your pet** lives with **you** or is a member of **your family**.
4. Any costs resulting from **you** going into a hospital because of an injury or illness first occurring or showing symptoms before **your pet** was covered or before this section was added to **your** insurance.
5. Any costs resulting from **you** being pregnant, giving birth or any treatment that is not related to an injury or illness.
6. Any costs resulting from **you** going into a hospital for the treatment of alcoholism, drug abuse, drug addiction, attempted suicide or a self-inflicted injury.
7. Any costs resulting from care in a nursing home or from convalescence care that **you** do not receive in a hospital.
8. Any costs if a claim has not been submitted within one year of the stay in hospital.

## Section 8 - Loss by Theft or Straying

Cover under this section applies in the **UK** only

### What we will pay

The price **you** paid for **your pet** if it is stolen or goes missing during the **policy year** and is not recovered or does not return. If **you** have no formal proof of how much **you** paid, **we** will pay the **market value** or the purchase price, whichever is less. If **you** did not pay for **your pet**, **we** will pay the **market value**.

### What we will not pay – applying to Loss by Theft or Straying

1. More than the **maximum benefit**.
2. Any amount if **you** or the person looking after **your pet** has freely parted with it, even if tricked into doing so.
3. Any amount if a claim has not been submitted within one year of **your pet** going missing.

Please also read **'Special Conditions - applying to Loss by Theft or Straying and Advertising and Reward'**.

## Section 9 - Advertising and Reward

Cover under this section applies in the **UK** only

### What we will pay

If **your pet** is stolen or goes missing during the **policy year**, we will pay:

1. The cost of advertising, and
2. The reward **you** have offered and paid to get **your pet** back.

### What we will not pay – applying to Advertising and Reward

1. More than the **maximum benefit** for all incidents during the **policy year**.
2. More than £50 towards sundries to make **your** own posters and advertising materials.
3. Any reward that **we** have not agreed before **you** advertised it.
4. Any reward not supported by a signed receipt giving the full name, address and telephone number of the person who found **your pet**.
5. Any reward paid to:
  - A member of **your family** or any person living with **you** or employed by **you**.
  - The person who was caring for **your pet** when it was lost or stolen.
  - The person who stole **your pet** or any person who is in collusion with the person who stole **your pet**.
6. Any amount if a claim has not been submitted within one year of **your pet** going missing or being stolen.

### Special Conditions - applying to Loss by Theft or Straying and Advertising and Reward

1. **You** must take the following steps:
  - a) As soon as **you** discover **your** dog is stolen/missing, or that **your** cat may have been stolen, **you** must tell the appropriate authority and obtain written confirmation of **your** report. Depending on where **you** live the appropriate authority may be **your** local authority or the police.
  - b) If **your pet** was lost or stolen on a ship, aircraft, train or coach **you** must immediately report the loss to the operator and obtain written confirmation of **your** report.
  - c) For all missing pets, within 5 days of discovering **your pet** is missing **you** must tell at least one veterinary practice in the area where he/she was last seen.

There are other actions **you** can take, which although are not requirements of this insurance, may help to improve the chances of **your pet** returning **home**. This includes notifying local rescue centres, distributing flyers and searching the local area; **we** are happy to share useful tips with **you** if **you** contact **us**.
2. For Advertising and Reward only:
  - a) The **maximum benefit** covers the cost of both advertising and reward. The full **maximum benefit** is available for **you** to use for advertising but the amount **you** can use for a reward is limited to 50% of the **maximum benefit**.
  - b) **You** must obtain **our** approval before advertising a reward; if not, the cost of the reward will not be covered by this insurance.
  - c) **You** must provide **us** with a receipt(s) for any amount which **you** are claiming for. Any costs not supported by a receipt will not be covered by this insurance.
3. For Theft or Straying only:
  - a) To submit a claim **you** must have advertised the loss of **your pet** and when **you** claim **you** must provide **us** with evidence showing the advertising took place.
  - b) If **your pet** has not been found within 30 days, please fill in a claim form and return it to **us** as soon as possible.
  - c) If the claim is paid the original pedigree certificate and purchase receipt will not be returned to **you**.
  - d) If **your pet** is found or returns, **you** must repay the full amount **we** have paid **you**.

