



VetsMediCover

The Pet Insurance People



**Silver 12 Month Pet Insurance
Policy**

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How to contact us

Claims

For claims under sections 1, 2, 3, 4, 5 and 6, please call

0330 134 8112 (option 2)

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

For claims under section 7, Third Party Liability please contact:

0345 415 0495

Email: commercialclaims.eastleighteam@ageas.co.uk

Customer services **0121 308 8685** or **0330 134 8112 (option 3)**

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

on Friday between 9am to 4.30pm

FirstVet

Provides unlimited virtual vet consultations, 24/7 at no additional cost for:

- Vomiting and diarrhoea
- Potential poisoning
- Coughing and sneezing
- Itching and skin problems
- Minor injuries and accidents

Refer to the FirstVet document attached with your Policy documents.

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

You need to be aware that the **Policy** wording is subject to certain **exclusions** and conditions. It is therefore essential that **you** read and fully understand what is covered. In particular please refer to the following sections to help **you** understand the cover provided:

- What is Covered
- What is Not Covered
- **Policy** Conditions and **Policy** Limitations.

Your Policy Wording should be read in conjunction with **your** Certificate of Insurance and **Schedule of Insurance** document as together they form the basis of **your** insurance contract.

For simplicity, **we** use keywords or phrases which are shown in **Meaning of Words** section and these are listed in alphabetical order. They have the same meaning whenever they appear and will always be shown in **bold**.

Statement of demands and needs

VetsMediCover Pet Insurance is a product that is suitable for cat and dog owners and is designed to cover the cost of **veterinary fees** and other expenses associated with protecting **your pet**.

This product offers cover for **veterinary fees**, which provide cover for **illness** or **injury** that **your pet** requires **treatment** for a period of 12 months or up to the selected cover limit, whichever happens first. This is an annual **Policy** and the **Policy** must be renewed for the cover to continue for any claims that fall over a renewal period.

Once the 12 months or cover limit has been reached no further claims will be paid and the **condition** will be considered a **pre-existing condition** at the next renewal.

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 Insurers

Your insurer for all sections apart from section 7, Third Party Liability 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.

Your insurer for section 7, Third Party Liability, is Ageas Insurance Ltd. Ageas Insurance Ltd, Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3YA. Registered in England and Wales No. 354568. Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services No. 202039.

Language applicable

The contractual terms and conditions and other information relating to this contract will be in the English language.

Law applicable

English law applies to this insurance contract.

Policy administrator

This insurance has been arranged and will be administered by VetsMediCover which is a trading name of Petsmedicover Limited, registered office SQ2 House, 240B Lichfield Road, Four Oaks, Sutton Coldfield, West Midlands B74 2UD. Registered in England & Wales Number 10055485. Telephone: 0121 308 8685. Email: info@vetsmedicover.co.uk.

Petsmedicover Limited is authorised and regulated by the Financial Conduct Authority, number 831200.

Cancellation - Statutory Cancellation Rights

This **Policy** is an annual contract. **You** may cancel this **policy** within 14 days from the start of this **policy** (new **policy**) or from the renewal date by emailing or calling **us**, please refer to **your Schedule of Insurance** for details, during the **cancellation period**. A full refund less any non-refundable admin fees will be issued provided **you** have not made a claim in the meantime.

Cancellation by You

You may cancel this **policy** at any time by emailing or calling **us** with the details shown on **your Schedule of Insurance** during the **period of insurance you** have been on cover.

- If **you** had no claims and paid **your premium** in full, **we** will retain an amount of **premium** in proportion to the time **you** have been on cover and return the balance to **you** less any non-refundable admin fees.
- If **you** had no claims and **you** are paying **your premium** monthly, **we** will not take any further monthly payments and **your** cover will end no later than the date that the last paid **premium instalment** provides cover up to. No refunds will be issued.

If another **premium instalment** is taken e.g. **you** notify **us** of intent to cancel in the **period of insurance** but **we** cannot stop a further payment being taken, **we** will refund this to **you**.

- However if **you** have incurred any claims (except any claims where **your pet** has died) **we** will not be able to return **your premium** if **you** have paid in full, or **you** will either have to continue with the **premium instalments** until the **policy** renewal date, pay the remaining **premium** due, or **we** may, at **our** discretion, deduct the outstanding **premium** due from any claim payment made.

