



# VetsMediCover

The Pet Insurance People



Lifetime Pet Insurance Policy

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## How to contact us

### Claims

**0330 134 8112 (option 2)**

Lines are open Monday to Friday between 9am and 5pm.

### Customer services **0121 308 8685**

Lines are open Monday to Thursday between 9am to 5pm and on Friday between 9am to 4.30pm

Please make sure **you** read the **policy** documentation fully to ensure that the coverage meets **your** needs.

### Statement of demands and needs

This product is intended to fulfil the requirements of individuals who wish to ensure that the ongoing costs of the veterinary needs of their **pet** for illnesses and injuries are covered over the life of their pet.

This **policy** is part of **your** insurance contract together with **your policy schedule** and the email confirmation, and these should be read as one document.

### Contract of insurance

In consideration for **you** paying the **premium** and the insurance premium tax, **we** will provide the insurance cover described in the **policy** during the **period of insurance** subject to the **policy terms**, conditions and exclusions.

### Enterprise Act

If **you** make a claim under this insurance contract, **we**, the Insurer, **will** pay any sums due in respect of **your** claim within a reasonable time. A reasonable time includes allowing us a reasonable time to investigate and assess the claim, the period for which may vary according to the complexity of **your** claim

### The Insurer

**Your** insurer is Covea Insurance plc, registered office Norman Place, Reading, Berkshire, RG1 8DA, registered in England and Wales Number 613259. Covea is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority – FCA Number 202277

### Law applicable

English law applies to this insurance contract.

### Policy administrator

VetsMediCover will administer the policy on behalf of the **Insurer**. **VetsMediCover is a trading style of Petsmedicover Limited**; their registered office is at SQ2 House, 240B Lichfield Road, Four Oaks, Sutton Coldfield, West Midlands B74 2UD. Telephone: 0121 308 8685. Email: [info@vetsmedicover.co.uk](mailto:info@vetsmedicover.co.uk).

### Cooling off period and your right to cancel

This policy is an annual contract. If **you** cancel **your policy** within fourteen days of the **inception date** or the receipt of **your policy** documentation, whichever is the later date, **you** will receive a full refund provided **you** have not made a claim in the meantime.

If **you** cancel after the first fourteen days from **your inception date** **you** may not receive a full refund in **premium**.

If **you** pay the **premium** monthly by direct debit instalment and a claim is made during the **period of insurance** **you** must continue to make the instalment payments.

## Payment of premiums

Your **pet** is only covered if **you** pay the **premium**.

If **you** pay the annual **premium** by monthly direct debit instalments, the first **premium** instalment is payable by the date notified to **you** by the **policy administrator**. Thereafter, the **premium** instalments are payable by **you** monthly in advance. **You** must pay the **premium** instalments to ensure **you** are covered under the **policy** even if **you** are in receipt of or awaiting a claim payment.

If the first attempt to collect **your premium** is unsuccessful, the **policy administrator** will attempt to collect the **premium** again. If the second attempt to collect the **premium** is also unsuccessful, **you** will be in default on **your monthly premium instalment**. The **termination date** of **your policy** will be the date of the second attempt to collect the **premium**.

If a claim is made on this **policy** during the **period of insurance** the outstanding premiums payable for the unexpired portion of the **period of insurance** will be deducted from the claim payment.

## Definitions

These words that have special meanings throughout the **policy** document are explained below and have the same meaning throughout this policy when shown in **bold**.

### Policy administrator

VetsMediCover, SQ2 House, 240B Lichfield Road, Four Oaks, Sutton Coldfield, West Midlands, B74 2UD Telephone: 0121 308 8685 Email: info@vetsmedicover.co.uk

### Accident

An unexpected and unintentional incident resulting in damage or injury.

### Behavioural problems

Behaviour which poses a risk of injury to the public which could not be prevented by training or which has been referred to a vet or behavioral specialist, and for which **your pet** has undergone or is undergoing treatment.

### Bilateral disorder(s)

Those disorders that may affect body parts on both sides of the body, including, but not limited to: ears, eyes, elbows, shoulders, knees, hips or cruciate ligaments. **Bilateral disorders** are considered to be one condition.

### Clinical signs

Changes in **your pet's** normal healthy state, its bodily functions or behaviour.

### Complementary treatment

Alternative and complementary treatment recommended by **your vet** or a veterinary practice, or a qualified practitioner recommended by **your vet**. Treatments may include, but are not limited to physiotherapy, hydrotherapy, acupuncture and homeopathic or herbal medicines.

### Condition

**Clinical signs** of **injury** or **illness** resulting in the same diagnosis regardless of the number of incidents or the areas of the body affected.

**Death benefit**

Amount payable to **you** if **your pet** dies from an injury or illness, or is lost or stolen, up to the **market value**, as shown on the table of benefits, subject to the terms and conditions of **your policy**.

**Euthanasia/euthanised**

The procedure of intentionally and humanely ending **your pet's** life, on the recommendation of a **vet**, in order to relieve incurable and excessive suffering due to an illness, injury or accident.

**Euthanasia** must be carried out by a **vet** who must certify that, in their professional opinion, the procedure is necessary on humane grounds.

