

Policy booklet

in plain English

For Agria Home Cat
Lifetime & Lifetime Plus
Pet Insurance Customers
www.agriapet.co.uk

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

To make a claim:

Visit: www.agriapet.co.uk/how-to-claim/

Post: Agria Pet Insurance Ltd, PO Box 506, Manchester, M28 8EN

To ask a question:

Email: apiclaims@agriapet.co.uk

Call: 03330 30 83 99

Please also see the “How to Claim” section on page 16 for details of our requirements when making a claim.

To discuss your policy

Call: 03330 30 83 98

To complain

We take complaints very seriously and want to hear from you if you are not happy with the service we have provided. Full details on how you can make a complaint are set out on page 18.

Agria App

Available to download from your usual app store.

For free, 24/7 access to expert advice via video call with a vet.

Useful Websites:

The Animal Behaviour and Training Council - www.abtcouncil.org.uk

For information about the council and details of the organisations it governs.

Canine and Feline Behaviour Association - www.cfba.uk

For information about the Association and its members.

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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CONTRACT OF INSURANCE

This **policy** is designed to provide **you** with cover for one year. To make sure that this **policy** remains in place for one year, **you** must pay the full cost of this **policy**. This may be paid in one full payment, or over the course of 12 monthly payments. If **you** do not make these payments in full, then **we** may end this **policy** early and **you** will not be able to make any claims.

If **we** accept **your** application and premium and an **illness, injury** or loss happens in relation to **your cat** during the **period of insurance**, then **we** will provide the cover explained in the following pages and in **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** or loss 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 by **us**. If **you** have any queries about **your policy**, **you** can contact **us** by telephone on 03330 30 83 98.

DEFINITIONS

Any word or expression that has a specific meaning is shown in bold and has the same meaning throughout this **policy**. These terms are explained below:

Behavioural Disorder(s)

Any change to **your cat's** normal behaviour that is caused by a mental or emotional disorder.

Behaviourist

A person accredited in clinical animal behaviour and a current member of an organisation governed by the Animal Behaviour and Training Council (ABTC) or Canine and Feline Behaviour Association (CFBA), who is not a **vet**.

Bilateral Disorder

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

Clinical Diet

Food made by a pet food company for the purpose of a **vet** to prescribe to help with a specific **illness** or **injury**.

Clinical Sign(s)

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

Complementary Treatment

Means:

- Physiotherapy (including Laser Therapy, Pulsed Magnetic Field Therapy and Shock Wave Therapy) carried out by a **vet** or a member of a veterinary practice supervised by a **vet**.
- Physiotherapy (including Laser Therapy, Pulsed Magnetic Field Therapy and Shock Wave Therapy), osteopathy or chiropractic treatment recommended by a **vet** and provided by a qualified animal 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 animal hydrotherapist who is a member of a **UK** registered professional pet physiotherapy or hydrotherapy organisation.
- Herbal medicine.
- Any consultation fee 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**.

Excess

The excess is the amount that **you** will need to pay each time **you** make certain claims during **your period of insurance**. **You** will need to pay the fixed excess and the percentage excess.

Fixed Excess

The amount specified on **your Schedule of Insurance**. This is the fixed amount **you** pay towards claims made under the following **policy** sections:

- Section 1 – Veterinary Fees
- Section 4 – Breeding Cover

The fixed amount applies to:

- all episodes of an **illness** with the same diagnosis or **clinical signs**; and,
- each **injury**,

your cat receives **veterinary treatment** for in each **period of insurance**. If the treatment **your cat** is receiving (such as **veterinary treatment** for an **injury**) carries over into the next **period of insurance** (i.e. the treatment continues after the renewal of this **policy**), then **you** will need to pay the fixed excess amount again.

Percentage Excess

The percentage amount shown on **your Schedule of Insurance**. This is the percentage that **you** must pay towards all claims made under the following **policy** sections:

- Section 1 – Veterinary Fees
- Section 4 – Breeding Cover

We calculate the percentage amount on the amount left after the fixed excess is deducted. The percentage excess is applied to all claims.

So if:

- **your cat** receives treatment which costs £800;
- **your** fixed excess is £170; and,
- **your** percentage excess is 10%;

you will need to pay £233 towards the cost of the treatment (this is the fixed excess, which is £170, plus the percentage excess, which is 10% of the remaining £630 of costs). **We** will pay the remaining £567 (this is the total cost of the treatment minus the excess that has been paid by **you**).

This example is for illustrative purposes only and may not match the fixed excess and percentage excess amounts on **your policy**. **Your** fixed excess and percentage excess amounts are detailed in the Your Cover section of **your Schedule of Insurance**.

Experimental Veterinary Treatment

A treatment is considered experimental if any of the following apply:

- It is a new, unknown, or rarely used intervention, and there is uncertainty about safety and efficacy because of a lack of evidence.
- It does not conform to usual clinical practice.
- It is currently undergoing or has yet to undergo clinical trials.
- It has not received approval from a relevant regulatory body, for example the Veterinary Medicine Directorate (VMD).

Fertility

A female cat's ability to become pregnant or a male cat's ability to make a female cat pregnant.