Cancellation by Us

We reserve the right to cancel this **policy** after 7 days written notice if there are serious grounds to do so:

- In the event of non-payment of the **premium** or default if **you** are paying monthly.
- Cover will end from the start of **your policy** if no payment was made or **your** cover will end after the last day covered by **your** previous payment.
- If **you** have been neglectful or failed to provide care for **your pet**.
- If **you** have been fraudulent or dishonest at any time or **you** have used threatening or abusive language to **our** staff.

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 instalment** is unsuccessful, the **Policy administrator** will attempt to collect this again and a default fee may be applied by the funder. If the second attempt to collect the **premium instalment** is also unsuccessful, **you** will be in full default. The **termination date** of **your Policy** will be the date that the last collected **premium instalment**, provides cover up to.

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**.

Accident

An unexpected and unintentional incident resulting in damage or **injury**. For the sake of clarity, the following **illnesses** are not considered **Accidents**: luxating patellae; all cruciate ligament problems, including rupture or strain of one or both cruciate ligaments; degenerative joint disease; hip dysplasia; hyperextending hocks; Juvenile Pubis Symphysiodesis (JPS).

Aggressive Tendencies

Your dog has shown any signs of the following behaviours:

Territorial aggression, protective or guarding, fear aggression, defensive aggression, social aggression, frustrated or elicited aggression, redirected aggression, predatory aggression, dominance aggression, attempted to bite any human or animal, has bitten any human or animal, has chased any human or animal.

Behavioural disorders

A change in behaviour caused by a mental disorder which could not be prevented by training for which **your pet** has undergone or is undergoing **treatment** with a **vet** or **behavioural** specialist

Bilateral disorder(s)

Any **condition** affecting body parts of which the **pet** has at least two, 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.

Common Travel Area

Consists of England, Scotland, Island of Ireland, Wales, The Channel Islands and Isle of Man.

Complementary treatment

This means: physiotherapy, osteopathy, chiropractic **treatment** hydrotherapy, acupuncture and homeopathic or herbal medicines All **complementary treatment** must be recommended by **your vet** and carried out by either a **vet** or a person registered with or a member of the following associations or organisations:

- Association of Chartered Physiotherapists in Animal Therapy (ACPAT)
- Canine Hydrotherapy Association (CHA)
- Institute of Registered Veterinary and Animal Physiotherapists (IRVAP)
- International Association of Animal Therapists (IAAT)
- International Vet Chiropractic Association (IVCA)
- McTimony Chiropractic Association
- National Association of Registered Canine Hydro therapists (NARCH)
- National Association of Veterinary Physiotherapists (NAVP)

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**.

Dental Treatment

Treatment required as a result of **illness** or **injury** to the teeth. In addition, any **treatment** required for the gums resulting from **illness** or **injury** to the teeth.

Euthanasia

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 or towards any Third Party Liability claim during 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 and will be deducted from the claims settlement. This can include either a fixed **excess** or a **fixed excess** and **percentage excess**:

- **Fixed excess** only. Means the amount **you** are required to pay as the first part of a claim(s) made under the **policy** and will be payable each **policy** year for each **illness** or **injury**.
- **Fixed excess** and **percentage excess**. The **fixed excess** will be deducted as described above. The **percentage excess** will be applied to all costs after the **fixed excess** has been applied. For example, if **your pet** is 6 or over on the start date of the **policy** a **percentage excess** of 20% will apply, if **your pet** turns 6 during the **period of insurance**, it will apply from **your pet's** birthday. Please see an example of how to calculate the amount **you** will need to contribute in the event of a claim below.

Amount Claimed		£1,500
Less Fixed Excess	£90	£1,410
Less Percentage Excess	20% of £1,401 = £282.00	£1,128
Total Paid to You		£1,128
Total Paid by You	£90 + £282 = £372.00	

Exclusion/s

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

Family

Your husband, wife, civil partner, life partner and all parents, son, daughter, brother, sister, step relations, grandchildren or grandparents living with **you**.

Illness

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

Illness within the first 14 days

During the first 14 days the following claims will not be covered:

any claim arising, directly or indirectly, from an **illness** which occurred within the first fourteen days of the start of cover for **your pet** (Not applicable for renewed policies) **Policy**.

Injury

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

Injury within the first 5 days

During the first 5 days the following claims will not be covered:

any claim arising, directly or indirectly, from an **accident** which occurred within the first five days of the start of cover for **your pet**. (Not applicable for renewed policies.)

