

# Policy booklet

in plain English

**For Agria Lifetime Lite,  
Lifetime and Lifetime Plus  
Equine Insurance Customers**

# Please keep this booklet safe

This policy booklet, in conjunction with your Schedule of Insurance, contain full details of your policy, please keep them in a safe place so that you can refer to them if you need to make a claim

## In the event of a claim

Visit: [www.agriapet.co.uk/pet-owners/how-to-make-a-claim/](http://www.agriapet.co.uk/pet-owners/how-to-make-a-claim/)  
or see the "How to Claim" section on page 15.

## To discuss your policy

UK: **03330 30 83 77**

Outside UK: **+44 (0) 1296 327646**

## Useful websites

**British Equine Veterinary Association (BEVA) - [www.beva.org.uk](http://www.beva.org.uk)**

For information about the association, equine guidance and how to locate a member vet.

**The British Horse Society (BHS) - [www.bhs.org.uk](http://www.bhs.org.uk)**

For information about the society, equine advice and how to become a member.

**Fédération Equestre Internationale (FEI) - [www.fei.org](http://www.fei.org)**

For information about the organisation, governance for equestrian sport and affiliated national equine federations.

**RDA Riding for the Disabled Association (RDA) - [www.rda.org.uk](http://www.rda.org.uk)**

For information about the organisation and how to find a group local to you.

**Royal College of Veterinary Surgeons (RCVS) - [www.rcvs.org.uk](http://www.rcvs.org.uk)**

For information about the organisation, veterinary news and how to find a registered vet.

**The Veterinary Medicine Directorate (VMD) -**

**[www.gov.uk/government/organisations/veterinary-medicines-directorate](http://www.gov.uk/government/organisations/veterinary-medicines-directorate)**

For information about the organisation and how to find an accredited retailer.

**All documentation is also available in large print,  
Braille or audio file, please contact us if you  
require any of these.**

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## KEY FEATURES, BENEFITS AND SIGNIFICANT EXCLUSIONS (See pages 4 - 19 for full details)

All policy sections have limits on the amount paid. Your Schedule of Insurance shows these amounts.

### Section 1 - Veterinary Fees

#### Features

Cover is provided for veterinary treatment your horse receives for an illness or injury, including:

- Tooth fracture involving the tooth root up to £450 per period of insurance.
- Costs for euthanasia and disposal of your horse up to £500.
- Complementary treatment up to £1,000 per period of insurance.

#### Significant Exclusions

- The fixed excess and co-insurance amounts you pay towards the cost of treatment your horse receives in each period of insurance.
- Illnesses and injuries that first showed signs before your policy started.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your horse had before your policy started. These include disorders that your horse can have in different eyes, ears, front and back legs and feet, knees, hips, shoulders and elbows. For example, cover for treatment of a ruptured suspensory ligament in the left leg is not available when your horse has had a ruptured suspensory ligament in the right leg before your policy started.
- Illnesses that show signs in the first 14 days after your policy started, except for acute colic, shipping fever/pleuropneumonia and pneumonia.
- Costs to prevent an illness or injury, routine examinations, routine tests, routine treatment for your horse's general wellbeing, tests to investigate the general health of your horse, vaccinations, castration, pregnancy or giving birth.
- If your horse suffers an injury that happened while participating in, or is related in any way to participating in an activity that is not included in the activity group shown on your Schedule of Insurance.
- Vet's administration costs and other charges a vet makes for things that do not directly involve the vet's expertise in treating an illness or injury.

**Section 2 is a policy section that you can choose to add to your policy.**

### Section 2a - Death from Illness or Injury

#### Features

The sum insured or market value (whichever is less) of your horse if it dies or has to be euthanised by a vet as a result of an illness or injury.

#### Significant Exclusions

- Illnesses and injuries that first showed signs before your policy started.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your horse had before your policy started.
- Illnesses that show signs in the first 14 days after your policy started, except for acute colic, shipping fever/pleuropneumonia and pneumonia.
- If your horse is euthanised and its condition did not meet the

BEVA guidelines for the destruction of horses.

- If your horse dies or has to be euthanised due to an injury that happened while participating in, or is related in any way to participating in an activity that is not included in the activity group shown on your Schedule of Insurance.
- If your horse dies as a result of extremes of temperature from being left unattended in a horsebox or trailer.

### Section 2b - Theft or Straying

#### Features

The sum insured or market value (whichever is less) of your horse if it is lost or stolen and is not recovered within 45 days.

#### Significant Exclusions

- If your horse is lost or stolen in the first 14 days after your policy started.
- If you do not report the theft of your horse to the police.
- If you do not report your horse is missing to rescue centres, vets and other organisations.

### Section 2c - Loss of Use

#### Features

The sum insured up to a maximum of £25,000 or market value (whichever is less) of your horse if it develops an illness or suffers an injury that is so serious that it can permanently only perform the activities listed in activity group one. The illness or injury must be so severe that even the provision of veterinary treatment or continuing care would not restore your horse's ability.

If your horse has permanent reduced capacity following an illness or injury we will pay up to a maximum of £25,000 for the difference between the value insured, as shown on your schedule of insurance, and the current value of your horse, if your vet confirms that it is humane to be kept alive and that the provision of veterinary treatment or continuing care would not restore your horse's ability.

#### Significant Exclusions

- If your vet and our vet do not agree that your horse can permanently only perform the activities listed in activity group one.
- If the loss of use was caused by an illness or injury that first showed signs before your policy started.
- If the loss of use was caused by an illness or injury that happen again and is the same as an illness or injury your horse had before your policy started.
- Illnesses that show signs in the first 14 days after your policy started, except for acute colic, shipping fever/pleuropneumonia and pneumonia.
- If your horse has never engaged in, or been trained to do the activity it now cannot participate in.
- If the loss of use is caused by an illness or injury that happened while engaged in, or is related in any way to engaging in, an activity which is not included in the activity group shown on your Schedule of Insurance.

### GENERAL SIGNIFICANT EXCLUSIONS

- Any horse under the age of 30 days at the start of your policy.
- Any incident, illness, injury, death or other event occurring outside the UK.
- War, terrorism, revolution and similar events, nuclear and radioactive contamination.
- The use of your horse for racing under British Horseracing Authority rules.
- Illnesses that horses are usually vaccinated against if your horse has not been vaccinated.

### GENERAL SIGNIFICANT CONDITIONS

- The policy is an annual contract of insurance and you must pay the full annual premium.
- If you miss a payment we may make an administration charge.
- If your bank tells us they cannot make your payment we will try to collect it again.

## Activity Group Table

GROUP	ACTIVITIES
<b>Activity Group 1</b>	Horse at pasture Retired
<b>Activity Group 2</b>	Group 1 activities plus: Hacking Pleasure rides up to 15 miles Flatwork up to Prelim level Ground Work Western riding
<b>Activity Group 3</b>	Group 1 & 2 activities plus: Foals (aged 30 days to 12 months) Backing and starting Pole & grid work up to 90cm Mounted games Riding and pony club activities TREC Dressage- up to Novice (U/A or Affiliated) Showing - unaffiliated Show jumping - 90cm & under (U/A or Affiliated) Vaulting Endurance rides under 25 miles
<b>Activity Group 4</b>	Group 1, 2 & 3 activities plus: Showing - Affiliated Hunter trials - up to 90cm Dressage - below elementary Eventing - 90cm and under (U/A or Affiliated) Jump cross Driving - Non-competitive Show jumping - 110cm & under (U/A or Affiliated) Tent pegging Working Equitation Barrel Racing Team chasing - up to 90cm
<b>Activity Group 5</b>	Group 1, 2, 3 & 4 activities plus: Competitive driving - excluding harness racing (inclusive of pacing and trotting) Elementary dressage and above Endurance rides over 25 miles Eventing - 100cm to intermediate (U/A or Affiliated) Hunting Hunter Trials 95cm & over Show jumping - 115cm & over (U/A or Affiliated)
<b>Activity Group 6</b>	Group 1, 2, 3, 4 & 5 activities plus: Eventing - Advanced Horse ball Point to point Polo Polocrosse Team chasing - 90cm and above

## CONTRACT OF INSURANCE

This is an annual insurance contract and to obtain the full benefit of the contract **you** must pay the full annual premium either in one payment or monthly instalments. If **we** accept **your** application and premium and an **illness, injury, loss, theft or damage** happens in the **period of insurance, we** will provide the cover explained in the following pages and on **your Schedule of Insurance**. The cover provided, unless explained otherwise, is based on **your financial loss** which is the amount of money the **illness, injury, loss, theft or damage** has cost **you**. This **policy** booklet and **your Schedule of Insurance** make up **your contract of insurance. You** will need to read both to fully understand what is and what is not covered.