## Pet Travel - Sections 10 to 13

These sections are only covered if **you** have requested the optional Pet Travel Benefits and they are shown on your Certificate of Insurance Pet Details

## Section 10 - Travel Veterinary Fees

Cover under this section applies in the **agreed countries** only

### What we will pay

The cost of **veterinary fees** for the emergency **veterinary treatment** **your pet** has received, in an **agreed country** during **your journey**, to treat **injury** and **illness**.

### What you pay

The **excess** shown on **your** Certificate of Insurance Pet Details.

### What we will not pay – applying to Travel Veterinary Fees

1. More than the **maximum benefit** for all treatment received during the **policy year**.
2. The cost of any treatment a **vet** believes can be delayed until **your pet** returns **home**.
3. The cost of any food, including food prescribed by a **vet**.
4. The cost of pheromone products, including DAP diffusers and Feliway.
5. The cost of treating any **injury** or **illness** deliberately caused by **you** or anyone travelling with **you**.

- The cost of hydrotherapy, acupuncture, homeopathy, chiropractic manipulation, osteopathy, physiotherapy or any other complementary or alternative treatment. This includes any **veterinary treatment** specifically needed to carry out the complementary or alternative treatment.
- The cost of any treatment for a **behavioural illness**.
- Any costs if **your journey** was made to get treatment abroad.
- The cost of any treatment carried out when **your pet** has been out of the **UK** for more than 90 days during the **policy year**.

**Points 2, 3, 4, 5, 6, 7, 8, 9, 10, 13, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31 and 32 in 'What we will not pay – applying to Veterinary Fees' also apply to this section.**

## Section 11 - Emergency Repatriation

Cover under this section applies in the **agreed countries** only

### What we will pay

If **your pet** is injured or shows the first **clinical signs** of an **illness** during **your journey** and cannot travel **home** the same way it travelled abroad **we** will pay:

- Extra costs to get **your pet home**,
- The cost of accommodation for **you** to stay after **your** scheduled date of travel **home** until **your pet** is well enough to travel, and
- If **your pet** dies, the cost of returning **your pet's** body **home** or the cost of disposal in an **agreed country**.

### What you pay

The **excess** shown on **your** Certificate of Insurance Pet Details.

### What we will not pay – applying to Emergency Repatriation

- More than the **maximum benefit** for all **journeys** during the **policy year**.
- Any costs resulting from a **pre-existing condition**.
- Any costs resulting from an **illness which starts in the first 14 days of cover**.
- Any costs that result from an **injury** that happens or an **illness** first showing **clinical signs** before the start of **your journey**.
- Any costs unless a **vet** has certified **your pet** is too ill to travel **home** the same way it travelled abroad.
- Any costs if the **journey** was made to get treatment abroad.
- Any costs that can be reclaimed from anywhere else.
- More than 14 days' accommodation costs and more than £30 for each day's accommodation.
- Any amount if the cost of accommodation is at a property owned by **you** or **your family**.
- The cost of a coffin, casket or any other container for **your pet's** remains.
- The cost of food.
- Any amount if a claim has been submitted within one year of the date **your pet** returns **home**.

## Section 12 - Travel Advertising and Reward

Cover under this section applies in the **agreed countries** only

### What we will pay

If **your pet** is stolen or goes missing during **your journey**, **we** will pay:

- The cost of advertising,
- The reward **you** have offered and paid to get **your pet** back, and
- The cost of accommodation to stay and look for **your pet** if it has not been found or returned by the scheduled last date of **your journey**.

### What we will not pay – applying to Travel Advertising and Reward

- More than the **maximum benefit** for the cost of all advertising and the reward during the **policy year**.
- More than £50 for reward.
- More than £50 towards sundries to make **your** own posters and advertising materials.
- Any reward not supported by a signed receipt giving the full name, address and telephone number of the person who found **your pet**.
- Any reward paid:
  - To a member of **your family**, any person who is travelling with **you** on the same **journey** or who is employed by **you**.
  - The person who was caring for **your pet** when it was lost or stolen.
  - The person who stole **your pet** or any person who is in collusion with the person who stole **your pet**.
- More than 7 days' accommodation costs and more than £30 for each day's accommodation.
- Any amount if the cost of accommodation is at a property owned by **you** or **your family**.
- Any amount unless there is some official documentation to certify the theft or loss was reported to the police, or the ship, aircraft, train or coach operator if the loss or theft happened while **you** were travelling with them.
- More than one claim under this section during the **policy year**.
- Any amount if a claim has not been submitted within one year of **your pet** going missing or being stolen.

