

Policy document



Your Pet Insurance

Written in plain English these policy terms and conditions are part of **your** insurance contract; the other part is **your** certificate of insurance. To understand exactly what **your** insurance contract covers, **you** need to read **your** certificate of insurance and these policy terms and conditions.

Insurance Intermediary

Policies are arranged by Business & Domestic Insurance Services a trading style of Motorway Direct Plc (who are authorised and regulated by the Financial Services Authority, registration number 311741, registered office Sheffield, South Yorkshire) in conjunction with Strategic Insurance Services Ltd who are authorised and regulated by the Financial Services Authority, registration number 307133. The policy is marketed by VetsMediCover, a trading name of Oddie Dalton and Co Ltd, authorised and regulated by the FSA, registration number 306267.

Insurer

This policy is underwritten by White Horse Insurance (Ireland) Limited through a facility operated and managed by Strategic Insurance Services Ltd (master policy number SISCR 07-09-129/0026) an insurance intermediary authorised and regulated by the Financial Services Authority (firm reference number 307133). White Horse Insurance (Ireland) Limited, 14 Clyde Road, Ballsbridge, Dublin 4 Republic of Ireland are regulated in the Republic of Ireland by the Irish Financial Services Regulatory Authority.

Administrator

Business & Domestic Administration, a trading style of Motorway Direct Plc. Address: Trent Lodge, Stroud Road, Cirencester, Gloucestershire GL7 6JN. Telephone No: 0844 375 5660.

Business & Domestic Administration is supported by Trent-Services (Administration) Ltd, an appointed representative of Woodley Hall Ltd who are authorised and regulated by the FSA under Registration No 315285. Registered Office: Trent Lodge, Stroud Road, Cirencester GL7 6JN. Company No 07374526

Cooling off period & cancellation rights

Business & Domestic Administration will refund **your** premium in full, if, within 14 days of purchasing this insurance **you** decide that it does not meet **your** needs providing **you** have not reported or are intending to report a claim.

At any other time during the period of insurance, **we** or **you** may cancel the policy by giving 30 days notice. If **you** cancel the policy during this time, **you** will be entitled to a refund of the money **you** have paid less an administrative fee. An administration fee of £25 will be charged if cancelled within 90 days from inception and £50 thereafter. If **we** cancel the policy during this time, **we** will refund any amount **you** have paid for the rest of the period of insurance, as long as **you** have not made a claim. **You** cannot make a claim for medical treatment which occurred after the date the policy was cancelled, but cancelling the policy will not affect **your** right to claim for an event which occurred before the date the policy was cancelled.

Every notice to cancel this policy must be given in writing by recorded delivery. If **you** give us notice to cancel the policy, **you** must send it to Business & Domestic Administration who administrates the policy on **our** behalf at the address above. If **we** give **you** notice **we** will send it to **your** last known address.

Statement of demands and needs

This policy meets the demands and needs of the VetsMediCover customer who requires cover for vet fees incurred due to the treatment of their cat or dog for **injury** or **illness**. VetsMediCover does not make personal recommendations as to the suitability of the policy to individual circumstances.

Definitions

If **we** explain what a word means, that word has the same meaning wherever it appears in these terms and conditions.

Accident

A sudden and unexpected event which happens during the policy year which results in bodily illness or injury to your pet.

Behavioral illness

Any changes to **your** pets' normal behavior, resulting from a mental or emotional disorder.

Claims administrator

Business & Domestic Administration, a trading style of Motorway Direct Plc. Address: Trent Lodge, Stroud Road, Cirencester, Gloucestershire GL7 6JN.

Claim authorisation

Confirmation from the claims administrator that the treatment required for **your** pet is covered under this policy.

Clinical signs

Changes in your **pets** normal healthy state, its bodily functions or behavior.

Complementary therapist

A Certified Clinical Animal Behaviourist or a member of one of the following organisations: • Association of Chartered Physiotherapists in Animal Therapy • Association of Pet Behavior Counselors • Canine and Feline Behavior Association • Canine Hydrotherapy Association • McTimoney Chiropractic Association • National Association of Veterinary Physiotherapists • The International Association of Animal Therapists (UK)

Complementary treatment

The cost of an examination, consultation, advice, tests and legally prescribed medication for the following procedures where the **complementary therapist** treats an **illness** or **injury** when the procedures have been recommended by **your vet**. This includes **veterinary treatment** specifically needed to carry out the procedure:

1. Acupuncture and homeopathy carried out by, and herbal medicine prescribed by, a **vet**.
2. Chiropractic manipulation carried out by a **vet** or a member of the McTimoney Chiropractic Association or the International Association of Animal Therapists (UK), providing the member is a qualified animal chiropractor.