Illness

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

Illness in the First 10 Days

- An **illness** or **behavioural disorder** that first showed **clinical signs** in the first 10 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 cat** had in the first 10 days after **your policy** started; or,
- an **illness** that is caused by, relates to, or results from, an **illness** or **clinical sign your cat** had in the first 10 days after **your policy** started; even if the **illness** or **clinical sign(s)** appear or happen in, or on, different parts of **your cat's** body.

Immediate Family('s)

Your husband, wife, civil partner, life partner, children or parents living with **you**.

Injury(ies)

Physical damage or trauma caused by an accident.

Insurer

The insurer for all sections of this **policy** is Agria Försäkring, which is the **UK** branch of Försäkringsaktiebolaget Agria (publ).

Market Value

The price generally paid for a cat of the same age, breed, pedigree and sex at the time **your cat** was acquired.

Maximum Benefit

This is the maximum amount **we** will pay to **you** under each **policy** section for each incident or for each **period of insurance**. The maximum benefit for each **policy** section is shown in the Your Cover section of **your Schedule of Insurance**.

Period of Insurance

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

Policy

Your policy includes this booklet and the **Schedule of Insurance**. Together, they make up **your** insurance contract.

Pre-existing Illness or Injury

- An **injury** that happened, or an **illness** or **behavioural disorder** 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 cat** 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 cat** had before **your policy** started; no matter where the **injury, illness** or **clinical sign(s)** are noticed or happen in, or on, **your cat'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 cat's** details, the cover **you** have chosen, the amount **you** pay towards a claim (the **excess**), the dates of **your policy** and anything extra that is not covered by **your policy**. This document is part of **your** insurance **policy**.

Secured Garden

A garden in which a commercially available physical cat fence or enclosure has been erected.

UK

Means England, Northern Ireland, Scotland, Wales, the Channel Islands and the Isle of Man.

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 named on your **Schedule of Insurance** and any Secondary Policyholder you choose to add to your **policy**.

Your Cat('s)

The cat shown on **your Schedule of Insurance** that is kept within the confines of **your** home or **secured garden**.

LAW AND JURISDICTION APPLICABLE TO THIS POLICY





Your policy is governed by English Law and any dispute between the parties falls within the jurisdiction of the Courts of England and Wales 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 and the Scottish equivalent Contract (Third Party Rights) Act 2017 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.

SECTION 1. VETERINARY FEES






We Will Pay

-  The cost of **veterinary treatment your cat** receives during the **period of insurance** for an **illness** or **injury**, including:
 - The cost of a Glucometer provided a **vet** has recommended both the type purchased and that **you** monitor and carry out **your cat's** blood glucose readings at home. **You** can only claim the cost of one Glucometer per **period of insurance**.
-  **We** will also pay limited costs for the following treatments **your cat** receives during the **period of insurance** up to the amounts detailed below. Please note that the amounts listed are in respect of each separate **illness, injury** or **behavioural disorder** and do not repopulate at renewal, meaning that **you** can only claim up to the amounts stated once per **illness, injury** or **behavioural disorder** during the whole time **your cat** is insured with **us**.
 - 50% of the cost of a **clinical diet** up to £250 to treat the **illness** or **injury**.
 - Up to the amount specified on **your Schedule of Insurance** for **complementary treatment**.
 - Pheromone products used for up to six months as part of a structured programme to permanently change **your cat's** behaviour.
 - The cost of Platelet Rich Plasma therapies up to £750.
 - The cost of Stem Cell Therapy up to £1,500.
 - Up to £750 towards the cost of behavioural therapy **your cat** receives from a **behaviourist** for a **behavioural disorder**.
-  **We** will also pay one-off costs, as detailed below, for the following incidents:
 - The cost to put **your cat** to sleep.
 - The cost of cremation, burial and a house visit by a **vet** to put **your cat** to sleep up to £150.
-  All of the above amounts (including the cost of a Glucometer, the cost to put **your cat** to sleep and the cost of cremation, burial and a house visit by a **vet** to put **your cat** to sleep) are included in the **maximum benefit** for this **policy** section.












We Will Not Pay

-  The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance**.

You will need to pay the **excess** amount, and **we** will pay the amount of a claim above the **excess** amount (up to the **maximum benefit** or any specific claim limits explained under the 'we will pay' section).

No **excess** needs to be paid by **you** for the costs of cremation, burial or a house visit by a **vet** to put **your cat** to sleep.
-  Costs resulting from a **pre-existing illness or injury**.
-  Costs resulting from an **illness in the first 10 days of your policy**. This applies only when **you** first purchase **your policy** and does not apply if **you** renew **your policy** with **us**.
-  The cost of **veterinary treatment** received when the **policy** is not in force.
-  More than the **maximum benefit** for this **policy** section.
-  Costs for and resulting from:
 - Preventative **veterinary treatment**, including removing dew claws that are not damaged and spaying to prevent false pregnancy, mammary tumours and vaginal prolapse.
 - **Veterinary treatment** and behavioural therapy **you** choose to have carried out that does not treat an **illness, injury** or **behavioural disorder**.
 - Post-mortem examinations.
 - Routine examinations, routine tests, routine treatment for **your cat's** general wellbeing and tests to investigate the general health of **your cat**.
 - Routine castration and routine spaying, other than the costs of **veterinary treatment** for complications arising from these procedures.
 - Vaccinations, other than the costs of **veterinary treatment** for adverse reactions arising from the vaccinations.
 - Nail clipping, grooming and dematting, including syringing/removing hair from the ears when there is no infection present.