## DEFINITIONS

Any word or expression that has a specific meaning is shown in bold and has the same meaning throughout this **policy**.

### Activity Group

Means the activities that **your horse** is used and insured for. The activities are detailed in the Activity Group table (see page 3) and the activity group **you** have selected to insure **your horse** for is shown on **your Schedule of Insurance**.

### Approved Farrier

A person who is registered with the Farriers Registration Council.

### Bilateral Disorder

Means any medical disorder that can affect parts of **your horse's** body that it has one of on each side of its body, including ears, eyes, knees, front and back legs and feet, suspensory ligaments, hips, shoulders and elbows.

### Clinical Sign(s)

Changes to **your horse's** normal healthy state, its physical appearance, its bodily functions or behaviour.

### Co-Insurance

The percentage shown on **your Schedule of Insurance**. This is the percentage that **you** must pay towards the cost of:

- **veterinary treatment,**
  - **complementary treatment,**
- received during each **period of insurance**.

**We** calculate the percentage amount on the amount left after the **fixed excess** is deducted.

### Complementary Treatment

Means:

- Veterinary Physiotherapy (including Laser Therapy, Pulsed Magnetic Field Therapy, Shock Wave Therapy and Light Therapy) carried out by a **vet** or a member of a veterinary practice supervised by a **vet**.
- Veterinary Physiotherapy (including Laser Therapy, Pulsed Magnetic Field Therapy, Shock Wave Therapy and Light Therapy), osteopathy, chiropractic treatment recommended by a **vet** and provided by a level 5 or above qualified and registered Veterinary physiotherapist, osteopath or chiropractor.
- Acupuncture carried out by a **vet**.
- Hydrotherapy recommended by a **vet** and provided by a member of a veterinary practice supervised by a **vet** or a qualified equine hydrotherapist who is a member of the

- Institute of Equine Hydrotherapists (IEH).
- Herbal medicine
- Any consultation fee to administer any of the above.
- Any costs for a general anaesthetic or sedation given to administer any of the above.

### Cooling Off Period

The 14 days after:

- the date **your policy** first started; or,
- the date **you** received **your first policy** booklet and **Schedule of Insurance** after **your policy** first started; or,
- the renewal date of **your policy**.

### Fixed Excess

The amount specified on **your Schedule of Insurance**. This is the fixed amount **you** pay towards **veterinary treatment** and **complementary treatment**, received during each **period of insurance**.

The fixed amount is applied once per **period of insurance** for the **veterinary treatment your horse** receives. When **your horse** receives **veterinary treatment** or **complementary treatment** that carries on into the next **period of insurance** and any more periods of insurance, the fixed amount applies to the treatment and therapy **your horse** receives in each **period of insurance** and **you** must pay two or more **fixed excess**, one for each **period of insurance**.

### Illness

Any change to **your horse's** normal healthy state; sickness, disease, **bilateral disorder**, defects and abnormalities, including defects and abnormalities **your horse** was born with or which were passed on by its parents.

### Illness in the First 14 Days

- An **illness** that first showed **clinical signs** in the first 14 days after **your policy** started; or,
  - an **illness** that is the same as, or has the same diagnosis or **clinical signs** as an **illness** or **clinical sign your horse** had in the first 14 days after **your policy** started; or,
  - an **illness** that is caused by, relates to, or results from, an **illness** or **clinical sign your horse** had in the first 14 days after **your policy** started;
- even if the **illness** or **clinical sign(s)** appear or happen in, or on, different parts of **your horse's** body.

### Injury(ies)

Physical damage or trauma caused by an accident.

### Insurer

Agria Försäkring which is the **UK** branch of Försäkringsaktiebolaget Agria (publ).

### Market Value

The price generally paid for a horse of the same age, breed, bloodline, sex and ability as **your horse** immediately before the **injury** happened or the **illness** first showed **clinical signs**.

### Maximum Benefit

The amount shown in the Your Cover section of **your Schedule of Insurance** as the most **we** will pay under each **policy** section for each incident or **period of insurance**.

### Period of Insurance

The time **your policy** lasts, as specified on **your Schedule of Insurance**.

## Policy

**Your** policy booklet and **Schedule of Insurance** which make up **your** insurance contract.

## Pre-existing Illness or Injury

- An **injury** that happened, or an **illness** that first showed **clinical signs** before **your policy** started; or,
- an **injury** or **illness** that is the same as, or has the same diagnosis or **clinical signs** as an **injury, illness** or **clinical sign your horse** had before **your policy** started; or,
- an **injury** or **illness** that is caused by, relates to, or results from, an **injury, illness** or **clinical sign your horse** had before **your policy** started; no matter where the **injury, illness** or **clinical sign(s)** are noticed or happen in, or on, **your horse's** body.

## Prosthesis

An artificial body part or implant, other than rods, screws and plates.

## Schedule of Insurance

The document showing **your** details and **your horse's** details, the cover **you** have chosen, the amount **you** pay towards a claim (the excess), the dates of **your policy** and anything extra not covered by **your policy**. This document is part of **your** insurance **policy**.

## Sum Insured

The amount selected by **you** that **we** have accepted as the most **we** will pay, as shown on **your Schedule of Insurance**.

## LAW APPLICABLE TO THIS POLICY

**Your policy** is governed by English Law unless **you** and **we** have agreed otherwise.

## RIGHTS OF THIRD PARTIES

**You** and **we** are the only parties to this insurance. No other person has any rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance, but this does not affect any right or remedy of a third party which exists or is available apart from this Act.

## UK

Means England, Northern Ireland, Scotland, Wales and Jersey.

## Veterinary Treatment

Means any examinations, consultations, advice, tests, diagnostic tests or scans, prescribed medication, bandages, surgery, hospitalisation, nursing and care carried out by a **vet** or a member of a veterinary practice supervised by a **vet**.

## Vet('s)/Vets

A person registered with the Royal College of Veterinary Surgeons.

## We/Us/Our

Agria Pet Insurance Ltd acts as agents representing the **Insurer**.

## You/Your

The policyholder(s) named on **your Schedule of Insurance**.

## Your Horse(s)

The horse shown on **your Schedule of Insurance**.

## SECTION 1. VETERINARY FEES

### We will pay

The cost of:

- Veterinary treatment your horse** receives during the **period of insurance** for an **illness** or **injury**. **Your horse** must show **clinical signs** of an **illness** or **injury** at the time of **your vet's** visit. Cover for the conditions and/or treatments listed below are subject to the restrictions and/or criteria specified.
  - Lameness, movement disorders and back pain.
    - Precautionary requirements:
      - Your horse** must be given sufficient rest between competitions.
  - Dentistry
    - Root tip abscess:
      - Up to the **maximum benefit** for the examination and treatment of root abscess.
    - Tooth fracture:
      - Up to £450 per **period of insurance** for a tooth fracture involving the tooth root.
      - The damaged tooth must not be affected by caries, chronic infection of the oral cavity or by feed packaging.
  - Farriery and remedial shoes
    - Up to the **maximum benefit** for farriery and remedial shoes if the treatment is for laminitis, a coffin bone fracture, a coffin bone fissure, hoof wall separation, abscess, perforation, hoof cracks/keratoma, or traumatic hoof **injuries**.
    - Farriery and remedial shoes must have been carried out at a horse clinic or if **your vet** referred the work to an **approved farrier** in the field. The referral must be included with the claim report.
    - Correction of crooked leg(s) in foals up to the **maximum benefit**.
  - Magnetic Resonance Imaging (MRI) and Computerised Tomography (CT) scans
    - The scan must be approved by **us** before it is carried out.
  - Osteochondrosis and bone/cartilage fragments
    - The following condition must be met to be covered for **veterinary treatment**:
      - A **vet** must determine that the osteochondrosis and bone/cartilage fragments caused **clinical signs** of an **illness** or **injury** in **your horse**.
- Euthanasia and disposal of **your horse** up to £500 if **your horse** is euthanised due to an **illness** or **injury** covered by **your policy**. A **vet** must certify that **your horse** had to be euthanised.
- Medication that **your vet** orders, sells or prescribes in connection with examining or treating **your horse**.
- Complementary Treatment** up to £1,000 per **period of insurance** provided it started no later than 30 days after the last **veterinary treatment**.