**Excess**

The amount **you** pay towards each unrelated condition claimed for in the **period of insurance**. If **your pet** receives **treatment** for the same **injury or illness** in separate **policy** years, the excess is payable in each **policy** year.

**Exclusion/s**

An item or eventuality specifically not covered by this insurance **policy**.

**Inception date**

The date the current insurance contract commences as shown in **your policy schedule**.

**Illness**

Change to a normal healthy state due to sickness, disease, defect or abnormality which is not caused by **injury**.

**Immediate family**

The person or persons identified in the **policy** schedule, including their domestic partner or spouse, their children or other family members whether or not they reside with the person or persons identified in the **policy** schedule, and their representatives, agents, employees, bailees or any other persons having care, custody or control of **your pet**.

**Initial exclusion period**

The period between 00:01 on the **original inception date** (the date shown as the **inception** date on **your policy schedule**) and 23.59 on the last day of the **initial exclusion period** after the **original inception date**.

During the **initial exclusion period** the following claims will not be covered:

- any claim arising, directly or indirectly, from an **illness** which occurred within the first fourteen days of **your original policy inception date**.
- any claim arising, directly or indirectly, from an **accident** which occurred within the first five days of **your original inception date**.

**Injury**

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

**Lifetime cover**

Lifetime (reinstatement) cover provides coverage for **vet fees**, per **period of insurance**, for treatment of all injuries and illnesses up to the limit detailed in your policy schedule. Subject

to **you** renewing **your** policy each year, and paying the **premium** on time, **we** will reinstate coverage at each renewal, and ongoing conditions will continue to be covered, up to the limit detailed in your policy schedule, for treatment of all injuries and illnesses in the subsequent **period of insurance**.

#### **Market value**

The price of **your pet** at the time of purchase or, if **you** do not have proof of the purchase price when you make **your** claim, the average estimated price for a **pet** of the same age, breed and pedigree at the time when **your pet** was acquired.

#### **Negligent mistreatment**

A failure to exercise the care that a reasonably prudent person would exercise in like circumstances

#### **Original inception date**

The date shown as the inception date on your policy schedule of **your** first insurance **policy** with VetsMediCover for each pet.

#### **Percentage excess**

The proportional amount you pay towards all **vet fees** or other costs claimed for in the **period of insurance**. If **your pet** receives treatment for the same injury or illness in separate **policy** years, the **Percentage excess** is payable in each **policy** year.

**Percentage excess** age restrictions may apply at the time of **your** claim, please see **your policy schedule** for more details.

#### **Period of insurance**

The length of time **we** provide cover as set out in the **policy schedule** and for which **we** have accepted **your** premium. This is normally twelve months but may be less if **your policy** is cancelled for any reason.

#### **Pet**

The dog or cat identified in **your policy schedule**.

#### **Policy/policy schedule**

The coverage provided to **your pet** subject to the terms and conditions of this insurance contract, which comprises this document, **your policy schedule** and any addendums.

#### **Pre-existing condition**

Any **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 or relates to, or results from an **injury, illness** or clinical sign **your pet** had
- d) no matter where the **illness** or **clinical signs** appear are noticed or happen in or on **your pet's** body

Before the **original inception date** of **your policy**.

A **condition** will cease to be a **pre-existing condition** if for twenty four consecutive calendar months:

- a) **your pet** has shown no symptoms of the **condition**
- b) **you** have not consulted a **vet** with respect to the **condition**
- c) **your pet** has not received treatment for or in connection with the **condition**

Please refer to **your policy schedule** of insurance for details of any endorsements or special conditions that may apply to **your policy**.

#### **Premium**

The amount **you** must pay for **your policy** for the **period of insurance**.

#### **Premium instalment**

The monthly amount paid towards the **premium**.

#### **Prescription food**

A therapeutic pet food prescribed by **your vet** as part of a **treatment** plan for **your pet** for a covered **condition**. **Prescription food** does not include food prescribed for weight loss or dental ailments or **conditions**.

#### **Recurrent self-injury:**

**Self-injury** is defined as physical harm that **your pet** does to their own body either internally or externally, whether intentionally or unintentionally. Evidence that this tendency to physically harm itself is **recurrent** is that such injuries are known to you through previous episodes of self-injury, or could reasonably have been known to **you**. Examples of **recurrent self-injury** include, but are not limited to, previous episodes of autophagy (the biting of the **pet's** own flesh), or the habitual swallowing or ingestion of foreign objects.

#### **Schedule**

The document accompanying this **policy** which confirms **your pet's** details, **original inception date**, the **inception date** of the current **policy**, the **policy excess(es)** and limits of cover which **you** have applied for and which **we** have accepted.

#### **Termination date**

The earliest of the following to occur:-

- a) **you** default on **your monthly premium instalment**
- b) **you** do not renew **your policy** at the end of the **period of insurance**
- c) **you** or **we** cancel this **policy** in accordance with **general conditions**

#### **Territorial limits**

The United Kingdom, Northern Ireland, Isle of Man and the Channel Islands.

In accordance with European Economic Community regulations this **policy** covers **your pet** under the PETS Travel Scheme whilst it is temporarily in any member country of the PETS Travel Scheme, excluding non-EU listed countries as defined by DEFRA.