3. Hydrotherapy carried out by a **vet** or a member of the Canine Hydrotherapy Association.
4. Osteopathy carried out by a **vet** or a member of the International Association of Animal Therapists (UK) providing the member is a qualified animal osteopath.
5. Physiotherapy carried out by a member of the Association of Chartered Physiotherapists in Animal Therapy, the International Association of Animal Therapists (UK) or the National Association of Veterinary Physiotherapists providing the member is a qualified animal physiotherapist.
6. Treatment of a **behavioural illness** carried out by a Certified Clinical Animal Behaviourist or a member of the Association of Pet Behavior Counselors or the Canine and Feline Behavior Association.

Excess

The excess amount £80.00. This is the first part of each unrelated claim and the amount **you** have to pay.

Home

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

Illness

Changes 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.

Immediate family

Your husband, wife, civil partner, life partner, parents, sons and daughters.

Injury

A physical injury caused immediately by an accident. It does not include injury that happens over a period of time.

Maximum benefit

The most **we** will pay during the **policy period** is £10,000

Policy period

The time during which we give cover as set out in your certificate of insurance. This is an annually renewable policy which can be premium funded to enable monthly instalments.

Pre-existing conditions

Any **injury** that happened or an **illness** that existed in any form prior to the start of this policy.

UK

The United Kingdom.

Vet

Registered Veterinary Surgeon.

Veterinary fees

The amount **vets** in general or referral practice usually charge.

Veterinary treatment

Any examination, consultation, advice, tests, X-rays, legally prescribed medication, surgery and nursing required to treat an **illness** or **injury**, provided by a **vet**, a veterinary nurse or another member of the veterinary practice under the supervision of a **vet**. This includes physiotherapy and treatment of a **behavioural illness** provided it is carried out by a **vet**.

We, us, our, insurer

White Horse Insurance (Ireland) Limited

You, your

The person named on the certificate of insurance.

Your pet

Any dog or cat named on the certificate of insurance.

General conditions

1. Throughout the **policy period** **you** must take all reasonable steps to maintain **your pet's** health and to prevent accidents, **injury, illness** and loss.
2. **You** must keep **your pets** vaccinations and boosters up to date and in line with the **vets** / chemists guidelines.
3. If, when **you** claim, there is another insurance under which **you** are entitled to an indemnity; **we** will only pay **our** share of the claim. **You** must tell us the name and address of the other insurance company and **your** policy number.
4. 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.
5. If **you** have provided false information, or make a false or exaggerated claim, or any claim involves **your** dishonesty, this policy will end and **our claims administrator** will not make any further claim payments.
6. **Your pet** is only covered under this policy if **you** pay the premium. If **you** pay the yearly premium in instalments and **you** miss an instalment **you** must pay the outstanding amount within 10 days of the date the instalment is due to be paid. If **we** do not receive **your** payment within 10 days of the date the premium is due **your** insurance will automatically stop and **we** will make no further claim payments.
7. **You** agree that any **vet** has **your** permission to release information **we** ask for about **your pet**. If the **vet** makes a charge for this, **you** must pay the charge.
8. Under normal circumstances the **claims administrator** will pay the claim to the **vet**. **You** will be required to pay the **excess** to the **vet**. If the **vet**, who has treated **your pet** or is about to treat **your pet**, asks for information about **your** insurance that relates to a claim, the **claims administrator** will tell the **vet** what the insurance covers, what they will not pay for, how the amount they pay is calculated and if the premiums are paid to date.
9. If the **claims administrator** receives a request to pay the claim payment direct to **you**, they reserve the right to decline this request.
10. If the **claims administrator** considers the **veterinary treatment** or **complementary treatment** **your pet** receives may not be required or may be excessive when compared with the treatment that is normally recommended to treat the same **illness** or **injury** by general or referral practices, they reserve the right to request a second opinion from a **vet** that they choose. If the **vet** they choose does not agree with the **veterinary treatment** or **complementary treatment** provided they may decide to pay only the cost of the **veterinary treatment** or **complementary treatment** that was necessary to treat the **injury** or **illness**, as advised by the **vet** from whom they have requested the second opinion.
11. When the **claims administrator** offers further periods of insurance they may change the premium and the policy terms and conditions.

