

Policy booklet

in plain English

**For Agria Lifetime Lite,
Lifetime, Lifetime Plus
and Lifetime Premium
Cat 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

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

or see the "How to Claim" section on page 18.

To discuss your policy

UK: **03330 30 83 98**

Outside UK: **+44 (0) 1296 319248**

Agria Vet Guide

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 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.

Contents

Policy Wording	4
Contract of Insurance	4
Definitions	4
Law Applicable to this Policy	5
Rights of Third Parties	5
SECTION 1. Veterinary Fees	6
SECTION 2. Advertising and Reward	8
SECTION 3. Travel and Accommodation	8
SECTION 4. Death and Theft or Straying	9
SECTION 4a. Death from Illness or Injury	9
SECTION 4b. Theft or Straying	9
SECTION 5. Breeding Cover	10
SECTION 5a. Fertility Examination	10
SECTION 5b. Pregnancy and Giving Birth	11
SECTION 5c. Death from Pregnancy and Giving Birth	11
SECTION 5d. Veterinary Fees for Kittens	12
SECTION 6. Boarding Fees and Holiday Cancellation	12
SECTION 6a. Boarding Fees or Daily Minding	12
SECTION 6b. Holiday Cancellation	13
SECTION 7. Overseas Travel	13
SECTION 7a. Quarantine Costs	13
SECTION 7b. Loss of Animal Travel Documents	14
SECTION 7c. Emergency Expenses Abroad	14
General Exclusions	15
General Conditions	15
Territorial Limits	16
Claims Conditions	16
How to Claim	17
Fraud	17
Customer Service and Complaints	18
Regulatory Information	18
Remuneration Disclosure	19
Privacy Notice	19

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 cat receives for an illness or injury, including:

- Complementary treatment up to the amount specified on your Schedule of Insurance.
- Treatment for behavioural disorders up to £750.
- 50% of the cost of a clinical diet up to £250.
- The cost of Platelet Rich Plasma therapies up to £750.
- Costs for cremation, burial and a house visit by a vet to put your cat to sleep up to £150.

Significant Exclusions

- The fixed and percentage amounts you pay towards the cost of treatment your cat receives for each illness or injury 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 cat had before your policy started. These include disorders that your cat 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 cruciate ligament in the left leg is not available when your cat has had a ruptured cruciate ligament in the right leg before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.
- The cost of any treatment to teeth and gums if your cat has not had regular dental checks and received any treatment recommended as a result of the checks.
- Costs to prevent an illness or injury, routine examinations, routine tests, routine treatment for your cat's general wellbeing, tests to investigate the general health of your cat, vaccinations, spaying, castration, caesarean section, pregnancy or giving birth.
- 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 - Advertising and Reward

Features

The cost of advertising to recover your cat if it is lost or stolen including the cost of a reward.

Significant Exclusions

- If your cat is lost or stolen in the first 10 days after your policy started.
- If you do not report your cat is missing to rescue centres, vets and other organisations.
- If you do not report the theft of your cat to the police.

Section 3 - Travel and Accommodation

Features

The cost of travel and accommodation expenses if your usual vet refers your cat to another vet.

Significant Exclusions

- Any amount unless the cost of treatment is covered under policy Section 1 Veterinary Fees.

Sections 4, 5, 6, and 7 are policy sections that you can choose to add to your policy.

Section 4a - Death from Illness or Injury

Features

The purchase price of your cat if it dies or has to be put to sleep by a vet as a result of an illness or injury.

Significant Exclusions

- Any claim if your cat dies from an illness and is over the maximum age for this policy section shown on your Schedule 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 cat had before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.
- If your cat dies as a result of extremes of temperature from being left unattended in a motor vehicle.

Section 4b - Theft or Straying

Features

Your cat's purchase price if it is lost or stolen and is not recovered within 45 days.

Significant Exclusions

- If your cat is lost or stolen in the first 10 days after your policy started.
- If you do not report your cat is missing to rescue centres, vets and other organisations.
- If you do not report the theft of your cat to the police.

Sections 5a & 5b - Fertility Examination, Pregnancy and Giving Birth

Features

The cost of fertility examinations and treatment costs for complications of pregnancy and giving birth.