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

Period of insurance

12 months from the day the **Policy** starts to the day the **Policy** ends, as set out in the **Schedule of Insurance**. The first **period of insurance** is 12 months from the start date of **Policy** to the renewal date shown on **Your Policy**. Later **periods of insurance** are 12 months from the renewal date to the **Policy** end date shown on **Your Schedule of Insurance**.

Pet

The dog or cat identified in **your Schedule of Insurance**.

Pet Travel Scheme (PETS)

A European Union (EU) scheme that consists of 3 levels: Part 1, Part 2 & Unlisted. The scheme allows **you** to travel with **your pet** to specified countries and re-enter the **United Kingdom** without the need for **your pet** to go into quarantine, provided **you** comply with the **Pet Travel Scheme** status of the country where **you** and **your pet** live before travelling and that of the country that **you** are visiting.

Northern Ireland – Part 1 status. England, Scotland and Wales – Part 2 status.

Policy

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

Pre-existing condition

Any **injury** or **illness** that:

- a) happened or first showed **clinical** signs; or
- b) has the same diagnosis or **clinical** signs as an **injury, illness** or **clinical** sign **your pet** had; or
- c) is caused by or relates to, or results from an **injury, illness** or **clinical** sign **your pet** had before the start of cover for **your pet**, and regardless of whether the **illness** or **clinical signs** appear in the same or different parts of **your pet's** body

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 clinically formulated pet food prescribed by **your vet** as part of a **treatment** plan for **your pet** for a specific covered **condition**.

Prescription food does not include food prescribed for weight loss or dental ailments or **conditions**.

Schedule of Insurance:

The document issued to **you** by **us** which contains the details about **you, your pet** and the **policy** limits and **excesses** that apply to the cover that **you** have purchased.

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**

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**.

United Kingdom

Consists of England, Scotland, Northern Ireland and Wales.

Vet/ veterinary

In the United Kingdom, the **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

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

We/us/our

Covea Insurance plc, for all section apart from section 7, Third Party Liability, where it will mean Ageas Insurance Limited.

You/your

The person and owner of the **pet**, named in **your Schedule of Insurance** 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 for a condition** during the **period of insurance**; subject to the maximum amount shown within **your Schedule of Insurance**. Cover is provided for up to 365 days only from the date of the occurrence up to the amount specified in **your policy limit**. The **condition** will then be excluded from **your policy**.

To continue to claim for the 12 month period **you** must keep **your policy** in force and continue to pay **your premiums**.

- 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 of Insurance**.
- c) The cost of **prescription food** prescribed during the **period of insurance**, subject to the maximum amount shown within **your Schedule of Insurance**.
- d) **Vets fees** for **dental treatment** during the **period of insurance**; subject to the maximum amount shown within **your Schedule of Insurance**.

Your Policy conditions

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

Your pet must have a health check at least once every 12 months, which includes a dental check and vaccinations as required. Claims may be rejected if this condition is not followed.

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 leukemia 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** invoice, 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 including vet fees** arising from **treatment** for congenital and/or hereditary **conditions** that were diagnosed or first showed **clinical signs** before the start of cover for **your pet**.
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 first 14 days of the start of cover for **your pet**. (Not applicable for renewed policies.)
4. **Vet fees** from **injury within the first 5 days** of the start of cover for **your pet**. (Not applicable for renewed policies.)
5. Ambulance/taxi fees unless **your pet** is on a nasal/IV drip and is being transferred between a referral practice/emergency **vet** and **your normal vet**; **we** will only pay for a maximum of one journey.
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 of **your pet**, for whatever purpose.
7. **Vet fees** for **treatment** recommended by **your vet** to prevent **injury** or **illness**, routine or elective **treatments**, and any complications arising as a result of these procedures, including but not limited to:
 - titre testing prior to vaccination; microchipping;
 - routine worming, flea **treatment**;
 - grooming and trimming; nail/claw clipping;
 - routine ear flushing or plucking,
 - spaying and castration, (unless deemed essential by **your vet** to treat an **injury** or **illness**);
 - spaying to treat or prevent false pregnancy;
 - the removal of retained temporary teeth;
 - the removal of undamaged dew claws.
8. **Vet fees** for any vaccination, other than the cost of treating any complications that arise from this procedure.
9. **Vet fees** for **treatment** in connection with a retained testicle(s), unless **your pet** was 16 weeks or under when the cover started for **your pet**.
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.