We Will Not Pay

- Removing retained testes or first teeth. However, **we** will pay for this if **your cat** was less than 16 weeks old when **your policy** started and if **you** have maintained continuous cover for **your cat** with **us** (meaning that **you** have renewed **your policy** with **us** throughout this period).
 - Emptying anal glands when they are not infected or narrowed (stenosed).
 - False pregnancy if **your cat** has already received **veterinary treatment** for two or more episodes of false pregnancy.
 - Products for killing or controlling fleas and intestinal worms, other than the costs of **veterinary treatment** for adverse reactions to these products.
 - Products for killing or controlling skin mites unless there is evidence **your cat** has a mite infestation.
-  The cost of any routine post-operative recovery diet.
-  The cost of any **clinical diet(s)** and medicine(s) to help **your cat** lose weight.
-  The cost of any hydrotherapy session if it is performed to help **your cat** lose weight.
-  Any costs for **complementary treatment** and the treatment of **behavioural disorders** that are not recommended by a **vet** and are not carried out under the direction of a **vet**.
-  Any costs for:
- Matrix Energy Field Therapy.
 - Reiki massage.
 - Faith healing.
 - Homeopathic medicine.
-  Any costs for:
- Training classes.
 - **Your cat** to stay and receive training or treatment from a **behaviourist** at a residential training or behavioural centre.
-  Any costs related to dental or gum **illness** if **your cat's** teeth and gums have not been examined by a **vet** in the 15 months prior to the **illness** being noted unless it is clear from **your cat's** clinical history that due to **your cat's** behaviour, the examination was not able to include the teeth and gums.
- Any **veterinary treatment** recommended at a health check must be carried out within 12 months of the recommendation unless **your vet** recommended a further delay due to **your cat's** health.
-  Costs for or resulting from:
- Cosmetic dentistry.
 - De-scaling, polishing and cleaning **your cat's** teeth, other than when performed solely as treatment for an **illness** of the teeth or gums.
 - Crowns.
 - Root canal treatment;
That is being undertaken for purely cosmetic reasons.
That is on teeth other than the canine teeth.
That doesn't offer clear advantages over tooth removal in terms of safety.
For badly damaged teeth.
Where there is severe periodontal disease and the canine teeth are very loose.
-  Costs for or resulting from:
- Organ transplants.
 - The cost of any **prosthesis**, including any **veterinary treatment** needed to fit the **prosthesis**, other than the cost of hips, elbows, patella groove replacements or any eye lens implant.
 - **Experimental veterinary treatment**.
-  Any costs for or relating to the production of a 3D printed model which is used for the planning of **your cat's** surgery.
-  The cost of:
- House calls unless **your vet** confirms that to move **your cat** would seriously endanger its health, or significantly worsen the condition.


We Will Not Pay

- **Your cat's** stay at a veterinary practice, including any costs for examinations, unless it is for **veterinary treatment** that can only be given by a veterinary practice.
 - Bathing **your cat**, other than bathing with a medicated product that should only be administered by a **vet** or a member of a veterinary practice.
 - Transporting **your cat** to a veterinary practice, between veterinary practices and to move **your cat** within a veterinary practice.
 - **Your vet's** travel expenses.
 - House calls, moving, transporting, bathing, hospitalisation, boarding fees and travel expenses caused by or resulting from **your cat's** weight or **your** personal circumstances.
 - 🐾 The cost of any additional **veterinary treatment** required because **you** are unable to administer medication due to **your cat's** behaviour or **your** personal circumstances.
 - 🐾 The cost of recommended or prescribed medication purchased from an online retailer unless the online retailer is listed in the Veterinary Medicine Directorate's accredited internet retailer scheme. Details of the scheme and accredited retailers can be found at the following web address: <https://www.vmd.defra.gov.uk/InternetRetailers/accredited-retailers.aspx>
 - 🐾 Costs to put **your cat** to sleep, cremate or bury it if:
 - A **vet** can treat it and it is humane to keep it alive.
 - It is put to sleep because it is aggressive unless an **illness** or **injury** covered by this **policy** section causes it to be aggressive.
 - 🐾 The costs to:
 - Fill in and send a claim form.
 - Refer **your cat** to another veterinary practice.
 - Admit **your cat** to a veterinary practice.
- and the cost of:
- Postage, packaging, importing medication and using a courier.
 - Obtaining urgent laboratory tests when **your cat** is not immediately at risk from a life-threatening **illness**.
 - 🐾 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.
 - 🐾 Additional fees for fitting **your cat** into the working schedule of a veterinary practice between the hours of 8 am and 6 pm Monday to Friday, excluding bank holidays.
 - 🐾 **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**.
 - 🐾 Porterage fees charged by a **vet** to carry or move **your cat** whilst in the **vet's** care.
 - 🐾 The cost of housing, including cages and bedding needed for the **veterinary treatment** or wellbeing of **your cat**.
 - 🐾 Any costs for or resulting from a disease that the Department for Environment, Food and Rural Affairs (DEFRA) require notification of (for example, Rabies).
 - 🐾 **Veterinary treatment, complementary treatment** and behavioural therapy received outside of the **UK**.
 - 🐾 Any costs relating to anything covered under Section 4 - Breeding Cover, for example **fertility**, pregnancy, giving birth, **veterinary treatment** for kittens and any complications arising as a result of these.