## Special Conditions - applying to Travel Advertising and Reward

1. **You must report** the loss or theft of **your pet** within 24 hours of discovering it missing to the police and obtain a police report. If **your pet** was lost or stolen on a ship, aircraft, train or coach **you** must report the loss or theft to the operator and obtain a report.

## Section 13 - Quarantine Expenses and Loss of Documents

Cover under this section applies in the **agreed countries** only

### What we will pay

If **your pet** is either unable to return to the **UK** or must be quarantined on return to the **UK** because of:

1. An **illness** first showing **clinical signs** during the **journey**,
2. The failure of the microchip, or
3. The **travel documents** being lost or stolen,

**We will pay:**

The cost to keep **your pet** in quarantine,

The cost of getting a duplicate **travel documents**,

The cost of temporary accommodation while getting the duplicate **travel documents**, and

Extra costs to travel **home** if the time in getting a duplicate **travel documents** has caused **you** to miss **your** scheduled travel arrangements back to **your home**.

### What you pay

The **excess** stated on **your** Certificate of Insurance Pet Details.

## What we will not pay – applying to Quarantine Expenses and Loss of Documents

1. More than the **maximum benefit** for all **journeys** during the **policy year**.
2. Any costs resulting from a **pre-existing condition**.
3. Any costs resulting from an **illness which starts in the first 14 days of cover**.
4. Any costs that result from an **injury** that happens or an **illness** first showing **clinical signs** before the start of **your journey**.
5. Any costs that can be reclaimed from anywhere else.
6. Any costs that result from the failure of any microchip that does not meet the standards ISO 11784 or ISO 11785.
7. Any costs that result from a microchip reader failing to read a microchip.
8. Any amount if the cost of accommodation is at a property owned by **you** or **your family**.
9. More than 7 days' temporary accommodation costs and more than £30 for each day's accommodation.
10. Any costs if a claim has not been submitted within one year of the date **your pet** returns **home**

## Special Conditions - applying to Quarantine Expenses and Loss of Documents

1. When the **travel documents** are left unattended they must be kept in **your** locked accommodation or in the locked boot, covered luggage area or glove compartment of a locked vehicle.
2. If the **travel documents** are lost or stolen, within 24 hours of discovering them missing, **you** must report the incident to the police and obtain a police report. If the loss or theft occurred on a ship, aircraft, train or coach **you** must report the loss to the operator and obtain a report.

## General Exclusions

The following exclusions apply to all sections of the policy. This means **your** policy does not cover:

1. **Your pet's use:** Dogs used for security, guarding, track racing or coursing.
2. **Your pet's breed:** Any dog that is, or is crossed with, a Pit Bull Terrier, Dogo Argentino, Perro De Presa Canario, Dogo Canario, Japanese Tosa, Fila Brasileiro, Czechoslovakian Wolfdog, Saarloos Wolfhound/Wolfdog or any wolf hybrid.
3. **Laws and regulations:**
  - a) Any dog that must be registered under the Dangerous Dogs Act 1991, the Dangerous Dogs (Amendment) Act 1997 or any further amendments to this Act.
  - b) Any amount if **you** break the laws, or regulations, including those relating to animal health or importation.
  - c) Any amount if **your pet** is confiscated or destroyed by government or public authorities or under the Animals Act 1971 United Kingdom because it was worrying livestock. This includes any further amendments to this Act.
  - d) Any costs caused because the Department for Environment, Food and Rural Affairs (DEFRA) has put restrictions on **your pet**.
  - e) Legal expenses, fines and penalties connected with or resulting from a Criminal Court Case or an Act of Parliament.

#### 4. Miscellaneous:

- a) Any loss as a result of an act of force or violence for political, religious or ideological reasons, war, riot, revolution or any similar event, including any chemical or biological terrorism.
- b) Any amount caused by radiation, nuclear explosion, nuclear fall out or contamination by radioactivity.
- c) Any amount resulting from a disease transmitted from animals to humans.