11. Costs for routine pre-operative or pre-anesthesia blood and urine 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 or aesthetic surgery, including but not limited to eye tacking, tail docking and 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. Costs for dental descaling, polishing, prosthodontics, orthodontic appliances, crowns, caps or splints, or veneers.
15. Costs for buying or hiring equipment for **your pet**, including but not limited to, Elizabethan, inflatable or Buster collars; surgical t-shirts; sharps containers, harnesses or slings; cages; and mobility aids, for example animal mobility wheelchairs.
16. Costs for a post-mortem examination.
17. Costs for a **vet** to complete a claim form, provide a prescription, also postage and packaging, courier fees or other administrative work.
18. Costs arising from **aggressive tendencies or behavioural** disorders shown by **your pet**.
19. **Vet fees** for house calls, regardless of **your** personal circumstances unless **your vet** confirms in writing that **your pet** was suffering or could potentially have been suffering from a life-endangering **condition**.
20. 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.
21. Costs relating to the cremation, burial or disposal of **your pet**.
22. **Vet fees** for **treatment** not submitted with a receipt or invoice showing full details of the charges incurred.
23. **Vet fees** for **treatment** not incurred during the **period of insurance**.
24. **Vet fees** for **treatment** of **conditions** arising from **your pet** being overweight, except weight gain as a result of a diagnosed **illness**.
25. Costs for **prescription food** prescribed for weight loss or **dental treatment**.
26. 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.

27. **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**.
28. **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.
29. In any event, **we** will not pay more than the limit shown in **your Schedule of Insurance** for **vet fees** during the **period of insurance**.

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

This section is only operative if it is included in **your Schedule of Insurance**

What is covered under this section of your Policy

If **your pet dies** during the **period of insurance** shown on the **Schedule of Insurance** 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

1. 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 **aggressive** tendencies or **behavioural** problems.
2. Any fees or costs incurred, including **death benefits**, if **your pet** is due to **aggressive** tendencies or behavioral problems regardless if this is the course of action recommended by a **vet**.
3. 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**.
4. Any fees costs incurred if **your pet** was euthanised as a result of breeding, pregnancy or giving birth.
5. Any fees or costs incurred if **your pet** was euthanised for financial reasons.

6. 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 of Insurance**.
7. Any fees or costs incurred if **your pet** dies from **illness within the first 14 days** or **injury within the first 5 days of your Policy**.
8. 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 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 and **you** believe it has been stolen, **you** must report the loss of **your pet** to the Police and obtain a reference number within 48 hours. If **your pet** has strayed, within 7 days of when **your pet** went missing, **you** must report the loss to **your** local council dog warden, (if **your pet** is a dog), and also make enquires with local rescue centres and inform **your vet**, if **your pet** is a cat, **you** must make enquires with local rescue centres and inform **your vet**.

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

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

You will need to send **us** the pedigree certificate (where applicable) and receipt for the original purchase of **your pet** (if available). Also provide the details of the **veterinary** practice **your pet** was registered at.

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 within 48 hours or the local council dog warden within 7 days.
4. Costs if **your pet** is lost or stolen within the first fourteen days after **the start date** of **your Policy**. (Not applicable for renewed policies.).

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 Schedule of Insurance**.

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 within 48 hours or the local council dog warden within 7 days.
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 start date of **your policy**. (Not applicable for renewed policies).
7. Any amount **you** agree to pay in ransom to recover **your pet**.
8. Any cost or expenses if **you** have instructed a company or a person to help **you** find **your pet**.

Section 6 Overseas travel

What is covered under this section of your Policy

As a resident of the **United Kingdom**, you are able under the **Common Travel Area** and the European Union's **Pet Travel Scheme** to take **your pet** temporarily to countries that are included in the **Pet Travel Scheme** and the Channel Islands and the Isle of Man and return home without putting **your pet** into quarantine. The scheme is administered by Official Veterinarian (OVs) on behalf of DEFRA for England and the devolved administrations of Scotland and Wales and DAERA in Northern Ireland.

Cover under this section is for the limit shown in **your Schedule of Insurance**.

Your Policy exclusions

What is not covered under this section of your policy

1. The Sterling equivalent of the **excess** as shown in **your Schedule of Insurance**.
2. The Sterling equivalent of the percentage **excess**, if applicable, as shown on **your Schedule of Insurance**.
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 the **period of insurance**.