The maximum length of stay, single or combined, is detailed in Section 6 of this **policy** document.

#### **Treatment**

Any consultation, examination, advice, tests, x-rays, medication, surgery, dental treatment, hospitalisation or nursing care provided by **your vet**, veterinary practice or by a qualified practitioner recommended by **your vet**.

#### **Vaccination**

The injection of a killed microbe in order to stimulate the immune system against the microbe, thereby preventing disease. Vaccinations or immunisations work by stimulating the immune system, the natural disease-fighting system of the body.

#### **Vet/ veterinary**

In the United Kingdom, a **vet** must be a fully qualified **veterinary** practitioner who works in a licensed **veterinary** practice and is registered with the Royal College of Veterinary Surgeons, or is a member of a **veterinary** practice acting under the direction of a fully qualified **veterinary** practitioner.

Outside the United Kingdom, the **vet** must be a fully qualified **veterinary** practitioner registered in the country where the **treatment** is provided.

#### **Vet fees / fees**

The reasonable and customary **veterinary treatment** charges for treatment of **your pet**.

#### **Vicious tendency**

The predisposition, either known to **you**, or that could reasonably have been known by **you**, of **your pet** to cause damage to property owned by others or **injury** to other people or animals. Prior incidents of **your pet** causing the same or similar damage or **injury** will be considered sufficient to impute a **vicious tendency** to **your pet**.

#### **We/us/our**

Covea Insurance plc, registered office Norman Place, Reading, Berkshire, RG1 8DA, registered in England and Wales Number 613259 authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority – FCA Number 202277.

#### **You/yours**

The person and owner of the **pet**, named in **your schedule** as the "applicant".



## Section 1 Vet fees

### What is covered under this section of your policy

We will pay:

- a) The **vet fees** charged by **your vet** following **treatment** during the **period of insurance**; subject to the maximum amount shown within **your schedule**.
- b) **Fees for complementary treatment** recommended by **your vet** and administered by a qualified practitioner during the **period of insurance**, subject to the maximum amount shown within **your schedule**.
- c) The cost of **prescription food** prescribed during the **period of insurance**, subject to the maximum amount shown within **your schedule**.

### Your policy conditions

If **your pet** is ill or injured, **you** must immediately arrange for a **vet** to provide **treatment** for **your pet**.

**You** must keep **your pet's** standard **vaccinations** up to date as recommended by **your vet**: distemper, hepatitis, leptospirosis and parvovirus for dogs; cat flu, feline enteritis and feline leukaemia for cats.

If **you** do not keep **your pet** vaccinated, **we will** not pay claims that result from the above illnesses.

**We** reserve the right to obtain a second opinion from **our** own **veterinary** adviser if, in **our** opinion, the total fees charged by **your vet** are unreasonable or excessive in comparison to identical or similar **treatment** performed by other **vets** within **your** local area.

**We** will not accept liability for a claim until we are in receipt of a detailed **veterinary** account, a full **veterinary** history and any other information **we** have reasonably requested in order to fully investigate **your** claim.

### Your policy exclusions

#### What is not covered under this section of your policy

1. **Vet fees** from a **pre-existing condition**.
2. **Vet fees** for **treatment** required as a direct or indirect result of a non-claimable condition will not be covered.
3. **Vet fees** from an **illness** within the **initial exclusion period**, or within the first fourteen days from the date of **your original policy inception**.

4. **Vet fees** from an **accident** occurring within the **initial exclusion period**, or the first five days from the date of **your original policy inception**.
5. Costs arising from transportation of **your pet** or **you** associated with any claim.
6. **Vet fees** for an **injury** or **illness** arising directly or indirectly from negligent mistreatment of **your pet**, whether by **you**, **your** immediate family or any person having bailment and/or care, custody or control of **your pet**, for whatever purpose.
7. **Vet fees** for treatment recommended by **your vet** to prevent or treat **injury** or **illness** including but not limited to trimming, grooming, micro-chipping or nail clipping and any claims arising as a result of these procedures.
8. **Vet fees** for preventative **treatment** recommended by **your vet** to prevent **injury** or **illness** including but not limited to, routine worming, flea **treatment**, routine ear flushing, plucking, or the removal of dew claws which are not damaged.
9. **Vet fees** for treatment recommended by **your vet** for any vaccination, other than the cost of treating any complications that arise from this procedure.
10. **Vet fees** for treatment recommended by **your vet** to prevent or treat an **injury** or **illness** directly or indirectly as a result of breeding, whelping and pregnancy and any claims arising as a result of these procedures.
11. Costs for pre-operative or pre-anesthesia blood tests carried out on a healthy or young **pet**; this includes but is not limited to, for example, costs prior to suturing a wound.
12. Costs for cosmetic surgery including pre-operative and post-operative care.
13. **Vet fees** resulting from dental **treatment** carried out six months or more after the recommendation of the **vet**.
14. **Vet fees** for dental **treatment** above the cover limit shown in **your schedule**.
15. Costs for equipment used on **your pet**, including but not limited to, Buster collars, sharps containers, harnesses or slings.
16. Costs for a post-mortem examination.
17. Costs for a **vet** to complete a claim form including postage and packaging, courier fees or other administrative work.
18. **Vet fees** for spaying or castration unless deemed necessary by **your vet** as part of the **treatment** for an **injury** or **illness**.
19. **Vet fees** for **treatment** due to complications from spaying or castration procedures, unless the spaying or castration procedure was deemed necessary by **your vet** as part of the **treatment** for an **injury** or **illness**.