How to Claim: Please see the "How to Claim" section on page 16 for details of **our** requirements when making a claim.







SECTION 2. TRAVEL AND ACCOMMODATION

We Will Pay

-  If during the **period of insurance**, **your cat** suffers an **illness** or **injury** and **your** usual **vet** refers **your cat** to another **vet** for **veterinary treatment**, **we** will pay the following for **you** or a member of **your immediate family**, up to the **maximum benefit** for this **policy** section:
- Travel expenses of 25 pence per mile to and from the **vet** that **your cat** is referred to.
 - Toll road charges.
 - Standard ferry fees.
 - Accommodation expenses.

We Will Not Pay

Any amount:




-  Unless the cost of **veterinary treatment** for the **illness** or **injury** is covered under Section 1 - Veterinary Fees.
-  For travel:
 - To or from **your cat's** usual veterinary practice.
 - To, from or in between any practice or branch practice of a group of veterinary practices **your** usual veterinary practice belongs to.
 - From the **UK** to a veterinary practice in another country, or from a veterinary practice in another country to the **UK**.
-  If the **veterinary treatment** the **vet** referred **your cat** for does not happen in the **period of insurance**.
-  For travel to a **Behaviourist** or for **complementary treatment**.
-  For food and drink.
-  More than the amount **you** have paid for **your** travel and accommodation.

How to Claim: Please see the “How to Claim” section on page 16 for details of **our** requirements when making a claim.






SECTION 3. DEATH FROM ILLNESS OR INJURY

Section 3 only applies if **you** chose it and it is shown in the Your Cover section of **your Schedule of Insurance**.




We Will Pay

-  If during the **period of insurance**, **your cat** suffers an **illness** or **injury** and dies or is put to sleep by a **vet** as a result of this, **we** will pay:
-  If **you acquired your cat** from a rehoming or rescue centre:
- the adoption fee **you** paid for **your cat** up to the amount stated on **your Schedule of Insurance**, up to the **maximum benefit** for this **policy** section; or,
 - the price shown on **your Schedule of Insurance**, up to a maximum of £100, if **you** do not have evidence of the adoption fee **you** paid when **you** acquired **your cat**.
-  If **you did not acquire your cat** from a rehoming or rescue centre:
- the amount **you** paid for **your cat** up to the amount stated on **your Schedule of Insurance**; or,
 - if **you** do not have a purchase receipt, **your cat's market value**, up to the amount stated on **your Schedule of Insurance**.
- In each case, **we** will pay up to the **maximum benefit** for this **policy** section.

We Will Not Pay

-  If **your cat** dies from an **illness** when it reaches or is over the maximum age shown on **your Schedule of Insurance**.
-  If **your cat** dies from a **pre-existing illness or injury**.
-  If **your cat** dies as a result of an **illness in the first 10 days** of **your policy**. This applies only when **you** first purchase **your policy** and does not apply if **you** renew **your policy** with **us**.
-  If **your cat** dies from or as a result of pregnancy and giving birth.
-  If a **vet** can treat **your cat** and it is humane to keep it alive.

We Will Not Pay

-  If **your cat** is put to sleep because it is aggressive, unless an **illness** or **injury** covered by this **policy** caused the aggression.
-  Any amount unless **your vet** certifies that **your cat** has died.
-  If **your cat** dies as a result of extremes of temperature from being left unattended in a motor vehicle.

How to Claim: Please see the “How to Claim” section on page 16 for details of **our** requirements when making a claim.

SECTION 4. BREEDING COVER

Sections 4a, 4b and 4d only apply if **you** chose them and they are shown in the Your Cover section of **your Schedule of Insurance**.

Section 4c only applies if **you** have also chosen Section 3 - Death from Illness or Injury and they are shown in the Your Cover section of **your Schedule of Insurance**.


Sections 4a, 4b and 4d are shown on **your Schedule of Insurance** under the heading Breeding Cover - Veterinary Fees.

Section 4c is shown on **your Schedule of Insurance** under the heading Breeding Cover - Death.


SECTION 4a. FERTILITY EXAMINATION

We Will Pay









Females

-  If **your cat** does not become pregnant after two matings with two different and proven fertile males during the time **your cat** is insured with **us**, **we** will pay for the following that **your cat** receives during the **period of insurance**, up to the **maximum benefit** for Breeding Cover – Veterinary Fees:
 - A physical examination by a **vet**, including the reproductive organs and vaginoscopy.
 - An ultrasound of the uterus and ovaries.
 - Vaginal cytology, blood tests, a complete blood count, including haemoglobin, haematocrit, leukogram, blood platelets and ALAT, creatinine, glucose and total T4 and TSH.
 - **Veterinary treatment** (excluding surgery) to restore **fertility**.




Males

-  If during the **period of insurance**, **your cat** has two matings with two different and proven fertile females and this does not result in a pregnancy, **we** will pay for the following that **your cat** receives, up to the **maximum benefit** for Breeding Cover – Veterinary Fees:
 - A physical examination by a **vet** including the reproductive organs.
 - Blood tests – haematology, a complete blood count, including haemoglobin, haematocrit, leukogram, blood platelets and ALAT, creatinine, glucose and total T4 and TSH.
 - Two tests of sperm quality.
 - **Veterinary treatment** (excluding surgery) to restore **fertility**.