Section 7 Third party liability (dogs only)

For the purposes of this section only the words “insured dog” mean the dog that **you** have bought this cover in relation to and is named on **your Schedule of Insurance**.

IMPORTANT – Please note this section of **your policy** does not provide cover in any circumstances for any insured dog that is required to be registered under the Dangerous Dogs Act 1991 and/or the Dogs (Muzzling) regulations (Northern Ireland) 1991 or any amendments, or any American Bulldog, American Indian Dog, American Pit Bull Terrier, American Staffordshire Terrier, Bandog, Boerboel, Bully Kutta, Canary Dog, Cane Corso, Czechoslovakian Wolfdog, Dingo, Dogo Argentino, Dogue Brasileiro, Fila Brasileiro, Gull Dong, Husky Wolf Hybrid, Irish Staffordshire Blue Bull Terrier, Irish Staffordshire Bull Terrier, Japanese Tosa, Pit Bull Terrier, Saarlooswolfhound, Tosa, Tosa Inu, Wolf Hybrid, Wolfdog, or any dog crossbred or mixed with any of these breeds.

What is covered under this section of your policy

We will pay all sums **you** are legally liable for as compensation, costs and/or expenses awarded by a court in the **UK** following an incident involving **your** insured dog within the **UK** which occurs during the **period of insurance** results in bodily **injury** (fatal or non-fatal) to another person or accidental damage to another person’s property.

We will also, with **our** agreement, pay for legal costs and expenses incurred in defending the claim made against **you**.

The maximum **we** will pay under this section in respect of a single incident will not exceed the limit of indemnity as shown on **your policy** schedule.

What is not covered under this section of your policy

We will not pay the **excess** of £250 per incident.

We will not pay any claim if **your** insured dog has previously shown **aggressive** tendencies or if it has ever acted aggressively towards another person or animal, or damaged another person’s property.

We will not pay any claim where **you** are held legally liable solely because of a contract or agreement **you** have entered in to.

We will not pay for any claim arising as a result of any deliberate act, wilful default or neglect by **you** or members of **your** immediate **family**.

We will not pay for any claim arising as a result of any person handling **your** dog without **your** consent.

We will not pay any fines or penalties imposed on **you** from criminal proceedings including any amount a court requires **you** to pay to punish **you** or to try to stop the same circumstances that led to the incident happening again or because **you** have caused someone distress, embarrassment or humiliation.

We will not pay for any claim or other proceedings against **you** or **your** immediate **family** in a court of law outside the **UK** or where the incident which resulted in the claim occurred outside the **UK**.

We will not pay for any bodily **injury** to, or 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 **you** or members of **your** household, or who were looking after **your** insured dog with **your** permission.

We will not pay for any claim for damage to property or bodily **injury** (fatal or non-fatal) to any person who has contact with **your** insured dog for professional purposes, such as a **vet**, or any person employed in a **veterinary** practice, a dog walker or trainer, a dog-sitter or kennels employee or a person employed by or working in a grooming parlour.

We will not pay any claim which is in any way connected to **your**, or **your** immediate **family's** work, employment or profession, or place of work.

We will not pay any claim which occurs in a place which is licensed to sell alcohol if this is where **your** dog normally lives or is kept.

We will not pay any claim which is insured under another insurance **policy**, such as **your** household insurance **policy**, which covers the same loss unless that insurance cover has been exhausted.

We will not pay for any claim whilst **your pet** is competing in any type of competition, including but not limited to field trials, dog shows and/or breeders' competitions.

If **your** insured dog is an assistance dog **we** are unable to provide cover under this section unless they have been trained, or are in the process of being trained, in strict accordance with the guidance of a member organisation of Assistance Dogs UK and **you** can provide evidence of this upon **our** request.

Your policy conditions

You must notify **us** as soon as possible after an event has arisen that may give rise to a claim or **you** become aware there is a claim against **you**.

You must not admit or accept liability, negotiate or make a payment or promise of payment to any person without **our** written consent. Do not respond to any letters from people who are looking to claim against **you** or people acting on their behalf, **you** should forward them unanswered to **our** claims team.

You are required to provide **us** with any information which **we** may reasonably require in order to assess or defend 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.

Do not incur any legal costs relating to a claim under this section - where appropriate **we** will arrange for legal representation.