The amounts for euthanasia and disposal, medication and **complementary treatment** are all included in the **maximum benefit** for this **policy** section.

### We will not pay

- The **fixed excess** and **co-insurance** percentage shown on **your Schedule of Insurance**. These do not apply to the costs of euthanasia or disposal.
- Costs resulting from a **pre-existing illness or injury**.
- Costs resulting from an **illness in the first 14 days** of **your policy**. This does not apply to:
  - Acute colic
  - Shipping fever/pleuropneumonia
  - Pneumonia
  - the first 14 days of the second or subsequent consecutive **period of insurance**.
- The cost of **veterinary treatment** received when the **policy** is not in force.
- More than the **maximum benefit** for this **policy** section.
- Any costs for **veterinary treatment** for an **illness** or **injury** that has been ongoing for more than 12 months from the first **clinical signs**, unless a diagnosis has been made.
- Costs for and resulting from:
  - Preventive **veterinary treatment**.
  - Veterinary treatment** you choose to have carried out that does not treat an **illness** or **injury**.
  - Post mortem examinations.
  - Routine examinations, routine tests, routine treatment for **your horse's** general wellbeing and tests to investigate the general health of **your horse**.
  - Routine castration, other than the costs of **veterinary treatment** for complications arising from this procedure.
  - Vaccinations, other than the costs of **veterinary treatment** for adverse reactions arising from the vaccinations.
  - Removing retained testes unless **your horse** was less than 18 months old when it was first insured with **us** and cover has continued in an unbroken series of periods of insurance.
  - Routine blood tests and urine tests.
  - Heart screening, blood or urine tests before a general anaesthetic or sedation if **your horse's** age, medical history, or **clinical signs** immediately before this is carried out do not suggest it has an identifiable and significant risk from the general anaesthetic or sedation.
  - Samples taken to analyse and determine antibodies or antibody titres.
  - Sharps containers or bins.



8. Any costs if **your horse** suffers an **injury** that:
  - happened while participating in, or
  - is related in any way to participating in an activity that is not included in the **activity group** shown on **your Schedule of Insurance**.
9. The cost of any hydrotherapy session if it is performed to help **your horse** lose weight.
10. Any costs related to dental or gum **illness** other than that listed in We will pay Point 1.
11. Any costs for the removal of wolf teeth, other than the costs of **veterinary treatment** for complications arising from this procedure.
12. Any costs for farriery and remedial shoes other than that listed in We will pay Point 1.
13. Any costs for **complementary treatment** that are not recommended by a **vet** and are not carried out under the direction of a **vet**.
14. Any costs for or resulting from behavioural disorders, temperament issues, hypersexuality or stereotypical behaviours.
15. Any costs for:
  - Matrix Energy Field Therapy
  - Reiki massage
  - Faith healing
  - Homeopathic medicine.
16. Costs for or resulting from:
  - Transplants.
  - The cost of any **prosthesis**, including any **veterinary treatment** needed to fit the **prosthesis**.
  - Experimental **veterinary treatment**.
17. Any costs for or relating to the production of a 3D printed model which is used for the planning of **your horse's** surgery.
18. The cost of:
  - **Your horse's** stay, including any costs for examinations unless it is **veterinary treatment** which can only be given at a veterinary hospital.
  - Application of topical medication or injections to **your horse**, other than those that should only be administered by a **vet** or a member of a veterinary practice.
  - Transporting **your horse** to a veterinary practice between veterinary practices or to move **your horse** within a veterinary practice.
  - **Your vet's** travel expenses.
  - Moving, transporting, bathing, hospitalisation, boarding fees and travel expenses caused by or resulting from **your horse's** weight or **your** personal circumstances.
19. The cost of any additional **veterinary treatment** required because **you** are unable to administer medication due to **your** personal circumstances.
20. The cost of prescribed medication purchased from an online retailer unless the online retailer is listed in the Veterinary Medicine Directorate's accredited internet retailer scheme.
21. Any costs for treatment that is of a non-veterinary nature which **you** could carry out, except where a **vet** confirms that this must be performed by a **vet** or a member of a veterinary practice, for example controlled exercise and using horse-walkers.
22. Costs to euthanise or dispose of **your horse** if:
  - A **vet** can treat it and it is humane to keep it alive.
  - It is euthanised because it is aggressive unless an **illness** or **injury** covered by this **policy** section causes it to be aggressive.
  - **Your horse's** condition did not meet the current BEVA Guidelines for the Destruction of Horses.
23. The costs to:
  - Fill in and send a claim form.
  - Refer **your horse** to another veterinary practice.
  - Admit **your horse** to a veterinary practice.
 and the cost of:
  - Postage, packaging, importing medication and using a courier.
  - Obtaining urgent laboratory and/or diagnostic tests when **your horse** is not immediately at risk from a life-threatening **illness**.
24. The cost of out of hours fees unless an **illness** or **injury**:
  - happens or shows the first **clinical signs**; or
  - significantly deteriorates, after 6 pm and before 8 am, during a weekend or during a bank holiday.
25. Additional fees for fitting **your horse** into the working schedule of a veterinary practice between the hours of 8 am and 6 pm on a Monday to Friday, excluding Bank Holidays.

26. **Vet's** administration costs and other charges a **vet** makes for things that do not directly involve the **vet's** expertise in treating an **illness** or **injury**.
27. The cost of housing, including bedding needed for the **veterinary treatment** or wellbeing of **your horse**.
28. Any costs for hiring or purchasing equipment or machinery.
29. Any costs for stabling, livery, grazing, feeding or the general caring of **your horse**.
30. Any costs resulting from anything related to Breeding or Fertility risks.
31. **Veterinary treatment** or **complementary treatment** received outside the **UK**.

### Conditions applicable to Vet Fees

1. What **you** must do:
  - a. If **you** decide to seek a second opinion as **you** are dissatisfied with the **veterinary treatment** or diagnosis provided by **your vet**, **you** must tell **us** prior to arranging an appointment with a different **vet**. **We** will not help **you** with any costs in relation to the second opinion if **you** fail to tell **us**. **We** may require **you** to use a **vet** of **our** choosing and if so, **you** must use that **vet**. **We** will not help with any costs in relation to the second opinion if in **our** view **your horse** currently has the correct diagnosis and is receiving the correct **veterinary treatment**.
  - b. **You** are responsible to ensure that **your vet** is paid within their stated time frame.
    - **We** will deduct any additional charge(s) incurred for late payment from **your** claim settlement if they are added to the **veterinary treatment** costs.
    - If a discount is provided for prompt payment by the **vet** or therapist, **you** must pay them in the qualifying period. **We** will deduct the amount of the discount that would have been applied from **your** claim payment, if **you** do not pay the **vet** or therapist in this time.
2. What **we** may do:
  - **We** may require **our vet** to be involved in the treatment of **your horse**:
    - **We** may ask **our vet** to review **your horse's** medical history and if **we** do **you** must arrange for **our vet** to examine **your horse**.
    - **We** may require for **your horse's veterinary treatment** to be agreed by both **our vet** and **your vet** before it is performed.

**We** will tell **you** if the above is required, which will then apply, from that time, to any ongoing and future **veterinary treatment**, unless **we** advise **you** otherwise.
3. Purchases not made from a **vet**:
 

A **vet** must confirm:

  - that the purchases are necessary to treat the **illness** or **injury**, and
  - the quantities required to treat the **illness** or **injury**,

in order for **you** to claim for them.

### How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" conditions on pages 14 and 15.
2. Follow the instructions on the "Make A Claim" section of **our** website.
3. If it is more convenient, **your vet** agrees and **we** agree, **we** can make payments directly to **your vet**. **You** can ask **us** to do this when **you** make a claim.
4. If **you** submit a claim **you** must tell **us** whether to pay **you** or **your vet**. If a claim is submitted by **your vet**, **you** accept that **we** will pay who **your vet** has indicated.
5. If **you** claim for medication bought on the internet, from a chemist or from a pharmacy **you** must provide a copy of the prescription from **your vet** and the purchase receipt.

## SECTION 2. DEATH, THEFT OR STRAYING AND LOSS OF USE

Section 2a, 2b and 2c only apply if **you** chose them and they are shown in the Your Cover section of **your Schedule of Insurance**.