We Will Not Pay

-  The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance**. **You** will need to pay the **excess** amount, and **we** will pay the amount of a claim above the **excess** amount (up to the **maximum benefit** for this **policy** section).
-  More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 4a, 4b and 4d.
-  Fees for **fertility** examinations or tests for **your cat** if he has successfully impregnated on three occasions, or is aged eight or more and has not had a successful mating before.
-  Infertility resulting from a **pre-existing illness** or **injury**.
-  Infertility resulting from an **illness in the first 10 days** of **your policy**. This applies only when **you** first purchase **your policy** and does not apply if **you** renew **your policy** with **us**.
-  The cost of **veterinary treatment** received when the **policy** is not in force.
-  Any costs for a **fertility** disorder which first shows **clinical signs** before, or within, 12 weeks of the start of this **policy** section.
-  Any costs if **your cat** is less than one year old or is eight years old or more.



We Will Not Pay

-  Any costs if **your cat** has had more than four pregnancies.
-  The cost of tests to predict ovulation and to find out the best time for fertilisation.
-  Any costs for or in relation to the artificial insemination of **your cat**.














How to Claim: Please see the “How to Claim” section on page 16 for details of **our** requirements when making a claim.

SECTION 4b. PREGNANCY AND GIVING BIRTH

We Will Pay

-  If during the **period of insurance, your cat** experiences complications from:
 - pregnancy; or,
 - giving birth; or,
 - has weak or fading kittens; and,**veterinary treatment** is required, **we** will pay the cost of this, up to the **maximum benefit** for Breeding Cover – Veterinary Fees.
-  **We** will also pay 50% of the cost of a **clinical diet**, up to £250 per complication. This is included in the **maximum benefit** for this **policy** section. **You** can only claim up to this amount once per complication relating to pregnancy or giving birth during the whole time **your cat** is insured with **us**.

We Will Not Pay


-  The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance**. **You** will need to pay the **excess** amount, and **we** will pay the amount of a claim above the **excess** amount (up to the **maximum benefit** or any specific claim limits explained under the ‘**we will pay**’ section).
-  More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 4a, 4b and 4d.
-  Costs for complications resulting from a **pre-existing illness or injury**.
-  Costs for complications resulting from an **illness in the first 10 days of your policy**. This applies only when **you** first purchase **your policy** and does not apply if **you** renew **your policy** with **us**.
-  The cost of **veterinary treatment** received when the **policy** is not in force.
-  Any amount if **your cat** has had two or more caesarean sections.
-  Any amount if the **clinical signs** that the kittens are weak or fading are first noticed when they are eight days old or more.
-  The cost of caesarean sections that are not carried out as a result of complications of pregnancy or giving birth.
-  The cost of examinations to confirm pregnancy.
-  Any costs for **veterinary treatment** as a result of complications of pregnancy, complications of giving birth and weak or fading kittens that happen or first show **clinical signs** before or during the first 12 weeks of the start of this **policy** section.
-  Any costs for **veterinary treatment** if **your cat** was pregnant at the start of this **policy** section, or became pregnant within the first 12 weeks of the start of this **policy** section.
-  Any costs if **your cat** has had more than four pregnancies.
-  Any costs if **your cat** is less than one year old or is eight years old or more.

How to Claim: Please see the “How to Claim” section on page 16 for details of **our** requirements when making a claim.

SECTION 4c. DEATH FROM PREGNANCY AND GIVING BIRTH








In order to make a claim under this section, **you** must also have chosen to include Section 3 - Death from Illness or Injury as part of **your policy**.

We Will Pay

-  If during the **period of insurance**, **your cat** experiences complications from pregnancy or giving birth and dies or is put to sleep by a **vet** as a result of this, **we** will pay:
 - the amount **you** paid for **your cat**; or,
 - **your cat's market value** if **you** do not have a purchase receipt,up to the **maximum benefit** for Breeding Cover - Death.

We Will Not Pay



Any amount:

-  Unless **you** have also chosen Section 3 - Death from Illness or Injury and it is shown in the Your Cover section of **your Schedule of Insurance**.
-  If **your cat** dies when it is less than one year old, or when it is eight years old or more.
-  If **your cat** dies when it reaches or is over the maximum age for death from an **illness** under **policy** Section 3 - Death from Illness or Injury, as shown on **your Schedule of Insurance**.
-  If **your cat** dies from complications that first showed **clinical signs** before the start of this **policy** section, or in the first 12 weeks after this **policy** section started.
-  If **your cat** dies from complications as a result of a **pre-existing illness or injury**, or an **illness in the first 10 days** after **your policy** started. This applies only when **you** first purchase **your policy** and does not apply if **you** renew **your policy** with **us**.
-  If a **vet** can treat **your cat** and it is humane to keep it alive.
-  If **your cat** has had more than four pregnancies.





How to Claim: Please see the “How to Claim” section on page 16 for details of **our** requirements when making a claim.