What You Must Pay for a Claim

Section 1 – Veterinary fees

For each **illness** or **injury** treated in each **period of insurance**:

- **Pets** under 4 years an **excess** of £90
- **Pets** 4 years and over – an **excess** of £90, and a further 10% of the remaining cost of **treatment** – this is deducted after deduction of the **excess**.
- **Pets** 6 years and over – an **excess** of £90, and a further 20% of the remaining cost of **treatment** – this is deducted after deduction of the **excess**.

Section 7 - Third party liability

- The first £250 per incident

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 **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.
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** 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. For claims under section 7, Third Party Liability, please contact Ageas Insurance Ltd via:
Tel: 0345 415 0495
Email: commercialclaims.eastleighteam@ageas.co.uk
Write: Commercial Claims Team, Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3YA.

General Policy conditions

1. **We** are only liable to pay claims if **we** have received **your premium** in accordance with the Payments of premium Section on page 4 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** and 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 the date that the last collected **premium instalment** provides cover up to or if paid annually, the date that **we** cancel **your policy**.
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 if the **premium** has been paid annually or the date that the last collected **premium instalment** provides cover up to.
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.
15. **You** must be the registered owner and keeper of the **pet**. **Your** name must be on **Your Pet's** pedigree certificate and also on their **veterinary** records.
16. **You** must be over 18 years of age at the start of the **policy**.
17. **Your pet** must not be used in any connection with any business, trade or profession. This includes taking **your pet** to work with **you** or a place of work.
18. **You** must always take reasonable steps to prevent **injury** to **your pet** and prevent **your pet** contracting an **illness** or **disease**.
19. **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**.
20. **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**.
21. **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, or over 8 years old at the **start date of your Policy**
2. Any claim for a **pet** over 5 years old for selected breeds at the start date of **your policy** (effective for policies inception after 1st November 2016.)
3. Any claim for distemper, hepatitis, leptospirosis or parvovirus for a dog or feline enteritis, cat flu or feline leukemia for a cat, unless **you** can prove that **your pet** has been vaccinated against these diseases as recommended by **your vet**.
4. Any claim occurring directly or indirectly from **negligent mistreatment of your pet**.
5. Any loss arising as a result of an epidemic or pandemic outbreak or any notifiable disease, whether actual or perceived.
6. Any costs incurred because of any competent authority placing a restriction on **your pet**.
7. Any costs for **treatment, complementary treatment** or prescription of **prescription food** for any **pre-existing condition**.
8. 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 amount if **your pet's injury** or **illness** occurred whilst in the care of a Boarding Kennel, Dog Walker, Dog Day Care Facility or a Dog Groomers, which **you** were paying for their services.
11. Any claim involving **you** or anyone on **your** behalf using fraudulent means to obtain any of the benefit offered under **your Policy**.
12. 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.
13. 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**.
14. 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.

15. Any loss caused by radiation, nuclear explosion and/or fallout or contamination by radioactivity.
16. Any loss resulting from a disease transmitted from animals to humans.
17. Any loss occurring outside the **United Kingdom**. However, **we** will cover the cost for **vet fees** if **your pet** requires **veterinary treatment** whilst temporarily in a Member Country of the **PETS Travel Scheme** or the Channel Islands or the Isle of Man.
18. Any claim for dogs which are used as gundogs (if incepted after 1 April 2015), or for security, guarding, track racing, coursing, fighting, shooting or breeding.
19. Any dog registered under The Dangerous Dogs Act 1991 and The Dangerous Dogs (Northern Ireland) order 1991 or Dangerous Dogs (amendment) Act 1997 or any subsequent amendments or a dog crossed with any of these. Or if **your dog** is any of the following: African Wild Dog, American Bully, American Pit Bull Terrier, American Rottweiler, American Staffordshire Terrier, Bandog, Bandogge Mastiff, Bully, Bully Kutta, Cane Corso, Carolina Dog, Czechoslovakian Wolf Dog, Dingo, Dogo Argentino, Dogo Brasileiro, Dogo Canario, Dogo Guatemalteco, Dogo Sardesco, Fila Brasileiro, Gull Dong, Husky Wolf Hybrid, Irish Staffordshire Blue Bull Terrier, Irish Staffordshire Bull Terrier, Japanese Tosa, Johnson American Bulldog, Pakistani Bull Terrier, Perro De Presa Canario, Pitt Bull Terrier, Pocket Bully, Saarloos Wolfhound, Tosa, Tosa Inu, Wolfdog, Wolf, Wolf Hybrid, or any breed crossed or mixed with these breeds.
20. Any **pet**, which has **aggressive tendencies** or has been trained to attack or begins to have these tendencies during the **Policy period of insurance**.
21. Any claim for dogs which are used for commercial security purposes, any form of racing, hunting, coursing or commercial breeding.
22. Any claim for a dog that is a gun dog, working dog, Guide or Assistance Dog.
23. This **policy** does not provide Third Party Liability cover for the following breeds, African Wild Dog, American Bulldog, American Indian Dog, American Pit Bull Terrier, American Rottweiler, American Staffordshire Terrier, Bandog, Boerboel, Bully Katta, Canary Dog, Cane Corso, , Czechoslovakian Wolfdog, Dingo, Dogo Argentino, Dogue Brasileiro, Fila Brasileiro, Gull Dong, Husky Wolf Hybrid, Irish Staffordshire Blue Bull Terrier, Irish Staffordshire Bull Terrier, Japanese Tosa, Pit Bull Terrier, Saarlooswolfhound, Tosa, Tosa Inu, Wolf Hybrid, Wolfdog or any dog crossbred or mixed with any of these breeds.