### SECTION 2A. DEATH FROM ILLNESS OR INJURY

#### We will pay

The **sum insured** (or **market value**, whichever is less), up to the **maximum benefit** for this **policy** section if **your horse** dies or is euthanised by a **vet** during the **period of insurance** as a result of an **illness** that first shows **clinical signs** or **injury** that happens during the current or a previous consecutive **period of insurance**. The **illness** or **injury** must be so serious that it would be inhumane, even with the provision of **veterinary treatment** or continuing care, to keep **your horse** alive. If **your horse** is euthanised its condition must have met the current BEVA Guidelines for the Destruction of Horses.

#### We will not pay

1. Any costs if **your horse** is euthanised and its condition did not meet the British Equine Veterinary Association (BEVA) Guidelines for the Destruction of Horses.
2. If **your horse** dies from a **pre-existing illness** or **injury**.
3. If **your horse** dies as a result of an **illness** in the first 14 days of **your policy**. This does not apply to:
  - Acute colic
  - Shipping fever/pleuropneumonia

- Pneumonia
  - the first 14 days of the second or subsequent consecutive **period of insurance**.
4. Any costs if **you** do not tell **us** about **your** or **your vet's** decision to euthanise **your horse** prior to it being performed, unless **your horse** was suffering to such an extent that **your vet** believed that immediate euthanasia was necessary and that there was no time for **you** to tell **us**.
  5. If **your horse** dies from or as a result of pregnancy and giving birth.
  6. Any costs for the death of an unborn foal, embryo or foetus.
  7. If a **vet** can treat **your horse** and it is humane to keep it alive.
  8. If **your horse** is euthanised because it is aggressive unless an **illness** or **injury** covered by this insurance caused the aggression.
  9. If **your horse** is euthanised due to a behavioural disorder, temperament issue, hypersexuality or stereotypical behaviours.
  10. Any costs if **your horse** dies or has to be euthanised as a result of medication that was not administered by a **vet** or under the direction/supervision of a **vet**.
  11. Any costs if **your horse** dies or has to be euthanised as a result of an **illness** or **injury** that:
    - happened while participating in, or
    - is related in any way to participating in, an activity that is not included in the **activity group** shown on **your Schedule of Insurance**.
  12. Any amount unless **your vet** certifies that **your horse** is dead.
  13. If **your horse** dies as a result of extremes of temperature from being left unattended in a horse box or trailer.

### Conditions applicable to Death from Illness or Injury

1. Post-Mortem examination  
**You** must allow a post-mortem to be performed on **your horse** if it died or was euthanised if the underlying cause of **illness** or **injury** was unable to be determined. **You** will not require to have a post-mortem performed on **your horse** if **we** grant an exception. **You** must contact **our vet** or the claims handler for an assessment. The costs for performing the post-mortem and for transport to the post-mortem are reimbursed when the post-mortem examination has been requested by **us**.
2. Identification:  
 If **your horse** does not need to undergo a post-mortem, **you** must have a **vet** certify in writing that they have seen and identified the dead horse. The certificate must contain a description of the claim incident, details of the horse's name, breed and colour, as well its chip, registration or ID number. If **you** are unable to reach a **vet** **you** must contact **us**.
3. **Sum insured:**  
 The **sum insured** is reduced by 20% per **period of insurance** to a minimum of £500, from the first renewal of the **policy** after **your horse** reaches 16 years of age.
4. Condition of **your horse:**
  - a. **Your horse's** condition must have met the BEVA Guidelines for the Destruction of Horses to claim for euthanasia under this **policy**. **We** recommend that **you** contact **your vet** to establish whether **your horse's** condition meets the required criteria to submit a claim under this **policy**. The exception to this is if **your horse** needs to be euthanised immediately.
  - b. If there is a disagreement between **your vet** and **our vet** as to whether **your horse's** condition meets/met the BEVA Guidelines for the Destruction of Horses, **we** will appoint an independent **vet**, agreed by **you**, to arbitrate and **you** and **we** agree to accept the independent **vet's** decision. **We** will pay the costs for this.
5. What **you** must do:
  - a. If a decision is made to euthanise **your horse**, **you** must contact **us** before it is carried out, as **we** and/or **our vet** may need to discuss the decision with **your vet** prior to **us** confirming that **you** can make a claim. The only exception to this is if **your vet** believes that **your horse** needs to be euthanised immediately due to its level of pain.
6. What **we** may do:
  - a. **We** may refer **your horse's** medical history to a **vet** of **our** choosing and **you** must arrange for **your horse** to be examined by the chosen **vet**, if **we** request it. **We** will pay the costs for this.
  - b. **We** will not pay any claim until **we** receive **your horse's** passport or purchase receipt, which shows **you** as the owner.
  - c. If **we** have already paid **you** a claim settlement under Section 2c. Loss of Use, **we** will deduct this amount from **your** claim.
  - d. If **we** pay a claim under this section, **we** will cancel **your policy** effective from the day after **your horse's** death.

### How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" conditions specified on pages 14 and 15.
2. Send **us** a letter explaining what **you** are claiming for, confirmation from **your vet** of **your horse's** death, along with the purchase receipt.

## SECTION 2B. THEFT OR STRAYING

### We will pay

If **your horse** is stolen or goes missing during the **period of insurance** we will pay the **sum insured** or **market value** (whichever is less) of **your horse** up to the amount declared on **your Schedule of Insurance**.

### We will not pay

Any amount if:

1. **Your horse** has been missing for less than 45 days.
2. **You** do not notify the police if **your horse** is stolen.
3. **You** do not report **your horse** is stolen or has gone missing to:
  - The appropriate local authority within 48 hours of **your horse** going missing.
  - **Your vet**.
  - Other local **vets**.
  - Local animal rescue centres.
4. **Your horse** is stolen or goes missing in the first 14 days after **your policy** started (this does not apply to the first 14 days of the second or subsequent consecutive **period of insurance**).
5. **Your horse** is taken by someone to obtain a ransom payment from **you**.
6. The person looking after **your horse** parted with it freely.
7. An employee's dishonesty caused the loss or theft of **your horse**.
8. **Your horse** is left in an unlocked vehicle.
9. **You** cannot provide at least two of the following:
  - **Your horse's** purchase receipt.
  - A record of where the money to pay for **your horse** came from.
  - **Your horse's** veterinary history.
  - **Your horse's** vaccination certificate.
  - A photograph of **you** and **your horse**.

### Conditions applicable to Theft and Straying

1. **Sum insured:**

The **sum insured** is reduced by 20% per **period of insurance** to a minimum of £500, from the first renewal of the **policy** after **your horse** reaches 16 years of age.
2. What **you** must do:
  - a. **You** must notify:
    - The police as soon as **you** are aware that **your horse** is missing.
    - **Us** within 7 days of **you** being aware that **your horse** is missing.
  - b. To submit a claim for Theft or Straying:
    - **Your horse** must have been missing for 45 days, and
    - **You** must advertise that **your horse** has gone missing and supply evidence of the advertising when **you** submit a claim.
  - c. If **your horse** is found or recovered **you** must repay the amount **we** have paid **you** for **your horse**.
3. What **we** will do:
  - a. **We** will not pay any claim until **we** receive **your horse's** passport or purchase receipt, which shows **you** as the owner.
  - b. If **we** have already paid **you** a claim settlement under Section 2c. Loss of Use, **we** will deduct this amount from **your** claim.
  - c. If **we** pay a claim under this section, **we** will cancel **your policy** effective from the day **your horse** went missing.

### How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" conditions specified on pages 14 and 15.
2. **You** must notify, within 48 hours, the appropriate local authority and provide evidence of this notification. **You** must also notify **your vet**, other local **vets** and rescue centres in **your** vicinity.
3. After 45 days send **us** a letter explaining what **you** are claiming for and the date **your horse** went missing or was stolen, along with two of the required documents/photograph:
4. **Your horse's** purchase receipt.
  - A record of where the money to pay for **your horse** came from.
  - **Your horse's** veterinary history.
  - **Your horse's** vaccination certificate.
  - A photograph of **you** and **your horse**.
  - A copy of any advertisement(s) to help find **your horse**.
  - Evidence that **you** have notified the theft of **your horse** to the police, or if it is missing evidence that **you** have reported this to the local authorities, **your vet** and local **vets**.