20. Costs arising from **vicious tendencies, recurrent self-injury** or **behavioral problems** shown by **your pet**.
21. **Vet fees** for house calls or out-of-hours calls, unless **your vet** confirms in writing that **your pet** was suffering or could potentially have been suffering from a life-endangering **condition**, regardless of **your** personal circumstances.
22. Costs for treating **your pet** outside normal surgery hours, unless the **vet** or therapist confirms an emergency consultation was essential to save **your pet's** life.
23. Costs relating to the cremation, burial or disposal of **your pet**.
24. **Vet fees** for **treatment** not submitted with a receipt or invoice showing full details of the charges incurred.
25. **Vet fees** for **treatment** not incurred during the **period of insurance**.
26. **Vet fees** for **treatment** of **conditions** arising from **your pet** being overweight, except weight gain as a result of a diagnosed **illness**.
27. Costs for **prescription food** prescribed for weight loss or dental treatment.
28. **Vet fees for treatment in connection with a retained testicle(s)**.
29. Costs for artificial prostheses, for example an artificial limb, including any veterinary treatment needed to fit the prosthesis. **Vet fees** for hip, knee or elbow replacement(s) are covered.
30. Costs for mobility aids including, but not limited to, animal mobility wheelchairs.
31. Costs incurred for the use or hire of an operating theatre by a mobile **vet** for the treatment of **your pet**.
32. **Vet fees** arising from distemper, hepatitis, leptospirosis and parvovirus for dogs, cat flu, feline enteritis and feline leukemia for cats, unless vaccinated against, or any other diseases which are preventable by standard **vaccination**.
33. **Vet fees** arising from treatment incurred whilst **your pet** is competing in any type of competition, including but not limited to field trials, dog/cat shows and breeders competitions.
34. Cost arising as a result of an **injury** that occurred whilst **your pet** was at **your** place of work.
35. **In any event, we will not** pay more than the limit shown in **your** schedule for **vet fees** during the **period of insurance**.
36. Vet fees arising from treatment incurred from congenital and hereditary conditions that were diagnosed or visible before the original policy inception date.

## Section 2 Death of your pet from an illness, injury or accident

This section is only operative if it is included in **your schedule**

### What is covered under this section of your policy

If **your pet dies** during the period of insurance shown on the **schedule** due to an **illness, accident or injury** that is covered or would have been covered under Section 1 of **your policy**, we will pay either the purchase price of **your pet**, or the **market value** of **your pet** at the time of loss, whichever is the lesser amount, up to the maximum **death benefit** shown on **your schedule**.

We will also cover the cost for **euthanasia** if **your pet** is **euthanised** for humane reasons on the recommendation of **your vet** as a result of, or due to an **illness, accident or injury** that is covered or would have been covered under Section 1 of **your policy**.

### Your policy conditions

If **your pet** becomes ill **you** must, as soon as possible, arrange for a **vet** to treat **your pet**, regardless of **your** personal circumstances.

**You** must allow the **vet** to take **your pet** away for **treatment**, if required.

In order for the **death benefit** to be payable **you** will need to provide **your pet's** purchase receipt and a copy of the pedigree certificate, if applicable, together with a death certificate or alternatively a **claim** form signed by the **vet**.

### Your policy exclusions

#### What is not covered under this section of your policy

- a) Any fees, charges or costs incurred if **your pet** was **euthanised** due to any law, regulation, order of the Privy Council, government department, public authority or similar entity, or any order related to a notifiable disease as defined by the Department for Environment Food & Rural Affairs or the Animal and Plant Health Agency, or for any **vicious tendencies** or behavioral problems.
- b) Any fees or costs incurred, including death benefit, if **your pet** is euthanised due to **vicious tendencies** or behavioral problems regardless if this is the course of action recommended by a vet.
- c) Any fees or costs incurred for **euthanasia** during or after a surgical operation or a general anesthetic, unless a qualified **vet** certifies it was necessary because of **injury** or **illness**.
- d) Any fees or costs incurred if **your pet** was **euthanised** as a result of breeding, pregnancy or giving birth.
- e) Any fees or costs incurred if **your pet** was **euthanised** for financial reasons.
- f) Any fees or costs incurred, including death benefit, for the death of your pet as a result of **illness** or **injury** if over the age specified on **your schedule**.
- g) Any fees or costs incurred if **your pet** dies within the **initial exclusion period** of **your policy**.
- h) Any fees or costs incurred for the death of **your pet** or **injury** to or **illness** of **your pet** as a result of **your pet** undergoing organ transplants.