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, 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 under sections 1-6 (inclusive) please contact **us** by emailing claims@petadminteam.com, calling 0330 134 8112 or writing to **us** at 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX.

If **your** complaint is about the handling of a claim under section 7, Third Party Liability, please contact by emailing commercialclaims.eastleighteam@ageas.co.uk, calling on 0345 415 0495 or writing to Commercial Claims Team, Ageas House, Hampshire Corporate Way, Templars Way, Eastleigh, Hampshire, SO53 3YA.

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

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 **we** 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

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

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
Website: www.financial-ombudsman.org.uk

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

The Financial Ombudsman Service will only consider complaints after **we** have issued a Final Response, or if a Final Response Letter has not been issued to **you** within 8 weeks from the date of **your** complaint. Following this procedure will not affect **your** legal rights.

Please quote **your policy** number in any communication.

Financial Services Compensation Scheme

We are members of the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from this scheme, if **you** reside in the **UK**, if **we** cannot meet **our** obligations, depending on the type of insurance and the circumstances of **your** claim.

Further information about this is available from the FSCS website www.fscs.org.uk, or write to the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.

Data Privacy

Covea Insurance plc will also be a data controller in respect of any data it processes in relation to the underwriting of the **policy** and Claims Handling. Full details of how Covéa Insurance plc will process data and **your** data protection rights is available at www.coveainsurance.co.uk/dataprotection.

You can contact the Data Protection Officer at Covéa Insurance plc by writing to Data Protection Officer, Covea Insurance plc, Norman Place, Reading, Berkshire RG1 8DA or email: dataprotection@coveainsurance.co.uk

Ageas Insurance Limited is part of the Ageas Group of Companies. Ageas will also be a data controller in respect of any data it processes in relation to the Underwriting and Claims Handling for Third Party Liability only. Full details of how Ageas Insurance Limited will process **your** data and **your** data protection rights is available at www.ageas.co.uk.

You can contact the Data Protection Officer at Ageas Insurance Limited by writing to Data Protection Officer, Ageas Insurance Limited, Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire SO53 3YA or by emailing: thedpo@ageas.co.uk

Fraud

You must not act in a fraudulent manner. If **you** or anyone acting for **you** make a claim under the **policy** knowing the claim to be false or fraudulently exaggerated in any respect or make a statement in support of a claim knowing the statement to be false in any respect or submit a document in support of a claim knowing the document to be forged or false in any respect or make a claim in respect of any loss or damage caused by **your** wilful act or with **your** involvement. Then:

- **We** shall not pay the claim.
- **We** shall not pay any other claim, which has been or will be made under the **policy**.
- **We** may at **our** discretion declare the **policy** void.
- **We** shall be entitled to recover from **you** the amount of any claim already paid under the **policy** since the last renewal date.
- **We** shall not make any return of the **premium**.
- **We** have the right to inform the police and other appropriate authorities or share this information with the Insurance Fraud Investigators Group (IFIG) or other Fraud authorities.

In order to prevent fraud, **we** may share **your** information with credit reference agencies and other insurance companies either directly or through anti-fraud databases which they may have access to.

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.