## SECTION 2C. LOSS OF USE

### We will pay

Up to the **sum insured** to a maximum of £25,000 (or **market value**, whichever is less) if **your horse** develops an **illness** or suffers an **injury** that is so serious that it can permanently only perform the activities listed in **activity group one**. The **illness** or **injury** must be so severe that even the provision of **veterinary treatment** or continuing care would not restore **your horse's** ability.

If **your horse** has permanent reduced capacity following an **illness** or **injury** we will pay up to a maximum of £25,000 for the difference between the value insured, as shown on **your Schedule of Insurance**, and the current value of **your horse**, if **your vet** confirms that it is humane to be kept alive and that the provision of **veterinary treatment** or continuing care would not restore **your horse's** ability. **You** must then arrange for **your horse** to have the loss of use freeze mark after **we** have advised **you** about the compensation. **You** must also make a written undertaking that **you** will not use **your horse** in training or competition, or allow anyone else do so. **You** must inform any new owner about the agreement made with **us**, if the owner of **your horse** changes.

### We will not pay

1. More than the **sum insured**.
2. Any amount if **your vet** and **our vet** do not agree that **your horse** can permanently only perform the activities listed in **activity group one**.
3. If the loss of use is caused by a **pre-existing illness or injury**.
4. If the loss of use results from an **illness in the first 14 days of your policy**. This does not apply to:
  - Acute colic
  - Shipping fever/pleuropneumonia
  - Pneumonia
  - the first 14 days of the second or subsequent consecutive **period of insurance**.
5. Any amount if **your horse** has never engaged in, or been trained to do, the activity it now cannot participate in.
6. Any amount if the loss of use is caused by an **illness or injury** that:
  - happened while engaged in, or
  - is related in any way to engaging in, an activity which is not included in the **activity group** shown on **your Schedule of Insurance**.
7. Any amount if **your horse** is not allowed to take part in any competition because of any blemish or scar or any regulations about horses that have had a Hobday operation or any other operation for a respiratory system disorder.
8. Any amount unless the **illness or injury** prevents **your horse** from physically taking part in an activity.
9. Any costs for the lack or loss of breeding suitability.
10. Any costs for the unsuitability for use on breeding hygiene grounds.
11. If **we** have paid a claim under this **policy** section, **we** will not pay any further costs for loss of use and cover under this section will cease from the date of the claim payment.

### Conditions applicable to Loss of Use

1. What **you** must do:
  - a. Upon the agreed settlement of **your claim**, **you** must arrange for **your horse** to have the loss of use freeze mark placed on it. **We** will make the payment to the freeze mark company directly, but the cost of this will be deducted from **your claim** settlement. **We** will not make any claim payment until **we** have received confirmation that the freeze mark has been performed. **We** will not require the placement of a freeze mark if **you** decide to euthanise **your horse**, but **we** will require confirmation from a **vet** that **your horse** has been euthanised before **we** issue the claim payment.
2. What **we** will do:
  - a. At the first renewal after **your horse** turns 17 years of age, Section 2c. Loss of Use will be removed from **your policy** and all cover under this section will cease.
  - b. **We** will not pay any claim until **we** receive **your horse's** passport or purchase receipt, which shows **you** as the owner.
3. Veterinary evidence:
  - a. If **your vet** believes that **your horse** can permanently only perform the activities listed in **activity group one**, **you** must send **us** a report from **your vet** which provides details of **your horse's illness or injury** and their reasons for their belief.
  - b. Both **our vet** and **your vet** must agree that **your horse** can permanently only perform the activities listed in **activity group one**. If they disagree **we** will appoint an independent **vet**, agreed by **you**, to review **your case** and/or examine **your horse** and **you** and **we** agree to accept the independent **vet's** opinion. **We** will pay the costs for this.
4. **Your horse's** remaining value:

The amount that **your horse** is now worth, which is based on the activities that it can still perform, will be deducted from **your claim** payment. If **you** disagree with **us** regarding the value of **your horse**, an independent professional can be appointed who **you** and **we** agree on and both **you** and **we** agree to accept this person's verdict. **We** will pay any costs for this.
5. Ownership of **your horse** in the event of a paid claim:

If **we** pay a claim under this **policy** section it does not mean that ownership of **your horse** is transferred to **us**. **You** will still remain the owner of **your horse**.

## GENERAL EXCLUSIONS

**We** will not provide cover under any **policy** section for, connected to or resulting from:

1. **Your horse** being less than 30 days old when **you** take out the **policy**.
2. Anything that happens outside the Territorial Limits.
3. A criminal court case.
4. Any fines, penalties or compensation that a court requires **you** to pay.
5. **You** behaving or acting in an unlawful manner.
6. War, invasion, act of foreign enemies, civil war, rebellion, revolution, insurrection or military or usurped power.
7. Any act of force or violence, including:
  - biological, chemical and/or nuclear force or contamination, or;
  - the threat of biological, chemical and/or nuclear force or contamination, by anyone;
  - acting alone, or;
  - acting for any organisation(s) or government(s), or;
  - connected with any organisation(s) or government(s), carried out;
  - for political, religious, ideological or similar reasons, or;
  - to influence any government(s), or;
  - to put any section of the public in fear.
8. Ionising radiations or contamination by radioactivity from:
  - any nuclear fuel.
  - any nuclear waste.
  - the combustion of nuclear fuel.
9. The radioactive, toxic, explosive or other hazardous properties of any nuclear installation or part of any nuclear installation.
10. **Your horse** if it is euthanised following an order by a Government, local authority or any person who has the legal authority to make the order.
11. A deliberate act by **you**, a member of **your** family, someone who works for **you**, someone who lives with **you**, or the person who was looking after **your horse**.
12. A claim covered by any other insurance, other than **our** proportional share.
13. **You** not complying with the **UK** animal health and animal import legislation.
14. Any costs for or resulting from a disease, including Rabies that the Department for Environment, Food and Rural Affairs (DEFRA) require notification of.
15. If **your horse** was purchased from a vendor operating outside of the animal licensing requirements.
16. When **you** are no longer the owner of **your horse**.
17. The use of **your horse** for racing under British Horseracing Authority rules.
18. Pressure waves of any aircraft or spacecraft travelling at sonic or supersonic speed.
19. Cyber risks, including:
  - the use or misuse of the internet or similar facility;
  - any electronic transmission of data or other information;
  - any computer virus or similar problem.

## GENERAL CONDITIONS

If **you** do not comply with conditions 1 to 3 **your policy** will stop immediately or **we** may treat it as not being valid from when it started. If **your policy** stops **we** will write to **you** at the address shown on **your** latest **Schedule of Insurance** and tell **you** when it stopped.

1. **You** are aged 18 or over, are the owner of **your horse** and both **you** and **your horse** live in the **UK**. If **you** move from the address on **your Schedule of Insurance**, are no longer the owner of **your horse** or have loaned it out, or **your horse** does not live in the **UK** all the time, **you** must tell **us**. **You** accept that if **you** move address **your** premium may change from the date of the move.
2. When **you** arrange, change or renew this **policy** **you** must answer any questions **we** ask, honestly and to the best of **your** knowledge. If **your policy** is in joint names both policyholders accept either person can answer questions and both accept responsibility for the accuracy and honesty of the answers.
3. **You** must keep **your** premium payments up to date.

Conditions 4 to 12 explain how **you** must pay **your** premium, what happens if **you** or **we** cancel **your policy** and what happens if **you** do not keep **your** payments up to date.

4. This is an annual contract of insurance which means that **you** must pay the full premium amount for the full **period of insurance** in one payment or in monthly instalments, however, cancellation rights apply.
5. If after receiving **your Schedule of Insurance** and **policy** booklet, **you** decide that **you** would not like to proceed with the insurance, **you** can cancel **your policy** in the **cooling off period**. In this case, please contact **us** by telephone or in writing within this period and provided **you** have not made a claim, **we** will cancel **your policy** and refund **you** any premium paid for the **period of insurance**.