## Section 3 Emergency boarding kennel fees

### What is covered under this section of your policy

We will pay up to £200 per **period of insurance** for the cost of boarding **your pet** at a licensed kennel, cattery or pet-minding business for any period when **you** are registered as an in-patient of a hospital during the **period of insurance**, provided that:

1. **You** have suffered a medical condition and **you** are in hospital for a continuous period of five days or longer.
2. There is no other person who can care for **your pet**.

### Your policy conditions

In order to claim under this section **you** must provide **us** with the receipts from a licensed boarding kennel, cattery or pet-minding business which must show the name of **your pet**, **your** name and address, the dates **your pet** was cared for by the kennel or cattery and the amounts charged for each day. **You** must also provide a medical certificate from the hospital **you** attended showing **your** name and address.

### Your policy exclusions

#### What is not covered under this section of your policy

1. Any boarding costs for **your pet** due to a hospitalisation that could reasonably have been expected or foreseen when **you** took out this **policy**.
2. Any boarding costs for **your pet** due to a hospitalisation for any existing or recurrent medical condition that **you** were suffering with when **you** took out this **policy**.
3. Any costs for boarding **your pet** at a kennel, cattery or pet-minding business for the circumstances below:
  - a) **You** or **your** family members being pregnant, giving birth or having any other treatment that is not as a result of an unforeseen or unexpected medical condition.
  - b) **You** or **your** family members having to stay overnight at a hospital which was not on the advice of a doctor, specialist or consultant.
  - c) Any form of care which **you** do not receive in hospital including but not limited to a nursing home or convalescence home.
  - d) **You** being hospitalised for alcoholism, drug abuse, attempted suicide or self-inflicted injuries.
4. Any costs from an unlicensed boarding kennel, cattery or pet-minding business.

## Section 4 Loss by theft or straying

### What is covered under this section of your policy

If **your pet** has strayed or has been stolen **we** will pay the equivalent of the **death benefit** as defined in Section 2 up to the **market value** if **your pet** is not found within ten weeks of **you** reporting the loss to the police or the local council dog warden.

### Your policy conditions

If **you** discover **your pet** is missing, **you** must immediately report the loss of **your pet** to the police if **your pet** is stolen or the local council dog warden if **your pet** has strayed.

**You** must follow the recommendations of the police or the local council dog warden strictly, except that under no circumstances what so ever may **you** pay, agree to pay, or promise to pay a ransom, bribe or payoff, or give similar assurance of such nature to any person.

Should **you** pay, agree to pay, or promise to pay a ransom, bribe or payoff, or give similar assurances of such nature to any person, all insurance coverage under **your policy** will stop from midnight on the day before the payment, agreement to pay, or promise to pay or similar assurance was given.

In the event of any of the above circumstances, **you** must immediately contact **us** claims administrator on 0330 134 8112.

**We** reserve the right to receive reimbursement of a claim paid under this section of cover if **your pet** is subsequently returned or recovered at any time.

If **your pet** is returned or recovered after a claim has been paid under this section **you** cannot abandon ownership of **your pet** to **us**.

In order to claim under this Section, **you** must have suffered no thefts, attempted thefts or threats of any nature against **you**, or **your pet(s)** or any pet(s) **you** own during the twelve months immediately prior to the start of the **period of insurance**.

### Your policy exclusions

### What is not covered under this section of your policy

1. Theft which does not involve unauthorised entry to **your** home or a secure area where **your pet** is kept.
2. Any amount if **you** or the person looking after **your pet** has freely parted with it or left it unattended in an unsecure area.
3. Costs for advertising and reward if **your pet** is stolen and **you** do not report the theft to the police or local council dog warden within twenty-four hours.
4. Costs if **your pet** is lost or stolen within the first fourteen days after the **original inception date** of **your policy**.

## Section 5 Advertising and reward

### What is covered under this section of your policy

If **your pet** is lost or stolen **we** will pay up to 25% of the **death benefit** for the cost of advertising and/or reward as shown on **your policy schedule**.

### Your policy conditions

If **your pet** goes missing and **you** decide to offer a reward, **you** must obtain **our** agreement before offering the reward.

### Your policy exclusions

#### What is not covered under this section of your policy

1. Advertising costs not accompanied by a receipt.
2. A reward paid by **you** that has not been agreed by **us**.
3. Costs for advertising or for a reward if **your pet** is stolen and **you** do not report the theft to the police or the local council dog warden within twenty four hours.
4. A reward if **you** do not have the name and address of the person who found **your pet**.
5. A reward paid to someone who lives or works with **you**, is employed by **you** or is a member of **your immediate family**.
6. Costs for advertising or a reward if **your pet** is lost or stolen within fourteen days after the **original inception date** of **your policy**.
7. Any amount **you** agree to pay in ransom to recover **your pet**.

## Section 6 Overseas travel

### What is covered under this section of your policy

We will cover the cost for **vet fees** if **your pet** requires **veterinary treatment** whilst temporarily in a European Union (EU) country or territory that is also a Member Country of the PETS Travel Scheme. This section excludes coverage in all non-EU countries, whether or not the country or countries are members of the PETS Travel Scheme.

Cover under this section is for the limit shown in **your policy schedule**.