SECTION 4d. VETERINARY FEES FOR KITTENS







We Will Pay

-  If during the **period of insurance**, **your cat** gives birth and her kittens require **veterinary treatment** for an **illness or injury**, **we** will pay the cost of this, up to the **maximum benefit** for Breeding Cover – Veterinary Fees:
 - from when they are born to the age of 20 weeks; or,
 - from when they are born to the date the new owner collects them,whichever date comes first.
-  **We** will also pay 50% of the cost of a **clinical diet**, up to £250 per **illness or injury**. This is included in the **maximum benefit** for this **policy** section. **You** can only claim up to this amount once per **illness or injury** during the whole time that the kittens are insured with **us**.

We Will Not Pay

- Policy** Section 1 - Veterinary Fees, **we** will not pay, all points, except for the first and last (listed on pages 5-7), apply to this **policy** section as well as the following:
-  The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance** for the **veterinary treatment** of all kittens in a litter. **You** will need to pay the **excess** amount, and **we** will pay the amount of a claim above the **excess** amount (up to the **maximum benefit** or any specific claim limits explained under the ‘**we** will pay’ section).
 -  More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 4a, 4b and 4d.
 -  Any costs for **veterinary treatment** for an **injury** that happens or an **illness** that first shows **clinical signs** before or within 12 weeks of the start of this **policy** section.
 -  Any costs for **veterinary treatment** if **your cat's** kittens were conceived or born within the first 12 weeks of the start of this **policy** section.

We Will Not Pay

-  Any costs for **veterinary treatment your cat's** kittens receive:
 - when they are 21 weeks old or more; or,
 - after the date the new owner collects them if it is before they are 21 weeks old.
-  Any costs if **your cat** is less than one year old or is eight years old or more at the time the kittens are born.
-  Any costs if **your cat** has had more than four pregnancies.
-  Any amount for the **market value** of the kittens.
-  The cost of formula milk or equipment needed for hand rearing.
-  Any charges in respect of the cremation, burial or disposal of **your cat's** kittens.



How to Claim: Please see the “How to Claim” section on page 16 for details of **our** requirements when making a claim.

SECTION 5. BOARDING FEES AND HOLIDAY CANCELLATION

Sections 5a and 5b only apply if **you** chose them and they are shown in the Your Cover section of **your Schedule of Insurance**.






SECTION 5a. BOARDING FEES OR DAILY MINDING

We Will Pay

-  If during the **period of insurance**, **you** or a member of **your immediate family** are ill or injured and have to go into hospital for three or more consecutive days, **we** will pay up to the **maximum benefit** for this **policy** section for:
 - the cost for **your cat** to stay at a licensed cattery; or,
 - up to £30 per day for someone to look after **your cat**.
-  **We** will cover this:
 - while **you** are in hospital; and,
 - up to 14 days after **you** have been discharged from hospital if **you** are still unable to care for **your cat**.

We Will Not Pay

Any amount:


-  If **you** or a member of **your immediate family** are in hospital for less than three days in a row.
-  If the hospital stay is a result of **your** or a member of **your immediate family's** pregnancy, or cosmetic surgery that is not carried out as a result of being ill or injured.
-  If a member of **your immediate family** is available to look after **your cat**.
-  If the hospital stay is a result of a medical condition that **you** or a member of **your immediate family** had before this **policy** started and was likely to result in a stay in hospital.
-  If **you** have to go into a nursing home.

How to Claim: Please see the “How to Claim” section on page 16 for details of **our** requirements when making a claim.

SECTION 5b. HOLIDAY CANCELLATION









In this section “**you**” also includes members of **your immediate family**.

We Will Pay

-  If during the **period of insurance**, **your vet** believes **your cat** needs immediate, emergency lifesaving **veterinary treatment** in the seven days before or during **your** holiday and:
 - **you** cancel **your** holiday; or,
 - come home from **your** holiday early,**we** will pay up to the **maximum benefit** for this **policy** section for unused travel and accommodation costs that **you** have paid for and cannot get back.

We Will Not Pay

Any amount:

-  For anyone on the holiday with **you**.
-  If **you** booked **your** holiday less than 28 days before **your** holiday started.
-  If **you** can get these expenses back from anywhere else, for example, from travel insurance.
-  If **your cat's veterinary treatment** is not lifesaving.
-  As a result of any **pre-existing illness or injury**.
-  As a result of an **illness in the first 10 days of your policy**. This applies only when **you** first purchase **your policy** and does not apply if **you** renew **your policy** with **us**.
-  As a result of an **injury** that happened or an **illness** that first showed **clinical signs** before **you** booked **your** holiday.
-  While **you** are waiting for the results of tests on **your cat**.

How to Claim: Please see the “How to Claim” section on page 16 for details of **our** requirements when making a claim.