6. If **you** wish to cancel outside of the **cooling off period** and **you** pay by monthly instalments, **we** will not charge **you** any further payments. If **you** pay annually, **we** may provide **you** with a pro rata refund, based on any complete months of the remaining **period of insurance**. If a claim has been settled in respect of this **period of insurance**, **we** will not provide **you** with a refund and **you** must pay the remaining premium for the **period of insurance**. Or, **we** will deduct the rest of the instalments for the **period of insurance** and any outstanding instalments from any claim payment.
7. It is **your** responsibility to make sure **you** have sufficient funds in **your** bank/card issuer account and **your** bank/card issuer pays **your** full premium or instalments on time. It is not **our** responsibility to tell **you** that **you** have not made a payment.
8. If **your** bank/card issuer tells **us** that they cannot make **your** payment **we** will contact them again to request it and **we** will charge **you** for this extra administration. If **your** bank/card issuer makes a charge for processing **our** payment requests it is **your** responsibility to pay the amount.
9. If **you** do not make **your** payment on time, **you** must contact **us** within seven days of the date **you** should have paid the monthly instalment or the full premium to arrange payment. If payment has not been received within 28 days from the date **you** should of made the payment, **we** will cancel **your policy** from the due date.
10. If **you** pay by monthly instalments and during the **period of insurance** **you** do not pay three monthly instalments on time **we** may agree to continue **your** insurance. If **we** agree **you** must pay in one total payment:
  - an administration charge; and,
  - any outstanding instalments; and
  - the instalments for the rest of the **period of insurance**.
 This payment must reach **us** within 28 days of the date **you** should have paid the third missed instalment.
11. If **we** fail to request **your** payment, **you** must pay the missed payment(s) when asked.
12. If **you** wish to cancel **your policy** **you** can do this by emailing **us** at info@agriapet.co.uk, telephoning **us** on 03330 30 83 77 or writing to **us** at:

Agria Pet Insurance Ltd  
 PO Box 506  
 Manchester  
 M28 8EN

**You** must comply with conditions 13 to 24 to have the full protection of **your policy**. If **you** do not comply, **we** may cancel the **policy**, refuse to deal with **your** claim or reduce the amount of any claim payment.

13. **Your horse** must have had a course of primary vaccinations and **you** must keep it vaccinated within manufacturer's guidelines against equine influenza and tetanus. If **you** do not keep **your horse** vaccinated **we** will not help **you** with any costs that result from an **illness** **you** must vaccinate it against.
14. A **vet** must supervise all vaccinations. Homeopathic nosodes are not acceptable as vaccines.
15. **You** must follow the worming programme that **your vet** recommends for **your horse**, keeping a record of the dates **your horse** was worm egg counted and/or wormed, along with the wormer used. **We** will not help with any costs that result if **you** do not follow the worming programme.
16. If **your horse** shows **clinical signs** of an **illness** or **injury**, **you** must arrange for it to be treated by a **vet** as soon as possible and follow any advice given. If **you** do not follow **your vet's** advice **we** will not help **you** with any costs for that **illness** or **injury**.
17. **You** must take all reasonable precautions to maintain **your horse's** health, prevent the loss or theft of **your horse**, **injury** or **illness** to **your horse**, including following any instructions from a **vet** to reduce **your horse's** weight.
18. **You** must take all reasonable precautions to prevent death or **injury** to another animal or person and damage to, or destruction of someone else's property.
19. **You** must ensure that the **activity group** **you** insure **your horse** for includes all the activities that **you** use **your horse** for. The **activity group** **your horse** is covered for is shown on **your Schedule of Insurance** and the activities it includes are listed in the Activity Group table on page 3. **We** will not help **you** with any costs for an **illness** or **injury** if:
  - **You** use **your horse** for an activity which is not covered by **your policy**, or
  - Is in any way related to **your horse** carrying out an activity that is not covered by **your policy**.
20. **You** must ensure that **your horse** is only ridden by people who are experienced riders and who are able to ride it. They must only use **your horse** for the activities included in the **activity group** **you** have chosen, which is shown on **your Schedule of Insurance**.
21. **You** must choose the **activity group** which includes all the activities that **you** use **your horse** for. If **your horse** is used for:
  - an activity that is not covered by **your policy**, or
  - is related in any way to an activity not covered by **your policy**,
 then, **we** will not help **you** with any costs that result for an **illness** or **injury**.
22. **Your horse** must be insured for its current **market value** at all times. **You** must regularly review the **market value** of **your horse** to ensure that the **sum insured** **you** have chosen is adequate.
23. **You** agree that **your** current or previous **vet** can give **us** information and records about **your horse** and if the **vet** charges **you** for this information **you** will have to pay.
24. **You** agree that **we** can contact the breeder of **your horse** and that they can release information or records about **your horse**.

Conditions 25 to 34 explain the things that **you** can choose and **we** can do that can affect **your** insurance.

25. **We** may agree to issue this **policy** to two people as joint policyholders. If **we** do agree **we** will accept instructions to make any changes, payments, claims, cancellation or anything else to do with this **policy** from either person and both policyholders accept that the other person is also acting on their behalf.
26. The amounts of **your fixed excess** and **co-insurance** cannot be reduced and they can only be increased at the renewal of **your policy**.
27. **You** can only choose to have **policy** Section 2 - Death, Theft or Straying and Loss of Use at the start of **your** insurance and can only remove it at the renewal of **your policy**.
28. **You** can only change to a lower **activity group** at the renewal of **your policy**.
29. **You** can change to a higher **activity group** at any time.
30. **You** can increase the **market value** of **your horse** at any time, but can only reduce it at the renewal of **your policy**.
31. The **policy** is a series of yearly contracts of insurance with no guarantee that **we** will offer a new contract each year.
32. If **we** offer to renew **your policy** **we** may change **your**; premium, **policy** terms, conditions, **fixed excess** and **co-insurance** and the monetary amount of cover under any section.
33. If **we** hold valid payment details for **you** and **we** offer to renew **your policy** it will automatically renew. **You** accept that **we** will use the payment details **you** have previously given **us** to continue to take payment(s) from **your** bank account or credit/debit card. If **you** do not want **your policy** to automatically renew **you** must tell **us**.
34. **We** do not tolerate any abusive, aggressive or inappropriate behaviour towards **our** staff and if **you** act in such a way **we** may cancel **your policy**.

## TERRITORIAL LIMITS

This **policy** provides cover in the **UK**.

## CLAIMS CONDITIONS

**You** must comply with the following conditions to have the full protection of **your policy**. If **you** do not comply, **we** may cancel the **policy**, refuse to deal with **your** claim or reduce the amount of any claim payment.

1. **You** must submit **your** claim by the end of the **period of insurance** or within six months from the first date of treatment, whichever is the latter. If **you** do not submit **your** claim to **us** within this time frame **we** will not deal with **your** claim.
2. If **you** make a claim under this **policy** and another insurance also provides cover **you** must tell **us** the name and address of the other insurance company, the reference number and notify them about **your** claim. If **you** do not notify the other insurance company **we** will not help **you** with **your** claim.
3. **You** must give **us** all information that **we** reasonably ask for in connection with a claim, be available for interviews and cooperate with **us** or any one acting for **us**.
4. If **you** have any legal rights against any other person resulting from the circumstances that led to **your** claim, **we** may take legal action against them in **your** name at **our** expense. **You** must help **us** by providing any documents, written statements, names and addresses of people involved. **You** agree to go to court if necessary.
5. **You** agree that any **vet** can provide any information about **your horse** that is relevant to any claim. If the **vet** makes a charge for this **you** agree to accept the cost.
6. If there is a disagreement between **your vet** and **our vet**, **we** will appoint an independent **vet**, agreed by **you**, to arbitrate and **you** and **we** agree to accept the independent **vet's** decision.
7. When a **vet** or complementary therapist who has, or is about to treat **your horse** contacts **us** about **your policy** and **we** agree to give them information. **We** will tell them:
  - If **you** have a current **policy**,
  - The start and renewal date of **your policy**.
  - What **your policy** covers.
  - **Your fixed excess** and **co-insurance** amounts.
  - Information about how any outstanding premium payments could affect a claim payment.
8. **We** may use external claims investigators to help **us** deal with **your** claim which may delay the time it takes to process **your** claim.
9. **We** will not pay **your** claim if:
  - **Your** claim form is not correct and complete.
  - **We** do not have all the information needed to support **your** claim.
  - **We** are not sure **your** claim is valid.
  - Any legal action or other action is outstanding.
10. If **your policy** is in joint names **we** will accept a claim from either person and, if **we** agree, may make claim payments and premium refunds in line with either person's instructions.
11. If **we** make a payment that is later found to have been made in error, **you** must repay this to **us** when asked.
12. Unless **we** receive:
  - a full breakdown of the costs of **veterinary treatment your horse** is about to have; and,
  - **your horse's** full medical history,**we** cannot tell **you** on the telephone or by email if **your policy** covers a claim under the Veterinary Fees **policy** section either:
  - before **your horse** receives **veterinary treatment**; or,



- after **your horse** receives **veterinary treatment** and before **you** make a claim.