### Your policy exclusions

#### What is not covered under this section of your policy

1. The Sterling equivalent of the **excess** as shown in **your policy schedule**.
2. The Sterling equivalent of the **percentage excess**, if applicable, as shown on **your policy schedule**.
3. The **excess** and **percentage excess** are applied to each specifically identifiable **condition** or **accident** claimed for.
4. Fees or costs which would not be covered under Section 1 Vet fees exclusions part of **your policy**.
5. **Vet fees** or other treatment costs if **your pet** resides overseas for more than three months consecutively or cumulatively during any one **period of insurance**.



## Section 7 Third party liability - dogs only

### What is covered under this section of your policy

**We** will indemnify **you** against all sums for which **you** become legally liable to pay as damages, claimants costs and/or expenses arising out of accident or bodily injury (fatal or non-fatal) or accidental damage to property not owned by **you** or in **your** custody or control caused by **your pet** which occurs during the **period of insurance** and within the **territorial limits** of the **policy**.

**Our** maximum liability in respect of all indemnity payable under this section, in respect of or arising out of any one occurrence, or all occurrences of a series consequent on or attributable to one original cause or source, will not exceed the limit of indemnity as shown on **your policy schedule**.

### Your policy conditions

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

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

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

### Your policy exclusions

#### What is not covered under this section of your policy

1. **We** will not pay the Section 7 **excess** of £250 per incident.
2. **We** will not pay for any liability assumed by **you** under any agreement which imposes a liability on **you** which **you** would not be liable for in the absence of such an agreement.
3. **We** will not pay for any liability arising as a result of any deliberate act, willful default or neglect by **you** or members of **your immediate family**.
4. **We** will not pay for any liability arising as a result of any person handling **your** dog without **your** consent.
5. **We** will not pay for the cost of fines, penalties and punitive, exemplary, aggravated, liquidated and multiple damages.
6. **We** will not pay any claim or other proceedings against **you** or **your immediate family** in a court of law outside the United Kingdom.

7. **We** will not pay for any loss or damage to property in the ownership, custody or control of **you** or members of **your immediate family** or household or any person employed by members of **your** household.
8. **We** will not pay for any damage or bodily injury to **you** or any member of **your immediate family** or to any persons permanently residing with **you**.
9. **We** will not pay for any damage or bodily injury to any person who has contact with **your pet** for professional purposes, such as a vet, or any person employed in a veterinary practice, a dog walker or trainer, or a person employed by or working in a grooming parlour.
10. **We** will not pay for any damage or bodily injury to any person under a contract of service or apprenticeship with **you** when the damage bodily **injury** arises out of and in the course of their employment by **you**.
11. **We** will not pay for any liability insured under another **insurance policy**, such as **your** household insurance policy which covers the same loss, unless that insurance cover has been exhausted.
12. **We** will not pay for any claim arising from loss or destruction of or damage to any property or bodily injury to any person, directly or indirectly caused by pollution or contamination, unless the pollution or contamination is directly caused by a sudden, identifiable, unintended and unexpected incident, which occurs in its entirety at a specific time and place during the **period of insurance** provided that:
  - All pollution or contamination which arises out of one incident shall be deemed to have occurred at the time such incident takes place.
  - **Our** liability for all damages and claimants costs and expenses payable in respect of all pollution or contamination which is deemed to have occurred during the **period of insurance** shall not exceed in the aggregate the limit of indemnity stated in the **schedule**.
13. **We** will not pay any claims for liability arising at **your** work place.
14. **We** will not pay any claims involving a member of any veterinary practice treating **your** dog.
15. **We** will not pay for any costs incurred whilst **your pet** is competing in any type of competition, including but not limited to field trials, dog shows and/or breeders' competitions.

## How to claim

1. In the event of **injury** to or **illness** of **your pet** that could, however unlikely it may seem, give rise to a claim **you must** contact the **us** as soon as possible on 0330 134 8112. All claims should be submitted within three months of the date of the **injury** or **illness**.
2. **We** will inform **you** what action **you** need to take. It may include the provision by **you** or **your vet** of documentation relating to **your pet** or **your pet's** medical history, the details of **treatment** or **complementary treatment** or recommendation for **prescription food** and the details of **your pet's condition**.
3. **We** will inform **you** what other documentation or evidence in support of **your** claim will be required and whether a submitted claim form is missing any information.
4. **We** can issue payment directly to **your vet** with their agreement if required.
5. In circumstances where **treatment** is required before **you** are able to contact the **claims administrator** and **you** have had to pay **your vet**, or **your vet** will not accept payment from **us**, **you** must ensure that **you** keep receipts or invoices relating to **your** claim in a safe place. **We** reserve the right to withhold payment until these are produced if they are required to establish the validity of **your** claim.
6. **You** must consent to **us** or the **claims administrator** corresponding with the **vet** treating **your pet**, or any previous **vets** who have treated **your pet**, in regard to **our** process of validating **your** claim.
7. If **your pet** requires further **treatment** for any **condition** please advise **us** and a continuation claim form will be sent to **you**. Continuation claims must be submitted at regular intervals and at least every three months.
8. In the event of an actual or alleged claim in respect of Section 7 Third party liability - dogs only, **you** should contact **us** by calling 0330 134 8112 as soon as **you** are made aware of the potential claim.