GENERAL EXCLUSIONS

We will not pay under any **policy** section for matters connected to or resulting from the following:

1. **Your cat** dying or being injured as a result of an incident that occurs outside the confines of **your** home or **secured garden**.
2. **Your cat** being less than eight weeks old when **you** take out the **policy**.
3. Anything that happens outside the Territorial Limits (see page 15 for further information on Territorial Limits).
4. War, invasion, act of foreign enemies, civil war, rebellion, revolution, insurrection or military or usurped power.
5. 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.
6. Ionising radiations or contamination by radioactivity from:
 - any nuclear fuel.
 - any nuclear waste.
 - the combustion of nuclear fuel.
7. The radioactive, toxic, explosive or other hazardous properties of any nuclear installation or part of any nuclear installation.
8. Putting **your cat** to sleep following an order by a Government, local authority or any person who has the legal authority to make the order.
9. A deliberate act by **you**, a member of **your** family, someone who works for **you** or someone who lives with **you**.
10. A claim covered by any other insurance, other than **our** proportional share.
11. **You** not complying with the **UK** animal health and animal import legislation.
12. When **you** are no longer the owner of **your cat** or **you** have loaned it to someone else.
13. 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.
14. Breeds **We** Do Not Cover:
 - Munchkin, any cat that **you** require a wild animal licence to keep, any breed of wild cat and any cross with the preceding breeds.

GENERAL CONDITIONS AND CANCELLATION RIGHTS

If **you** do not comply with Conditions 1 to 3 below **your policy** will stop immediately, or **we** may treat it as being invalid from when it started. This would mean that **you** would not be able to make a claim under this **policy**. 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** must be aged 18 or over, live in the **UK**, and be the owner of **your cat** which must live with **you**. If **you** move from the address on **your Schedule of Insurance**, are no longer the owner or **your cat** does not live with **you** 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 **you** wish to cancel **your policy** **you** can do this by emailing **us** at info@agriapet.co.uk, telephoning **us** on 03330 30 83 98 or writing to **us** at:

Agria Pet Insurance Ltd
PO Box 506
Manchester
M28 8EN

6. If **you** cancel this **policy** during the **cooling off period** and **you** have not made a claim, **we** will cancel **your policy** and refund **you** any premium paid for **the period of insurance**.
7. If **you** wish to cancel this **policy** 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 during this **period of insurance**, **we** will not provide **you** with a refund and **you** must pay the remaining premium for the **period of insurance**. If **we** are due to make a claim payment, **we** will deduct the rest of the instalments for the **period of insurance** and any outstanding instalments from this payment.
8. 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.
9. If **your** bank/card issuer tells **us** that they cannot make **your** payment, **we** will contact them again to request it. If **your** bank/card issuer makes a charge for processing **our** payment requests, it is **your** responsibility to pay the amount.
10. 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 have made the payment, **we** will cancel **your policy** from the due date.
11. 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:
 - 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.

12. If **we** fail to request **your** payment, **you** must pay the missed payment(s) when asked.

You must comply with Conditions 13 to 18 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. **You** must keep **your cat** vaccinated within the manufacturer's guidelines against feline infectious enteritis, feline herpesvirus, feline calicivirus and if at risk, feline leukaemia virus. If **you** do not keep **your cat** 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 take all reasonable precautions to maintain **your cat's** health, prevent the loss or theft of **your cat** and prevent **injury** or **illness** to **your cat**, including following any instructions from a **vet** to reduce **your cat's** weight.
 16. **You** must keep **your cat** in accordance with the Animal Welfare Act (2006), or the equivalent legislation that applies to **your** country of residence. If **we** suspect or it is proven that **you** have not, **we** will not help **you** with any costs that result from an **illness** or **injury** and may report **you** to the police, RSPCA, or the equivalent animal welfare organisation in **your** country of residence.
 17. **You** agree that **your** current or previous **vet** can give **us** information and records about **your cat**, and if the **vet** charges **you** for this information, **you** will have to pay.
 18. **You** agree that **we** can contact the breeder of **your cat** and that they can release information or records about **your cat**.
- Conditions 19 to 25 explain the things that **you** can choose and **we** can do that can affect **your** insurance.
19. **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, cancellations and anything else to do with this **policy** from either person and both policyholders accept that the other person is also acting on their behalf.
 20. The amounts of **your fixed excess** and **percentage excess** cannot be reduced and they can only be increased at the renewal of **your policy**.
 21. **You** can only choose to have **policy** Sections 3 - Death from Illness or Injury and/or 5 - Boarding Fees and Holiday Cancellation at the start of **your policy** and can only remove them at the renewal of **your policy**.
 22. **You** can choose to have **policy** Section 4 - Breeding Cover at the start of **your policy** or add it at a later date. **You** can only remove it at the renewal of **your policy**.
 23. The **policy** is a series of yearly contracts of insurance with no guarantee that **we** will offer a new contract each year.
 24. If **we** offer to renew **your policy** **we** may change **your** premium, **policy** terms, conditions, **fixed excess**, **percentage excess** and the monetary amount of cover under any section.
 25. **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**.

RENEWING YOUR POLICY

Will my **policy** automatically renew?

We will send **you** details of **your** renewal and price before **your** renewal date. Unless **you** have asked **us** not to, **your policy** will renew each year automatically. **You** may still need to contact **us** to pay for **your policy**. **You** can choose not to automatically renew at any time. To do so, please get in touch with **us**. If **you** have chosen this, **you** will need to contact **us** before **your** renewal date if **you** wish to stay covered with **us**. If **you** forget to renew or do not get a new **policy**, **your cat** will not be insured.

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 later. 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, provide **us** with 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. **We** will also not pay more than **our** proportional share.
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 anyone 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 cat** 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 cat** 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 **percentage excess** amounts; and,
 - 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; and,
 - 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 cat** is about to have; and,
 - **your cat'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 cat** receives **veterinary treatment**; or,
- after **your cat** 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

General Requirements

These are General Requirements that apply to all claims **you** make under the **policy**. Please note, there are Additional Requirements immediately below which must also be followed and are specific to the nature of the claim being made.