If **we** provide some information about a possible claim or what **your policy** covers, **you** accept that this does not mean **we** will pay **your** claim.

## HOW TO CLAIM

For claims regarding all sections.

1. **You** must always use a claim form to submit **your** claim unless the **policy** section says **you** can send a letter. **You** can submit a claim online or download a claim form at **our** website at [www.agriapet.co.uk](http://www.agriapet.co.uk), **you** can email **us** at [apiclaims@agriapet.co.uk](mailto:apiclaims@agriapet.co.uk) or call **us** on 03330 30 83 81 to ask for a claim form.
2. **We** will need **your policy** number if **you** email or call **us**. Please note that calls may be monitored or recorded to assist with training and for quality control purposes.
3. **You** do not need to contact **us** before any **veterinary treatment** begins.
4. **You** must follow the "How to Claim" procedure shown in the section of cover that **you** are claiming under.
5. Send **your** completed claim form and supporting documents to:

Agria Pet Insurance Ltd  
PO Box 506  
Manchester  
M28 8EN

## FRAUD

**We** will investigate any activity that **we** suspect may be fraudulent. Fraud increases the premiums of all policyholders.

**You** must not act in a fraudulent manner. If **you** or anyone acting for **you**:

- Provide information when **you** take out this **policy** or renew it knowing the information is false or fraudulently exaggerated in any way; or,
- Have fraudulently arranged a free insurance that this **policy** continues from; or,
- Make a claim knowing it is false, dishonest or fraudulently exaggerated in any way; or,
- Make a statement or submit a document in support of a claim knowing it is false or incorrect in any way; or,
- Make a claim for anything **you** have done deliberately or deliberately allowed to happen; or,
- Make a claim that involves **your** dishonesty; or,
- Gives **us** reasonable grounds to suspect **you** have acted fraudulently or dishonestly.

Then **we** will:

- Not pay **your** claim or any other claims.
- Cancel any **policy** **you** have with **us**, either from the start or after giving **you** seven days' notice.
- Take legal action against **you** to recover the amount of any claims already paid.
- Tell the police, Insurance Fraud Enforcement Department (IFED) and any other appropriate authorities.
- Tell other insurance companies and the Insurance Fraud Investigators Group (IFIG).
- Refuse to offer further policies to **you**.

## CUSTOMER SERVICE AND COMPLAINTS

If **you** have a question or would like more information about **your policy** or claim **you** can contact **us**:

- By email at [info@agriapet.co.uk](mailto:info@agriapet.co.uk)
- By telephone:  
Agria Pet Insurance Customer Service UK: Telephone 03330 30 83 77 Outside UK: Telephone +44 (0) 1296 327646  
Agria Pet Insurance Claims UK: Telephone 03330 30 83 81 Outside UK: Telephone +44 (0) 1296 327650

In most cases the Customer Service and Claims teams can answer **your** questions or resolve any issues within 24 hours.

**We** and the **Insurer** are committed to provide **you** with an exceptional level of service and customer care. However, things can go wrong and there may be times when **you** feel **you** have not received the service **you** expect. When this happens **we** and the **Insurer** want to hear about it to try to put things right.

## HOW TO COMPLAIN

**We** take complaints seriously and want to hear from **you** if **you** are not completely happy with the service **you** have been provided with so **we** can try to address **your** concerns. If **you** wish to make a complaint, please contact **us** by telephone, in the first instance, so **we** can try and resolve **your** issue.

Detailed below are all the methods that **you** can use to contact **us**:

Telephone:

Agria Pet Insurance Customer Service UK: Telephone 03330 30 83 77 Outside UK: Telephone +44 (0) 1296 327646  
Agria Pet Insurance Claims UK: Telephone 03330 30 83 81 Outside UK: Telephone +44 (0) 1296 327650

Email: [info@agriapet.co.uk](mailto:info@agriapet.co.uk)

Post: Complaints

Agria Pet Insurance Ltd  
PO Box 506  
Manchester  
M28 8EN

If **your** complaint cannot be resolved within three business days **we** will:

- Acknowledge **your** complaint promptly by email or post
- Investigate **your** complaint thoroughly and as quickly as possible
- Keep **you** informed of the progress of **your** complaint within four weeks of receiving it, if it has not already been resolved
- Provide **you** with a final response letter confirming **our** investigation and conclusion in no later than eight weeks of receiving **your** complaint.

If **you** remain dissatisfied **you** have the right to refer **your** complaint to the Financial Ombudsman Service, free of charge - but **you** must do so within six months of the date of **our** final response letter. If **you** do not refer **your** complaint in time, the Ombudsman will not have **our** permission to consider **your** complaint and so will only be able to do so in very limited circumstances. They can be contacted at:

Financial Ombudsman Service Exchange Tower  
London  
E14 9SR

Telephone 0300 123 9 123 or 0800 0234 567

Email to [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)

Referral to the Financial Ombudsman does not affect **your** right to take legal action against Agria Försäkring.

## REGULATORY INFORMATION

Agria Försäkring is the **UK** branch of Försäkringsaktiebolaget Agria (publ) who are registered in Sweden with Company Registration Number 516401-8003. Registered office: Box 703 06, 107 23 Stockholm, Sweden. Försäkringsaktiebolaget Agria (publ) is authorised and regulated by Fininspektionen in the jurisdiction of Sweden. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority (Firm Reference Number 623469). Details about the extent of **our** regulation by the Prudential Regulation Authority are available from **us** on request.

Agria Pet Insurance Ltd is authorised and regulated by the Financial Conduct Authority, Financial Services Register number 496160. Agria Pet Insurance Ltd is registered and incorporated in England and Wales with registered number 4258783. Registered office: First Floor, Blue Leanie, Walton Street, Aylesbury, Buckinghamshire, HP21 7QW.

Agria Pet Insurance Ltd and Försäkringsaktiebolaget Agria (publ) are regulated by the Jersey Financial Services Commission (JFSC).

## WHO ADMINISTERS THIS INSURANCE

Agria Pet Insurance Ltd arrange and administer this Pet Insurance **policy**. 100% of the shares of Agria Pet Insurance Ltd are owned by Försäkringsaktiebolaget Agria (publ). Agria Pet Insurance Ltd does not provide advice or personal recommendation to tell **you** if this **policy** is suitable for **your** specific needs.

## FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

Försäkringsaktiebolaget Agria (publ) is covered by the FSCS, which is triggered when an authorised firm goes out of business. In this unlikely event **you** may be entitled to compensation from the scheme: **You** can get more information from the Financial Services Commission Scheme at [www.fscs.org.uk](http://www.fscs.org.uk) or by calling 0800 678 1100 or 020 7741 4100.

## REMUNERATION DISCLOSURE

**We** receive commission from the **insurer** which is a percentage of the total annual premium. **Our** sales team, partners and introducers may also receive monetary incentives for services that they provide.

## AGRIA PET INSURANCE PRIVACY NOTICE

**This privacy notice was last updated on 26 October 2022**

Your privacy is very important to us and we want you to feel confident in that and so have made this notice as transparent as possible.

This privacy notice explains how and what type of personal data will be collected and processed and under what lawful basis. It applies to all of our customers, partners and affiliates we may work with. Please read this with care as by using our services you agree to this privacy notice.

### Who are we?

- Agria Pet Insurance Ltd who is the insurance intermediary and a limited company registered in England with the company registration number 4258783 and registered address 1st Floor, The Blue Leanie, Walton Street, Aylesbury, England, HP21 7QW.
- Agria Försäkring is the UK branch of Försäkringsaktiebolaget Agria (publ) who are registered in Sweden with Company Registration Number 516401-8003. Registered office: Box 703 06, 107 23 Stockholm, Sweden. Försäkringsaktiebolaget Agria (publ) is authorised and regulated by Fininspektionen in the jurisdiction of Sweden. Authorised by the Prudential Regulation Authority (Firm Reference Number 623469). Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request.

Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority.

Other Agria trading names we use are:

- The Kennel Club Pet Insurance

We process your personal data in line with the UK General Data Protection Regulation (UK GDPR), The Data Protection Act 2018 and any other relevant data protection legislation.