12. The **claims administrator** may not guarantee on the phone to pay a claim. **You** must send them a claim form that has been fully completed and they will then write to **you** with their decision.
 13. When **you** claim **you** agree to give the **claims administrator** any information they may reasonably ask for.
 14. **You** are free to choose the law to apply to this insurance contract. **We** are also free to choose the law to apply. Unless there is an agreement between **you** and **us** to use a particular law, English law will apply.
 15. Unless **we** agree otherwise the language of the policy and all communications relating to it will be in English.
 16. **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 an **illness**. And, if the **claims administrator** decides, they will refer the case to a **vet** that they choose.
 17. **You** agree to pay translation costs for any claim documentation not written in English.
 18. If **you** pay **your** premium by direct debit instalments or monthly instalments, when **your** policy is due for renewal VetsMedicover will renew it for **you** automatically to save **you** the worry of remembering to contact VetsMedicover before the renewal date. VetsMedicover will write to **you** before the policy expires with full details of **your** next year's premium and policy conditions. If **you** do not want to renew this policy, all **you** need to do is contact VetsMedicover on 0845 194 9751.
- i) An illness within the first 30 days of **your pet's** first policy year,
 - ii) An illness caused by or relating to or a clinical sign that was noticed, or an illness that showed clinical signs, within the first 30 days of **your pet's** first **policy period**.
4. The cost of treatment to prevent **injury** or **illness**.
 5. The cost of treatment or complications arising from treatment, **you** choose to have carried out is not directly related to an **injury** or **illness**, including but not limited to cosmetic dentistry.
 6. The cost of killing and controlling fleas, general health improvers and any treatment in connection with pregnancy or giving birth.
 7. The cost of any food (including food prescribed by a **vet**) unless 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.
 8. The cost of pheromone Vet Plan Product, including DAP diffusers and Feliway unless used as part of a structured behavior modification programme, and then limited to a maximum period of 6 months.
 9. The cost of vaccinations other than the cost of treating complications that arise from this procedure.
 10. The cost of spaying and or castration unless:
 - i) The procedure is carried out to treat an **illness** or **injury**, or
 - ii) The costs claimed are for the treatment of complications arising from these procedures.
 11. The cost of treating an **injury** or **illness** deliberately caused by **you** or anyone living with **you**, or whilst on **your** journey anyone travelling with **you**.
 12. The costs of having **your pet**:
 - i) Put to sleep, including veterinary consultations, visits or prescribed medications specifically needed to carry out the procedure, or
 - ii) Cremated, buried or disposed of.
 13. The cost of house calls unless the **vet** confirms that moving **your pet** would further damage its health, regardless of **your** personal circumstances.
 14. Extra costs for treating **your pet** outside usual surgery hours, unless the **vet** confirms an emergency consultation is necessary.
 15. The cost of hospitalisation and any associated veterinary treatment, unless the **vet** confirms it is essential that **your pet** is hospitalised, regardless of **your** personal circumstance.
 16. Costs resulting from an **injury** or **illness** specified as excluded on **your** certificate of insurance or generally not covered within these terms and conditions.
 17. The cost of surgical items that can be used more than once.

Section 1A Veterinary fees

Maximum benefit £10,000 cover under this section applies in the UK only (England, Wales, Scotland, Northern Ireland, Channel Islands and the Isle of Man).

What we will pay

The cost of **veterinary fees** for **veterinary treatment your pet** has received during the **policy period** to treat an **illness** or **injury**.

What you pay

The £80.00 **excess** payable directly to the **vet**.