## General policy conditions

1. **We** are only liable to pay claims if **we** have received **your premium** in accordance with the Payment of premiums Section on page 3 of this document.
2. If **you** pay **your premium** by direct debit instalment, when **your policy** is due for renewal **we** will renew it for **you** automatically, unless you advise us you do not wish to renew **your policy**.
3. **We** will write to **you** before the **policy** expires with full details of **your premium** and the **policy** terms & conditions for the next **policy** year.
4. When **we** offer further **periods of insurance we** may change the **premium, excesses** and **policy** terms & conditions.
5. When **we** settle **any** claim payment **we** will deduct from the **claim** any amount due to **us** which may include **excess** or **Percentage excess** if applicable or any outstanding **premium** which may be due.
6. **You** must observe and fulfil all the terms, conditions and endorsements of the **policy** otherwise **we** will not be liable to **pay** the claim under the **policy**.
7. **You** must provide true, complete and accurate information in **your** application for this insurance **policy**, and when renewing **your policy** or when making a claim under **your policy**. If **you** do not **we** are entitled to reject **your** claims or pay proportionately less in settlement of claims or cancel or suspend **your policy**.
8. **We** may cancel **your policy** if **you** have been dishonest or fraudulent with **us** or if **your vet** has advised us that **you** have been negligent towards **your pet**.
9. When **we** cancel **your policy we** will send a written notice of cancellation by recorded delivery to **your** last known address. The **termination date** of **your policy** will be 32 days from the date of posting the notice of cancellation.
10. If the cancellation is due to a default on **your premium instalment** or **your** failure to provide true, complete and accurate information the **termination** of **your policy** is immediate.
11. If **your policy** is cancelled all cover will stop on the date the **policy** is cancelled or ends and no further claims will be paid. If a dispute arises between **you** and **us** as to the amount to be paid under **your policy** it may be referred to an arbiter to be appointed by the parties in accordance with the statutory provisions in force at the time.
12. If a dispute arises between **you** and **us** because of differing opinions between **vets, we** will appoint a mutually acceptable independent **vet** to resolve the dispute. The fees for this **vet** will be shared equally by **you** and **us**. The independent **vet's** decision will be binding on both of **us**.

13. **You** agree that any **vet** has **your** permission to release any information **we** may ask for about **your pet**. If a charge is made for this, **you** must pay the charge.
14. **We** are not liable to pay any claims including third party liability caused by **your pet** straying, escaping, damaging property, attacking the general public or other animals not owned by **you**, if the **pet** has previously carried out any of these actions. However, **you** will be covered provided **you** have declared this information **to us** and **we** have accepted this in writing.
15. **Your policy** does not cover use of **your pet** for professional, commercial or trade activities, unless **we** have accepted this in writing.
16. **You** must always take reasonable steps to prevent **injury** to **your pet** and prevent **your pet** contracting an **illness** or **disease**.
17. **You** must take reasonable steps to prevent **your pet** causing bodily injury or disease and minimise the potential for any such claim under **your policy**.
18. **You** must take reasonable steps to prevent **your pet** causing damage to property and to minimise the potential for any such claim under **your policy**.
19. **You** must **vaccinate your pet** against kennel cough before **your pet** enters a boarding kennel or a show, unless the reason for **your pet** entering the boarding kennel is an emergency hospitalisation. **Claims** for **treatment** of kennel cough will **not** be covered if this condition is not complied with.

## General exclusions

We will not make payment under **your policy** in respect of the following:

1. Any claim for a **pet** less than 8 weeks of age at the **original policy inception**.
2. Any claim for a **pet** over 8 years old at the **original policy inception**.
3. Any claim for a **pet** over 5 years old for selected breeds at the **original policy inception** effective for policies incepted after 1<sup>st</sup> November 2016.
4. Any claim for distemper, hepatitis, leptospirosis or parvovirus for a dog or feline enteritis, cat flu or feline leukaemia for a cat, unless **you** can prove that **your pet** has been vaccinated against these diseases as recommended by **your vet**.
5. Any claim occurring directly or indirectly from negligent mistreatment of **your pet**.
6. Any loss arising as a result of an epidemic or pandemic outbreak or any notifiable disease, whether actual or perceived.
7. Any costs incurred because of any competent authority placing a restriction on **your pet**.
8. Any costs for **treatment, complementary treatment** or prescription of **prescription food** for any **pre-existing condition**.
4. Any claim within the fourteen day exclusion period relating directly or indirectly to an **illness** or disease suffered by **your pet**.
9. Any claim within the five day exclusion period relating directly or indirectly to an **injury** or **accident** suffered by **your pet**.
10. Any claim involving **you** or anyone on **your** behalf using fraudulent means to obtain any of the benefit offered under **your policy**.
11. Any claim relating to the death, **injury** or **illness** of **your pet**, or bodily injury, disease or damage to property brought about by or contributed to by **you** breaking the United Kingdom regulations on animal health and importing animals.
12. Any claim relating to **vet fees**, costs, expenses, administration fees or any other disbursements made by **you** or anyone else except as specifically provided for in **your policy**.
13. 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.