#### 5. Applying to the Pet Travel – Sections 10 to 13:

- a) Any amount if **you** do not follow the conditions of the **Pet Travel Scheme (PETS)**.
- b) Any **journey you** take **your pet** on against a **vet's** advice.
- c) Any animal less than 12 weeks old.
- d) Any costs caused because any foreign government or public authority has put restrictions on **your pet**.

### Claiming

This section tells **you** what **you** will need to send **us** if **you** need to make a claim. Don't forget if **you** have a valid claim for Veterinary Fees **we** can usually pay the veterinary practice direct which means the only amount **you** will need to pay them is the **excess** which applies for **your pet**.

<b>Notifying us of a potential claim:</b>	In all cases, other than Veterinary Fees claims, <b>you</b> must let <b>us</b> know of any circumstances which are likely to lead to a claim. For Third Party Liability <b>you</b> must let <b>us</b> know of any incident that happens even if <b>you</b> don't believe a claim will be made against <b>you</b> at this time. Details of what <b>you</b> need to do if an incident happens can be found in 'Special Conditions - applying to Third Party Liability - point 2.
<b>Requesting a claim form:</b>	If <b>you</b> would like <b>us</b> to send <b>you</b> a claim form please contact <b>us</b> .
<b>When to claim under Veterinary Fees and Travel Veterinary Fees:</b>	Claims must be sent to <b>us</b> no later than one year after the treatment start date.
<b>Fraud:</b>	Fraud increases <b>your</b> premium and the premiums of all policyholders. If <b>you</b> : Provide <b>us</b> with false information, Make a false or exaggerated claim with <b>us</b> , or Make any claim with <b>us</b> which involves <b>your</b> dishonesty, <b>We</b> will not pay <b>your</b> claim and <b>we</b> may void <b>your</b> policy and inform the relevant authorities. If <b>we</b> pay a claim and subsequently find the claim was fraudulent, <b>you</b> must repay <b>us</b> the full amount. 'Void <b>your</b> policy' means <b>we</b> will cancel <b>your</b> policy from the date the fraud occurred. If <b>we</b> take this action <b>you</b> must tell any other insurer that <b>we</b> have voided <b>your</b> policy and failure to do this could invalidate any future insurance policy.

### HOW TO CLAIM

Simply send **us** **your** completed claim form along with the supporting documentation listed below. Please make sure **your** claim form is completed fully by both **you** and if applicable **your vet**, as **we** need this information in order to process **your** claim. If any information is missing, **we** will return the claim form to **you** which will unfortunately delay **your** claim. It is important to be aware that **your** insurance does not cover any charges made for the completion of claim forms or the cost of any supporting documentation.