What we will not pay

1. More than the **maximum benefit** for the combined treatment cost of all illnesses and injuries in the **policy period**.
2. The cost of treatment for:
 - i) An **injury** that happened or an **illness** that first showed clinical signs before **your pet's** cover started; or,
 - ii) An **injury** or **illness** that **your pet** had before its cover started; or,
 - iii) An **injury** or **illness** that is caused by, relates to or results from an **injury**, **illness** or clinical sign **your pet** had before its cover started, no matter where the **injury**, **illness** or clinical signs are noticed or happen in, or on **your pet's** body. This is in addition to any exclusions stated on **your** certificate of insurance.
3. The cost of treatment for:
 4. The cost of treatment to prevent **injury** or **illness**.
 5. The cost of treatment or complications arising from treatment, **you** choose to have carried out is not directly related to an **injury** or **illness**, including but not limited to cosmetic dentistry.
 6. The cost of killing and controlling fleas, general health improvers and any treatment in connection with pregnancy or giving birth.
 7. The cost of any food (including food prescribed by a **vet**) unless 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.
 8. The cost of pheromone Vet Plan Product, including DAP diffusers and Feliway unless used as part of a structured behavior modification programme, and then limited to a maximum period of 6 months.
 9. The cost of vaccinations other than the cost of treating complications that arise from this procedure.
 10. The cost of spaying and or castration unless:
 - i) The procedure is carried out to treat an **illness** or **injury**, or
 - ii) The costs claimed are for the treatment of complications arising from these procedures.
 11. The cost of treating an **injury** or **illness** deliberately caused by **you** or anyone living with **you**, or whilst on **your** journey anyone travelling with **you**.
 12. The costs of having **your pet**:
 - i) Put to sleep, including veterinary consultations, visits or prescribed medications specifically needed to carry out the procedure, or
 - ii) Cremated, buried or disposed of.
 13. The cost of house calls unless the **vet** confirms that moving **your pet** would further damage its health, regardless of **your** personal circumstances.
 14. Extra costs for treating **your pet** outside usual surgery hours, unless the **vet** confirms an emergency consultation is necessary.
 15. The cost of hospitalisation and any associated veterinary treatment, unless the **vet** confirms it is essential that **your pet** is hospitalised, regardless of **your** personal circumstance.
 16. Costs resulting from an **injury** or **illness** specified as excluded on **your** certificate of insurance or generally not covered within these terms and conditions.
 17. The cost of surgical items that can be used more than once.

18. The cost of acupuncture, homeopathy, chiropractic manipulation, hydrotherapy, osteopathy or any other complementary or alternative treatment. This includes **veterinary treatment** specifically needed to carry out the particular complementary or alternative treatment. Please refer to the Section 1B Complementary Treatment where details of cover for these types of treatment can be found.
19. The cost of treatment for a **behavioural illness** if **your pet's** behavior is caused by **you** failing to provide training.
20. The cost of any form of housing, including cages, whether hired or purchased.
21. The cost of bathing, grooming or de-matting **your pet** unless: **You** have taken all reasonable steps to maintain **your pet's** health; and
 - i) A **vet** confirms veterinary expertise is needed and therefore only a **vet** or
 - ii) a member of a veterinary practice can carry out these activities, regardless of **your** personal circumstances.
22. The cost of dental treatment unless **your pet** has had its teeth checked by a **vet** in the 12 months before the onset date of the claim. If any treatment was recommended as a result of the check this must have been carried out.
23. The cost of a post mortem examination.
24. The cost of cosmetic surgery, including any pre-operative and post-operative care.
25. The cost of any prosthesis, including any **veterinary treatment** needed to fit the prosthesis.
26. The cost of the treatment if the claim form has not been submitted within 31 days of **your pet** receiving authorisation from the **claims administrator** for the treatment to proceed.

How to claim

1. **You** must contact the **Claims Administrator** to obtain a claims form.
2. Please complete the claim form and ask **your Vet** to fill out their section. Unfortunately **we** do not pay **your Vet** to do this.
3. Please return the claim form to **our Claims Administrator** with the invoices setting out the costs involved.
4. **Claims Authorisation** will be provided when **your** claim form and invoices have been accepted by the **Claims Administrator**.

When to claim

You should send our **claims administrator** your claim form at the end of treatment or the end of the **policy period** if the treatment has not finished by this time. The claim must be submitted within 31 days of **your pet** receiving treatment.

Section 1B – Complementary treatment

Maximum benefit £10,000 cover under this section applies in the UK only (England, Wales, Scotland, Northern Ireland, Channel Islands and the Isle of Man).

What we will pay

If instructed by the **vet**, the cost of **complementary treatment your pet** has received during the **policy period** to treat an **illness** or **injury**.

What you pay

The £80.00 excess paid directly to the **vet**.