Significant Exclusions

- The fixed and percentage amounts you pay towards the cost of treatment your cat receives for each complication in each period of insurance.
- More than the maximum benefit for Breeding Cover - Veterinary Fees for all claims under sections 5a, 5b and 5d.
- Complications that first showed signs before your policy started.
- Complications that show signs in the first 10 days after your policy started.
- Fertility examinations and complications that happen before or in 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.
- Female cats less than one year old or over the age of seven years.
- Any claim after your cat has had four pregnancies.

Section 5c - Death from Pregnancy and Giving Birth

Features

Your cat's purchase price if it dies as a result of complications of pregnancy or giving birth.

Significant Exclusions

- Any claim if you have not also chosen Section 4. Death and Theft or Straying.
- Complications that first show signs before your policy started.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your cat had before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.
- Complications that happen before or in the first 12 weeks of the start of this policy section.
- Female cats less than one year old or over the age of seven years.
- Any claim after your cat has already had four pregnancies.

Section 5d - Veterinary Fees for Kittens Features

The cost of veterinary treatment your female cat's kittens receive for an illness or injury. This applies from birth to the age of 20 weeks, or from birth to the date the new owner collects the kitten, whichever comes first.

Significant Exclusions

- The fixed and percentage amounts you pay towards the cost of treatment the kittens receive for each illness or injury.

- More than the maximum benefit for Breeding Cover - Veterinary Fees for all claims under sections 5a, 5b and 5d.
- Anything that is not covered under Section 1 Veterinary Fees.
- Any claim if your cat's kittens were conceived or born within the first 12 weeks of the start of this policy section.
- Any claim if your cat is under the age of one year or over the age of seven years at the time of giving birth.
- Any claim after your cat has had four pregnancies.

Section 6a – Boarding Fees or Daily Minding

Features

The cost to board your cat at a licensed cattery or up to £5 a day for someone to look after your cat, if you or a member of your immediate family have to go into hospital for three or more days in a row.

Significant Exclusions

- Medical conditions that existed before your policy started.
- When a member of your family can look after your cat.
- If you go into a nursing home, are convalescing or in rehabilitation outside of a hospital.

Section 6b – Holiday Cancellation

Features

The cost of travel and accommodation expenses you lose if your cat needs emergency lifesaving treatment and/or surgery while you are on holiday or in the seven days before it starts.

Significant Exclusions

- Illnesses and injuries that first showed signs before your policy started or before you booked your holiday.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your cat had before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.

Sections 7a, 7b, and 7c – Overseas Travel

Features

Cover while you are on holiday with your cat in a member country of the PETS Travel Scheme for:

- The cost of quarantine if your cat is ill and not allowed back into the UK.
- A replacement lost or stolen animal travel certificate or Pet Passport.
- Emergency expenses to stay and find a lost cat and travel home if the scheduled departure is missed.

Significant Exclusions

- If you are overseas for more than 120 days in a period of insurance.
- Illnesses and injuries that first showed signs before your policy started or before you booked your holiday.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your cat had before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.

GENERAL SIGNIFICANT EXCLUSIONS

- Any cat under the age of eight weeks at the start of your policy.
- Any incident, illness, injury, death or other event occurring outside the UK and the member countries of the PETS Travel Scheme.
- War, terrorism, revolution and similar events, nuclear and radioactive contamination.
- Illnesses that cats are usually vaccinated against if your cat has not been vaccinated.
- 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 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.

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** or theft 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** or theft 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**.

Animal Travel Documents

An Animal Health Certificate, an Export Health Certificate or the official **PETS Travel Scheme** Pet Passport issued by a **vet** who has been authorised by the Government to do so.

Behavioural Disorder(s)

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

Behaviourist

A person certified in clinical animal behaviour and a member of an organisation governed by the Animal Behaviour and Training Council (ABTC), 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, knees, front and back legs and feet, cruciate ligaments, hips, shoulders and elbows.

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, 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**.