## SUPPORTING DOCUMENTATION

<p><b>Veterinary Fees</b> <b>Travel Veterinary Fees</b></p>	<p>Please send us: The invoices from the veterinary practice which show what <b>you</b> are claiming for. The first claim submitted for <b>your pet</b> must include his/her full clinical history. The full clinical history is a record of all visits <b>your pet</b> has made to a <b>vet</b> and this information can be obtained from each veterinary practice <b>your pet</b> has attended. In addition, <b>we</b> may require the full clinical history when <b>you</b> submit claims for certain conditions but will let <b>you</b> know if this is needed once <b>we</b> have received <b>your</b> claim form. For Travel Veterinary Fees, <b>you</b> also need to send us the booking invoice for <b>your journey</b> or any other official documents which show the dates of <b>your journey</b>.</p>
<p><b>Third Party Liability</b></p>	<p><b>You</b> must let <b>us</b> know of any incident that happens even if <b>you</b> don't believe a claim will be made against <b>you</b> at this time. Call <b>us</b> on 01483 218 783 for incidents involving an injury to a person and 01483 218 782 for injury to another animal or damage to property (Monday to Friday, 9am to 5pm, excluding Bank Holidays, outside these times please contact <b>our</b> customer services team). Please send <b>us</b> all correspondence, writ, summons or other legal documents. <b>You</b> or any other person must not respond to any of these documents.</p>
<p><b>Death from Illness</b> <b>Death from Injury</b></p>	<p>Please send us: The death certificate from <b>your vet</b>, The purchase receipt from when <b>you</b> bought <b>your pet</b>, and If <b>your pet</b> is a pedigree, a copy of the pedigree certificate.</p>
<p><b>Holiday Cancellation</b></p>	<p>Please send us: The booking invoice and cancellation invoice from the holiday sales organisation. The invoices must show the date of the booking, the dates of the <b>journey</b>, the total cost of the holiday, the date <b>you</b> decided to cancel or return <b>home</b> and any expenses <b>you</b> cannot recover. If <b>you</b> are claiming for extra travel costs, the receipts for <b>your</b> expenses.</p>
<p><b>Boarding Fees</b></p>	<p><b>Your</b> doctor/consultant and the owner of the boarding establishment (if one has been used) must complete the relevant section of the claim form. Please send <b>us</b> the invoice from the boarding establishment or written confirmation from the person looking after <b>your pet</b>.</p>
<p><b>Loss by Theft or Straying</b></p>	<p>Please send us: Evidence of the advertising carried out to try and find <b>your pet</b>, The purchase receipt from when <b>you</b> bought <b>your pet</b>, and If <b>your pet</b> is a pedigree, the original pedigree certificate.</p>
<p><b>Advertising and Reward</b> <b>Travel Advertising and Reward</b></p>	<p><b>You</b> must phone <b>our</b> customer services team for the approval of any reward before <b>you</b> advertise it. Please send us: The invoices and receipts to show the costs involved, including a receipt for any reward paid. For Travel Advertising and Reward, <b>you</b> also need to send us the booking invoice or another official document to show the dates of <b>your journey</b>.</p>
<p><b>Emergency Repatriation</b> <b>Quarantine Expenses and Loss of Documents</b></p>	<p>Please send us: The booking invoice or another official document showing the dates of <b>your journey</b>. The invoices and receipts to show the costs involved, and If applicable, the police or operators report.</p>

## Making a complaint

**Our** aim is to get it right, first time every time. If **you** have a complaint **we** will try to resolve it straight away. If **we** are unable to, **we** will confirm **we** have received **your** complaint within five working days and do **our** best to resolve the problem within four weeks. If **we** cannot **we** will let **you** know when an answer may be expected. If **we** have not resolved the situation within eight weeks **we** will issue **you** with information about the Financial Ombudsman Service (FOS) which offers a free, independent complaint resolution service.

If **you** have a complaint, please contact **our** Customer Satisfaction Manager at:

Allianz Insurance plc, Great West House (GW2), Great West Road,  
Brentford, Middlesex TW8 9DX, United Kingdom.  
Telephone: 0345 026 1985  
Email: [partnerships.csm@allianz.co.uk](mailto:partnerships.csm@allianz.co.uk)

**You have the right to refer your complaint to the Financial Ombudsman, free of charge – but you must do so within six months of the date of the final response letter.** If **you** do not refer **your** complaint in time, the Ombudsman will not have **our** permission to consider **your** complaint and so will only be able to do so in very limited circumstances. For example, if the Ombudsman believes that the delay was as a result of exceptional circumstances.

The Financial Ombudsman Service, Exchange Tower, London E14 9SR  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)  
Telephone: 0800 0234567 or 0300 1239123  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

The European Commission has an online dispute resolution service for consumers who have a complaint about a product or service bought online. If **you** choose to submit **your** complaint this way it will be forwarded to the Financial Ombudsman Service.

Visit [ec.europa.eu/odr](http://ec.europa.eu/odr) to access the Online Dispute Resolution Service. Please quote **our** e-mail address: [partnerships.csm@allianz.co.uk](mailto:partnerships.csm@allianz.co.uk)

Alternatively, **you** can contact the Financial Ombudsman Service directly.

Using **our** complaints procedure or contacting the FOS does not affect **your** legal rights.

## Financial Services Compensation Scheme

If **we** are unable to meet **our** liabilities **you** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Further information about compensation scheme arrangements is available at [www.fscs.org.uk](http://www.fscs.org.uk), by emailing [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk) or by phoning the FSCS on 0800 678 1100 or 0207 741 4100.