What we will not pay

1. More than the **maximum benefit** for the combined treatment cost of all illnesses and injuries in the **policy period**.
2. The cost of any treatment for:
 - i) An **injury** or an **illness** before **your pet's** cover started; or,
 - ii) An **injury** or **illness** that is the same as, or has the same diagnosis or clinical signs as an **injury, illness** or **clinical sign your pet** had before its cover started; or,
 - iii) An **injury** or **illness** caused by, relating to or results from an **injury, illness** or **clinical sign your pet** had before its cover started, no matter where the **injury, illness** or **clinical signs** are noticed or happen in, or on **your pet's** body. This is in addition to any excluded **conditions** stated on your certificate of insurance.
3. The cost of any treatment for:
 - i) An **illness** within the first 30 days of **your pet's** first **policy period**; or,
 - ii) An **illness** which is the same as, or has the same diagnosis or **clinical signs** as an **illness** that showed **clinical signs** in the first 30 days of **your pet's** first **policy period**; or,
 - iii) An **illness** caused by, relates to or results from a **clinical sign** that was first noticed, or an **illness** that first showed **clinical signs**, in the first 30 days of **your pet's** first **policy period**.
4. The cost of treatment to prevent **injury** or **illness**.
5. The cost of treatment or complications arising from treatment, that **you** choose to have carried out that is not directly related to an **injury** or **illness**, including cosmetic dentistry.
6. The cost of killing and controlling fleas, general health improvers and any treatment in connection with pregnancy or giving birth.
7. The cost of food, including food prescribed by a **vet** unless used to dissolve existing bladder stones and crystals in urine, which is limited to a maximum of 40% of the cost of food for upto 6 months.
8. The cost of pheromone Vet Plan Product, including DAP diffusers and Feliway unless used as part of a structured behavior modification programme, and then limited to a maximum period of 6 months.

9. The cost of vaccinations, except the cost of treating complications arising from these procedures.
10. The cost of treating any **injury** or **illness** deliberately caused by **you** or anyone living with **you**.
11. The costs of having **your pet**
 - i) put to sleep including any veterinary consultation visits or prescribed medications specifically needed to carry out the procedure or,
 - ii) cremated, buried or otherwise disposed of.
12. The cost of house calls unless the **vet** or **complementary therapist** confirms that moving **your pet** would further damage its health, regardless of **your** personal circumstance.
13. Extra costs for treating **your pet** outside usual surgery hours, unless the **vet** or **complementary therapist** confirms an emergency consultation is necessary.
14. The cost of hospitalisation and any associated **veterinary treatment**, unless the **vet** or **complementary therapist** confirms it is essential that **your pet** is hospitalised, regardless of **your** personal circumstance.
15. Costs resulting from an **injury** or **illness** specified as excluded on **your** certificate of insurance or generally not covered within these terms and conditions.
16. The cost of any form of housing, including cages, whether hired or purchased.
17. The cost of bathing, grooming or de-matting **your pet** unless: **You** have taken all reasonable steps to maintain **your pet's** health; and
 - i) The **vet** or **complementary therapist** confirm veterinary expertise is needed and therefore only a **vet**, member of a veterinary practice or
 - ii) the **complementary therapist** can carry out these activities, regardless of **your** personal circumstances.
18. The cost of treatment for a **behavioural illness** if **your pet's** behavior is caused by **you** failing to provide training.
19. The cost of emergency dental treatment unless **your pet** has had its teeth checked by a **vet** in the 12 months before the onset date of the claim. If any treatment was recommended as a result of the check this must have been carried out.
20. The cost of the treatment if the claim form has not been submitted within 31 days of **your pet** receiving authorisation from the **claims administrator** for the treatment to proceed.

How to claim

1. **You** must contact the **Claims Administrator** to obtain a claims form.
2. Please complete the claim form and ask **your Vet** and **Complementary therapist** to fill out their section. Unfortunately **we** do not pay **your Vet** or **Complementary therapist** to do this.

3. Please return the claim form to **our Claims Administrator** with the invoices setting out the costs involved.
4. **Claims Authorisation** will be provided when **your** claim form and invoices have been accepted by the **Claims Administrator**.

When to claim

You should ask the **vet** to send **our claims administrator** **your** claim at the end of treatment or the end of the **policy period** if the treatment has not finished by this time. The claim must be submitted within 31 days of **your pet** receiving treatment.