For all sections of this **policy**, **you** can make a claim by following the steps below:

1. **You** will need **your**:
 - **Policy** number (this can be found at the top of **your Schedule of Insurance** or in **your** online account).
 - Itemised invoice or receipt from **your vet** or online pharmacy.
 - **Cat's** clinical history from **your** veterinary practice.
 - Reference number from **your** last claim, if this is a further claim for an ongoing condition.
2. **You** must always use a claim form to submit **your** claim unless the Additional Requirements section says **you** can send an email or letter.
3. **You** can submit a claim:
 - For Section 1 – Veterinary Fees: online at www.agriapet.co.uk/how-to-claim/
 - For all other **policy** sections: email **us** at apiclaims@agriapet.co.uk
 - Or call **us** on 03330 30 83 99 to ask for a claim form.
4. If **you** are submitting **your** claim via post, send **your** completed claim form and supporting documents to:

Agria Pet Insurance Ltd
PO Box 506
Manchester
M28 8EN
5. **You** do not need to contact **us** before any **veterinary treatment** begins.
6. Please note that calls may be monitored or recorded to assist with training and for quality control purposes.

Additional Requirements

For certain claims, **we** will need additional information from **you**. The information **we** need depends on the nature of the claim that **you** are making. Please check which section of the **policy** applies to the claim **you** are making and then check the table below to see what is required.

If further information is required from **you** during the handling of **your** claim, **we** will contact **you**.

Policy Section	Additional Requirements
SECTION 1. VETERINARY FEES	<ol style="list-style-type: none">1. 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. If a claim is submitted by your vet, you accept that we will pay who your vet has indicated.2. 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. TRAVEL AND ACCOMMODATION	<ol style="list-style-type: none">1. Send us an email or letter explaining the reasons for your travel and accommodation, where you travelled from and to, how many times you made the journey and how many days you stayed away from home. Send this to us with receipts for any travel and accommodation expenses.
SECTION 3. DEATH FROM ILLNESS OR INJURY	<ol style="list-style-type: none">1. Send us an email or letter explaining what you are claiming for, confirmation from your vet of your cat's death, along with the purchase receipt.
SECTION 4a. FERTILITY EXAMINATION	<ol style="list-style-type: none">1. After your cat has had the fertility examination and/or veterinary treatment, send us:<ul style="list-style-type: none">• The examination and treatment invoices.• Evidence of the two failed matings.• Details of the previous pregnancies for the two animals your cat unsuccessfully mated with.
SECTION 4b. PREGNANCY AND GIVING BIRTH	<ol style="list-style-type: none">1. After your cat has had the veterinary treatment, send us:<ul style="list-style-type: none">• Your cat's full clinical history, including the number of previous pregnancies.
SECTION 4c. DEATH FROM PREGNANCY AND GIVING BIRTH	<ol style="list-style-type: none">1. Send us an email or letter explaining what you are claiming for, confirmation from your vet of your cat's death, along with the purchase receipt.
SECTION 4d. VETERINARY FEES FOR KITTENS	<ol style="list-style-type: none">1. After your cat's kittens have had the veterinary treatment, send us:<ul style="list-style-type: none">• Your cat's full clinical history, including the number of previous pregnancies.• The clinical history for your cat's kittens.
SECTION 5a. BOARDING FEES OR DAILY MINDING	<ol style="list-style-type: none">1. When you leave hospital, obtain a medical certificate stating your medical condition and the number of days you were in hospital. Send us this medical certificate along with:<ul style="list-style-type: none">• The receipt from the cattery.• If you paid someone to look after your cat, a receipt with their full name and address to support your claim.2. If you are still unable to care for your cat after you leave hospital, we will also need:<ul style="list-style-type: none">• A letter from your doctor confirming this.
SECTION 5b. HOLIDAY CANCELLATION	<ol style="list-style-type: none">1. Send us an email or letter explaining when and why you had to cancel or cut short your holiday, who could not go on holiday or had to return early, a breakdown of what you are claiming for, along with:<ul style="list-style-type: none">• Your booking invoice showing the date you booked your holiday, the dates of your holiday and the details of all people and animals booked on the holiday.• Your receipt for the holiday.• Your cancellation invoice showing the date you cancelled your holiday and how much refund you received.

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,
- Know that a breeder or someone else authorised by **us** to give information that **we** base insurance upon has provided false or fraudulently exaggerated information for this **policy** or a free insurance; 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
- By telephone:
Agria Pet Insurance Customer Service: Telephone 03330 30 83 98
Agria Pet Insurance Claims: Telephone 03330 30 83 99

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: Telephone 03330 30 83 98

Agria Pet Insurance Claims: Telephone 03330 30 83 99

Email: 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 Website: www.financial-ombudsman.org.uk

The Channel Islands Financial Ombudsman (CIFO) is available to policyholders that reside in The Channel Islands.

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

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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 Finansinspektionen 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 04258783. Registered office: First Floor, Blue Leanie, Walton Street, Aylesbury, Buckinghamshire, HP21 7QW. Agria insurance policies are underwritten by Agria Försäkring.

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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.

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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 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.

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