### **What personal data do we collect?**

The personal data we collect and process includes:

- Personal information including title, name, date of birth, email address, postal address and telephone numbers (current and previous)
- Your usernames or passwords for any online accounts you have set up with us
- Data you have provided to us to be part of one of our breeder clubs
- Your bank details
- Your animal's information
- Claim information
- Data from you visiting our websites such as:
  - IP addresses
  - Google analytics
  - Hot jar tracking software when visiting our website.
- Details of the affiliate you used who introduced you to us such as your breeder, vet or rehoming centre.

### **Special Category Data**

We will only hold data if this is information you have volunteered to us and provided consent for which will help us service your insurance contract with us more efficiently.

### **How we process your personal data**

Below are the reasons for collecting and processing this data and the legal basis in line with the relevant data protection laws:

#### **• Performance of a contract**

The data is necessary for the performance of a contract of insurance to which you are party to and you have taken steps to enter into as well as data to be able to generate and provide you with a quote. Without this data, we cannot fulfil our contractual obligations to you and cannot fully administer your insurance quote or policy with us.

This also includes:

- Servicing and managing your policy
- Assessing, processing and paying claims for your policy
- Contacting you in relation to your policy with non-marketing communications e.g. confirmation of policy set up, policy documentation, complaint communications, mid-term adjustment information, payment reminders and any communication in response to a query you have sent us.

#### **• Legitimate Interests**

We rely on "legitimate interests" from data protection laws to be able to process your data for the following reasons:

- To contact you in regard to our free insurance policies and joining the Agria Breeder Club for the litters that you have or may breed in the future.
- Improving our products, services and offers by emailing you or sending you an SMS to ask you to complete a customer experience review
- Sending you promotional emails about products or groups we think you may be interested in.
- Customising the marketing material we send you (e.g. we send newsletters containing relevant articles based on your activity on our website).
- Targeting online advertising to you on other websites because we believe it is relevant to you. For example, we might ask Google or Facebook to either (a) show you adverts based on your characteristics or interests, e.g. to only show our advert to people interested in dogs or horses; or (b) show you adverts based on your visit to our website, e.g. where you have read an article about specialist pet or equine insurance, we might show you an advert for one of our specialist pet or equine insurance products.
- Improving our products, services and offers with online surveys and by emailing you asking you to complete Trustpilot or customer experience reviews, which enable you to leave reviews of how you found the experience of dealing with Agria Pet Insurance Ltd.
- Monitoring website usage, including website usage statistics and third-party hyperlink click tracking. We use google analytics to do this and we do not have access to the underlying data, only aggregated views of it (e.g. to see how many users visited our website in a certain timeframe, which pages were most popular, and which website visitors came from for instance directly, via Google, or from Facebook).
- Tracking if you have purchased a product from a cash-back site to enable us to pay the correct third-party.
- Creating Management Information to help us with pricing decisions.
- Using your comments on specific social media posts to inform the development of new insurance products.

- We may use your telephone number to call you to see if we can help you with purchasing a pet or equine insurance policy.
- **Explicit consent**  
You have given your explicit consent to allow us to process your personal data for a specific reason. You can withdraw your consent at any time, please see 'Rights' section on how to do this.
- **Legal obligation**  
The data is necessary in order to fulfil our legal and/or regulatory obligations for the prevention of financial crime, to comply with financial sanctions legislation or The Companies Act 2006 for retaining personal and financial data and The Finance Act 2021 for retaining financial data.

### Marketing

We may contact you from time to time for marketing purposes separate to the reasons stated above and you will always have the option to opt out of this contact.

### Automated decision-making & Profiling

We do not use your personal data for any automated decision making. We may sometimes use your data for profiling solely for ensuring we are contacting you with regard to the most relevant products or services to meet your needs. We may also use speech analytics on recorded telephone calls to help us identify vulnerable customers, deliver training and ensure quality control however, this data is reviewed manually.

### International transfers of data

We do not transfer any data outside of the European Economic Area (EEA). Now that the UK has left the European Union (EU), any personal data shared outside of the UK is still within the EEA and is done so in line with the relevant data protection laws.

### Who we might share your information with

- Our approved suppliers, contractors and market research companies in order to be able to evaluate and improve our policies, products, service and processes and to deliver policies effectively.
- Our insurer, legal advisors or other third parties who need access to it in the context of managing, investigation or defending claims or complaints.
- Regulatory or government bodies including but not limited to police forces, local authorities or council, The Financial Conduct Authority, The Prudential Regulation Authority, the Swedish Financial Supervisory Authority (Finansinspektionen), The Jersey Financial Services Commission, The Financial Ombudsman Service, The Channel Islands Financial Ombudsman and His Majesty's Revenue & Customs (HMRC) when it is necessary to do so to ensure compliance with relevant legislation.
- Fraud prevention agencies or third parties when assisting to prevent financial crime.
- Meta Platforms Inc for the purpose of providing advertisements relating to Agria products and services.
- Our partner or affiliate where you were originally introduced to us in relation to your insurance policy e.g. your vet, breeder, rehoming centre or microchipping organisation.
- Your Vet practice with information for one or several of the reasons set out below:
  - To allow them to up-date your records that your pet or horse is insured with us.
  - To discuss any claims that you have, are potentially or have previously submitted.
  - When a vet or complementary therapist who has, or is about to treat your pet or horse contacts us about your policy, in order for them to continue to treat your pet or horse, we may advise them:
    - If you have a current policy
    - The start and renewal date of your policy
    - What your policy covers or doesn't cover
    - Your fixed excess and co-insurance excess amounts
    - Information about how any outstanding premium payments could affect a claim payment.

### What are your rights relating to your personal data?

All individuals have rights under data protection legislation which are listed below. Agria have measures and processes in place in order to deal with any requests made when exercising these rights.

- **Your right to access the personal data we hold on you**  
You can request all personal data we hold on you. You have the right to contact us to request this using one of the contact methods stated below. We will review this and provide you with the information we have at the earliest opportunity, however, if the request is complex, we will contact you within 30 days to explain this and we may charge a fee for this if the request is excessive and/or manifestly unfounded.
- **The right to rectification if your personal data is inaccurate or incomplete**  
We strive to ensure that we have the most accurate and up to date data, however, please advise us as soon as possible, if any of the information we hold on you is inaccurate and we will rectify it.
- **The right to erasure**  
You can request that your personal data is removed or deleted where you believe that there is no legal basis or compelling reason for this to be processed any longer.
- **The right to restrict the processing of your data**  
You have the right to request that the processing of your data is restricted in circumstances such as when you contest the accuracy of the data or when the processing is unlawful.

- **The right to obtain** and reuse your personal data for your own purposes across different services or organisations if this is technically viable.
- **The right to object** to the processing of your personal data if you do not want it processed for the purposes of direct marketing or if the data is not being processed with the legal basis of legitimate interests.
- **The right to withdraw your consent** that you provided to us at any time. If you have provided us with your explicit consent to process your data, you can withdraw this at any time.
- **The right to lodge a complaint** about the processing of your personal data with a Supervisory Authority. The relevant Supervisory Authority is The Information Commissioners Office (ICO), please visit their website which advises you of the best method to contact them, [www.ico.org.uk](http://www.ico.org.uk).

#### **Contact us**

We have a Data Protection Officer who has a high level responsibility for monitoring compliance with all relevant data protection regulations and is the lead contact for liaison with The Information Commissioners Office (ICO). To exercise any of your rights mentioned above or with any specific queries on the personal data we hold on you, please contact us by post or email using the below details:

The Data Protection Officer  
Agria Pet Insurance Ltd  
PO Box 506  
Manchester  
M28 8EN

Email: [info@agriapet.co.uk](mailto:info@agriapet.co.uk)

#### **How long do we keep your information for?**

If you are a customer, we will keep your personal data and telephone conversations for a period of 6 years after you cancel your policy or after the last claim is closed, whichever is the latter. We are required to retain your data for the amount of time as required by law or in order to defend potential legal claims. For all personal data that we retain, we consider the amount, nature and sensitivity of the personal data, the potential risk of harm from unauthorised use or disclosure of your personal data, the purposes for which we process your personal data and whether we can achieve those purposes through other means, and the applicable legal requirements.

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This insurance is administered  
by Agria Pet Insurance Ltd



This insurance is underwritten by  
Agria Försäkring