## How to contact us

<b>BY TELEPHONE</b>	0345 070 3421
<b>BY EMAIL</b>	<a href="mailto:partnerships@allianz.co.uk">partnerships@allianz.co.uk</a>
<b>IN WRITING</b>	Allianz Customer Centre Great West House (GW2) Great West Road Brentford Middlesex TW8 9DX United Kingdom

**Please contact us if you require a copy of these Terms and Conditions in large print or Braille**

For information about how Pet-ID Microchips Ltd use your personal data, you can find a copy of the Fair Processing Notice at [www.pet-idmicrochips.com/privacy](http://www.pet-idmicrochips.com/privacy). Alternatively, you can request a printed version by calling 01273 837676 or by writing to Pet-ID Microchips Ltd, The Barn, Danworth Farm, Cuckfield Road, Hurstpierpoint BN6 9GL.

The Allianz Insurance Fair Processing Notice is below.

## Fair Processing Notice – how we use personal information

### 1. Who we are

When **we** refer to “**we**”, “**us**” and “**our**” in this notice it means Allianz Insurance plc.

When **we** say “**you**” and “**your**” in this notice, **we** mean anyone whose personal information **we** may collect, including: anyone seeking an insurance quote from **us** or whose details are provided during the quotation process; policyholders and anyone named on or covered by the policy; anyone who may benefit from or be directly involved in the policy or a claim, including claimants and witnesses.

### 2. How we use personal information

**We** use personal information in the following ways:

- to provide quotes, administer policies and policyholder claims to fulfil **our** contract
- to administer third party claims, deal with complaints and prevent financial crime to meet **our** legal obligations
- to manage **our** business and conduct market research to meet the legitimate needs of **our** business
- to send marketing information if **we** have received **your** specific consent.

**You** are not obliged to provide **us** with personal information, but **we** cannot provide **our** products and services without it.

**You have the right to object to us using your personal information.**

**You can do this at any time by telling us and we will consider your request and either stop using your information or explain why we are not able to.**

**Further details can be found below.**

### 3. Marketing

**We** use **your** personal information to market products and services to **you**.

**Our** marketing activities may include:

- providing information to **you** about products and services by telephone, post, email and SMS, **we** will either do this ourselves or use third party partners to do it for **us**.
- working with selected partners to display relevant online advertisements to **you**, and to **our** other customers, on third party websites and social media platforms. To do this, **we** may provide **our** partners with some of **your** personal information in an encrypted format, which they use only to identify the appropriate audiences for **our** advertisements. **We** ensure that **our** partners delete this information once the advertisement audiences have been identified, and do not use the information for their own purposes.

**If you do not wish to receive marketing information about our products and services you can tell us at any time by using the contact details found in section 10, “Know your rights”.**

### 4. Automated decision making, including profiling

**We** may use automated decision making, including profiling, to assess insurance risks, detect fraud, and administer **your** policy. This helps **us** decide whether to offer insurance, determine prices and validate claims.

If **you** disagree with the outcome of an automated decision please contact **us** using the details in section 10.

## 5. The personal information we collect

**We** collect the following types of personal information about **you** so **we** can complete the activities in section 2, "How we use personal information":

- basic personal details such as name, age, address and gender
- family, lifestyle and social circumstances, such as marital status, dependants and employment type
- financial details such as direct debit or payment card information
- photographs and/or video to help **us** manage policies and assess claims
- tracking and location information if it is relevant to **your** policy or claim
- identification checks and background insurance risk details including previous claims information
- medical information if it is relevant to **your** policy or claim
- criminal convictions if it is relevant to **your** policy or claim
- accessibility details if **we** need to make reasonable adjustments to help
- business activities if it is relevant to **your** policy or claim.

## 6. Where we collect personal information

From **you**, **your** representatives or from information **you** have made public, for example on social media.

From other persons or organisations, for example:

- credit reference and/or fraud prevention agencies
- emergency services, law enforcement agencies, medical and legal practices
- veterinary practices, animal charities and breeders
- insurance industry registers and databases used to detect and prevent insurance fraud, for example the Motor Insurance Database (MID), the Motor Insurers Anti-Fraud and Theft Register (MIAFTR) and the Claims and Underwriting Exchange (CUE)
- insurance investigators and claims service providers
- other insurers or service providers who underwrite the insurance or provide services for **our** products
- other involved parties, for example claimants or witnesses.