14. Any loss caused by radiation, nuclear explosion and/or fallout or contamination by radioactivity.
15. Any loss resulting from a disease transmitted from animals to humans.
16. Any loss occurring outside the territorial limits of **your policy**.
17. This policy does not provide any coverage whatsoever for any **pet** listed or crossed with a breed listed under the Dangerous Dogs Act 1991, the Dangerous Dogs (Amendment) Act 1997 or any further amendments to this Act.
18. Any claim for dogs which are used for guarding, track racing, breeding or coursing.

## Complaints procedure

If you are unhappy with the service you have been provided with and wish to complain you should contact VetsMediCover by emailing [info@vetsmedicover.co.uk](mailto:info@vetsmedicover.co.uk), by calling them on 0121 308 8685, or in writing to: Complaints Officer, SQ2 House, 240b Lichfield Road, Sutton Coldfield, West Midlands, B74 2UD.

If your complaint is about the handling of a claim please contact us by emailing [claims@petadminteam.com](mailto:claims@petadminteam.com), calling 0330 134 8112 or writing to us at 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX.

The aim is always to conclude enquiries and provide a Final Response Letter to you within 8 weeks from the date your complaint was received. You will be regularly informed of progress in the resolution your complaint, and may need to contact you during this time to request or verify information relating to your complaint.

Please quote your policy number in any communication.

### **Financial Ombudsman Service (FOS)**

You may be eligible to refer your complaint to the FOS. The FOS is an independent body that arbitrates on complaints about general insurance products. For further details, please contact them as follows:

Write to: The Financial Ombudsman Service, Exchange Tower, London, E14 9SR  
Phone: 0800 023 4567 Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

You can also register a complaint with the European Union's Online Dispute Resolution platform (or ODR). Their website is <http://ec.europa.eu/consumers/odr/>. The ODR will simply pass your complaint to the FOS.

Please note that you have six months from the date you receive our Final Response Letter in which to refer your complaint to the FOS.

Following this procedure will not affect your legal rights.

## Financial Services Compensation Scheme

**We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme, if **we** cannot meet **our** obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. **You** can get more information about compensation scheme arrangements from the FSCS or visit [www.fscs.org.uk](http://www.fscs.org.uk).



## Data Privacy

Please visit [www.coveainsurance.co.uk/dataprotection](http://www.coveainsurance.co.uk/dataprotection) for further information about how and when **we** process **your** personal information under **our** full Privacy **Policy**.

### How We Use Your Information

The personal information, provided by **you** (or anyone acting on **your** behalf), is collected by or on **our** behalf and may be used by **us**, **our** employees, agents and service providers acting under **our** instruction for the purposes of insurance administration, underwriting, claims handling, research or for statistical purposes.

**We** may process your information for a number of different purposes. For each purpose **we** must have a legal ground for such processing. When the information that **we** process is classed as 'sensitive personal information', **we** must have a specific additional legal ground for such processing.

Generally, **we** will rely on the following legal grounds:

It is necessary for **us** to process **your** personal information to provide this **policy** and services related to it. **We** will rely on this for activities such as assessing **your** application, managing **your policy**, handling claims and providing other services to **you**.

**We** have an appropriate business need to process **your** personal information and such business need does not cause harm to **you**. **We** will rely on this for activities such as maintaining **our** business records and developing, improving **our** products and services.

**We** have a legal or regulatory obligation to use such personal information.

**We** need to use such personal information to establish, exercise or defend **our** legal rights.

**You** have provided **your** consent to **our** use of **your** personal information, including sensitive personal information.

### How we share your information

In order to sell, manage and provide **our** products and services, prevent fraud and comply with legal and regulatory requirements, **we** may need to share **your** information with the following types of third parties:

- Reinsurers, Regulators and Authorised/Statutory Bodies;
- Credit reference agencies;
- Fraud prevention agencies;
- Crime prevention agencies, including the police;
- Suppliers carrying out a service on **our** behalf;
- Other insurers, business partners and agents; and
- Other companies within the Covea Insurance Group.

### Marketing

**We** will not use **your** information or pass it on to any other person for the purposes of marketing further products or services to **you** unless **you** have consented to this.

### **Fraud Prevention and Detection**

In order to prevent or detect fraud and money laundering, **we** may check **your** details with various fraud prevention agencies, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes.

**We** may also conduct credit reference checks in certain circumstances. **You** can find further details in **our** full Privacy **Policy** explaining how the information held by fraud prevention agencies may be used or in which circumstances **we** conduct credit reference checks and how these checks might affect **your** credit rating.

### **Automated Decisions**

**We** may use automated tools with decision making to assess **your** application for insurance and for claims handling processes. If **you** object to an automated decision, **we** may not be able to offer **you** an insurance quotation.

### **How to Contact Us**

Please contact **us** if **you** have any questions about **our** privacy **policy** or the information **we** hold about **you** by writing to The Data Protection Officer, Covea Insurance, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX or email: [dataprotection@coveainsurance.co.uk](mailto:dataprotection@coveainsurance.co.uk).

## Recording of Telephone calls

All telephone calls between **you** and **us** may be recorded and monitored and **we** reserve the right to use any of the recordings made.

## Disclosure

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