General exclusions

The following exclusions apply to the policy:

1. Any animal less than 8 weeks old or over 8 years old at the date cover started as shown on **your** certificate of insurance.
2. Any claim for treatment not carried out within the UK (England, Wales, Scotland, Northern Ireland, Channel Islands and the Isle of Man).
3. Dogs used for guarding, track racing or coursing.
4. Any dog that is, or is crossed with, a Pit Bull Terrier, Dogo Argentino, Perro De Presa Canario (Dogo Canario), Japanese Tosa or a Fila Brasileiro.
5. Any amount if **you** break the United Kingdom laws or regulations, including those relating to animal health or importation.
6. 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.
7. Any costs caused because the Department for Environment, Food and Rural Affairs (DEFRA) have put restrictions on **your pet**.
8. 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.
9. Any dog that must be registered under the Dangerous Dogs Act 1991, Dangerous Dogs (amendment) Act 1997 or any further amendments to this Act.
10. Legal expenses, fines and penalties connected with or resulting from a Criminal Court Case or an Act of Parliament.
11. Any amount resulting from a disease transmitted from animals to humans.
12. Any amount if **you** or **your pet** live outside the UK (England, Wales, Scotland, Northern Ireland, Channel Islands and the Isle of Man).
13. Any dog or cat that have not had their vaccinations

and boosters kept up to date and in line with the **vets** guidelines.

14. Any journey **you** take **your pet** on against a **vet's** advice.

Fraud

Fraud increases **your** premium and the premiums of all policyholders. If **you**:

- i) Provide **us** or **our claims administrator** with false information or
- ii) Make a false or exaggerated claim with **us** or
- iii) Make any claim with **our claims administrator** which involves **your** dishonesty

We will not pay **your** claim, **we** will void **your** policy and **we** may inform the authorities. If **we** pay a claim and subsequently find the claim was fraudulent, **you** must repay **us** the full amount.

How we use your data

Please be aware that telephone calls may be monitored and recorded.

- i) **Your** details will be stored on **our claims administrator's** computer system to administer **your** policy but will not be kept longer than is necessary.
- ii) **Our claims administrator** can only discuss **your** personal details with **you**. If **you** would like anyone else to act on **your** behalf please let VetsMedicover know.
- iii) **Our claims administrator** may use **your** details to support the development of **our** business by including them in customer surveys.
- iv) **We** may share **your** details with other insurance companies, directly or through a number of databases. This allows **us** to check information **you** give **us** and also help **us** prevent fraud.
- v) **Your** personal details may be transferred to countries outside the European Economic Area (EEA). They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law.
- vi) **We** may pass your information to selected third party advisors or suppliers outside **our** group for the purpose of administering **your** claim.

Cancellation rights

This contract gives **you** a cooling off period. If, after receiving **your** certificate of insurance and full policy terms and conditions **you** are not happy **you** have 14 days during which **you** can cancel the policy. In these cases VetsMedicover will cancel **your** policy from the date it started and **you** will receive a full refund of any premiums paid. Simply call VetsMedicover on 0845 194 9751. **You** may cancel **your** policy at any time by calling or writing to **VetsMedicover** 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 during the **policy period**, **you** will not receive a full return of **your** premium. **We** reserve the right to cancel this policy on 7 days written notice if **you** do not abide by the terms of these conditions, this will include acting dishonestly or fraudulently.

Complaints procedure

It is the intention to give you the best possible service but if you do have any questions or concerns about this insurance or the handling of a claim you should in the first instance contact:

VetsMedicover
124 Melton Road
West Bridgford
Nottingham
NG2 6EP
Telephone: 0845 194 9751.

If **you** remain dissatisfied please contact:

The Customer Services Manager,
Business & Domestic Administration,
Trent Lodge,
Stroud Road,
Cirencester,
GL7 6JN.
Telephone: 0844 375 5660.

Please provide full details of **your** policy and in particular **your** policy number to help **your** enquiry to be dealt with speedily. If **your** complaint is one of the few that cannot be resolved by this stage, please write to:

Customer Services Manager
White Horse Insurance Limited
PO Box 5633
Walsall
WS56 9BB

claims@white-horse.ie

If we have given you our final response and you are still dissatisfied you may refer your case to the Irish Financial Ombudsman Service (Ombudsman):-

Financial Service Ombudsman's Bureau
3rd Floor
Lincoln House
Lincoln Place
Dublin

This complaints procedure does not affect your statutory rights.

Compensation scheme

White Horse Insurance Limited are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if the Insurer cannot complete their obligations. This depends on the type of business and the circumstances of the claim. For claims against insurers 90% of the claim is covered with no upper limit.

Further information about the compensation scheme is available from www.fscs.org.uk or by phoning 0207 892 7300.