## 7. Sharing personal information

**We** may share **your** personal information with:

- other companies within the global Allianz Group [www.allianz.com](http://www.allianz.com)
- credit reference, fraud prevention and other agencies that carry out certain activities on **our** behalf, for example the Motor Insurance Database (MID), the Insurance Fraud Bureau (IFB) and marketing agencies if agreed
- our** approved suppliers to help deal with claims or provide **our** benefit services, for example vehicle repairers, veterinary advisors, legal advisors and loss adjusters
- other insurers, third party underwriters, reinsurers, insurance intermediaries, regulators, law enforcement and the Financial Ombudsman Service (FOS) and other companies that provide services to **us** or **you**, for example the Claims and Underwriting Exchange (CUE)
- prospective buyers in the event **we** wish to sell all or part of **our** business.

## 8. Transferring personal information outside the UK

**We** use servers located in the European Union (EU) to store **your** personal information where it is protected by laws equivalent to those in the UK. **We** may transfer **your** personal information to other members of the global Allianz Group to manage **your** insurance policy or claim; this could be inside or outside the EU. **We** have Binding Corporate Rules (BCRs) which are **our** commitment to the same high level of protection for personal information regardless of where it is processed. These rules align with those required by the European Information Protection authorities. If **you** would like more information about the BCRs please contact **our** Data Protection Officer.

Some of **our** suppliers have servers outside the EU. **Our** contracts with these suppliers require them to provide equivalent levels of protection for **your** personal information.

## 9. How long we keep personal information

**We** keep information only for as long as **we** need it to administer the policy, manage **our** business or as required by law or contract.

## 10. Know your rights

You have the right to:

object to **us** using **your** personal information. **We** will either agree to stop using it or explain why **we** are unable to (the right to object)

ask for a copy of the personal information **we** hold about **you**, subject to certain exemptions (data subject access request)

ask **us** to update or correct **your** personal information to ensure its accuracy (the right of rectification)

ask **us** to delete **your** personal information from **our** records if it is no longer needed for the original purpose (the right to be forgotten)

ask **us** to restrict the use of **your** personal information in certain circumstances (the right of restriction)

ask for a copy of the personal information **you** provided to **us**, so **you** can use it for **your** own purposes (the right to data portability)

complain if **you** feel **your** personal information has been mishandled. **We** encourage **you** to come to **us** in the first instance but **you** are entitled to complain directly to the Information Commissioner's Office (ICO) at [www.ico.org.uk](http://www.ico.org.uk)

ask **us**, at any time, to stop using **your** personal information, if using it based only on **your** consent (the right to withdraw your consent).

**If you wish to exercise any of these rights you can do so by contacting our Customer Satisfaction Manager:**

Address: Allianz Insurance plc, 2530 The Quadrant, Aztec West, Almondsbury, Bristol BS32 4AW

Email: [allianzretailcomplaints@allianz.co.uk](mailto:allianzretailcomplaints@allianz.co.uk)

Phone: 0330 102 1781

For pet and equine products only:

Address: Allianz Insurance plc, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9EY

Email: [ahd.csm@allianz.co.uk](mailto:ahd.csm@allianz.co.uk)

Phone: 0345 026 1985

For Allianz Musical Insurance only:

Address: Allianz Musical Insurance, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX

Email: [csm@allianz.co.uk](mailto:csm@allianz.co.uk)

Phone: 0344 391 4037

For Allianz Legal Protection products only:

Address: Allianz Legal Protection, 2530 The Quadrant, Aztec West, Almondsbury, Bristol BS32 4AW

Email: [alpcomplaints@allianz.co.uk](mailto:alpcomplaints@allianz.co.uk)

Phone: 0345 0700 886

## 11. Data Protection Officer Contact details

If **you** have any queries about how **we** use **your** personal information, please contact **our** Data Protection Officer:

Address: Data Protection Officer, Allianz, 57 Ladymead, Guildford, Surrey GU1 1DB

Email: [dataprotectionofficer@allianz.co.uk](mailto:dataprotectionofficer@allianz.co.uk)

Phone: 0330 102 1837

## Changes to our Fair Processing Notice

Occasionally it may be necessary to make changes to this notice. When that happens we will provide you with an updated version at the earliest opportunity. The most recent version will always be available on our website [www.allianz.co.uk](http://www.allianz.co.uk).