Fertility

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

Fixed Excess

The amount specified on **your Schedule of Insurance**. This is the fixed amount **you** pay towards:

- **veterinary treatment**,
 - behavioural therapy,
 - **complementary treatment**,
 - course of **fertility** treatment,
- received during each **period of insurance**.

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**. When **your cat** receives **veterinary treatment**, behavioural therapy, **complementary treatment** or course of **fertility** 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 cat** 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 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

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

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**.

Percentage Excess

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

This is the percentage that **you** must pay towards the cost of:

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

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

Period of Insurance

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

PETS Travel Scheme

The Government scheme that allows **you** to take **your cat** abroad to certain countries and re-enter the **UK** without the need for **your cat** to go into quarantine.

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** 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.

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.

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 not covered by **your policy**. This document is part of **your** insurance **policy**.

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

Your Cat(s)

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

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:
 - 50% of the cost of a **clinical diet** up to £250 to treat the **illness or injury**, for each separate **illness or injury**.
 - Up to the amount specified on **your Schedule of Insurance** for **complementary treatment** for each separate **illness or injury**.
 - Up to 20 sessions of hydrotherapy for each separate **illness or injury**.
 - 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.
 - 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 for each separate **illness or injury**.
 - Up to £750 towards the cost of behavioural therapy **your cat** receives from a **behaviourist** for a **behavioural disorder**.
 - 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**.

The amounts for cremation, burial and a house visit by a **vet** to put **your cat** to sleep, **clinical diet**, Platelet Rich Plasma therapies or **complementary treatment**, which includes the cost of up to 20 hydrotherapy sessions, are all included in the **maximum benefit** for this **policy** section. **You** can only claim up to these amounts once, per **illness or injury**, during the whole time **your cat** is insured with **us**.

The Pheromone products and the limit for behavioural therapy are included in the **maximum benefit** for this **policy** section and apply once for each **behavioural disorder** during the whole time **your cat** is insured with **us**.

We will not pay

1. The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance**.
These excesses do not apply to the costs of cremation, burial or a house visit by a **vet** to put **your cat** to sleep.
2. Costs resulting from a **pre-existing illness or injury**.
3. Costs resulting from an **illness in the first 10 days of your policy** (this does not apply to the first 10 days of the second or subsequent consecutive **period of insurance**).
4. The cost of **veterinary treatment** received when the **policy** is not in force.
5. More than the **maximum benefit** for this **policy** section.
6. Costs for and resulting from:
 - Preventive **veterinary treatment**, including 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.
 - Grooming and dematting including syringing and removing hair from ears when there is no infection present, nail clipping and removing dew claws that are not damaged.
 - Removing retained testes or first teeth unless **your cat** was less than 16 weeks old when it was first insured with **us** and cover has continued in an unbroken series of periods of insurance.
 - Emptying anal glands when they are not infected or stenosed.
 - Routine blood tests and urine tests.
 - Heart screening, blood or urine tests before a general anaesthetic or sedation if **your cat'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.
 - 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.
 - Collars used to restrict **your cat's** access to its body, or surgical T-shirts and protective boots, unless they are used to directly cover a wound.
 - Harnesses or slings to aid mobility.
 - Sharps containers or bins.
7. The cost of **clinical diets** and medicines to help **your cat** lose weight or any routine post-operative recovery diet.
8. The cost of any hydrotherapy session if it is performed to help **your cat** lose weight.
9. 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**.
10. Any costs for:
 - Matrix Energy Field Therapy
 - Reiki massage
 - Faith healing
 - Homeopathic medicine.

11. Any costs for:
 - Training classes.
 - **Your cat** to stay and receive training or treatment from a **behaviourist** at a residential training or behavioural centre.
12. Any costs related to dental or gum **illness** if **your cat's** teeth and gums have not been examined by a **vet** in the 12 months prior to the **illness** being noted. Any **veterinary treatment** recommended at a health check must be carried out within three months of the recommendation.
13. 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.
14. 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.
 - Stem cell therapy.
 - Experimental **veterinary treatment**.
15. Any costs for or relating to the production of a 3D printed model which is used for the planning of **your cat's** surgery.
16. The cost of:
 - House calls unless **your vet** confirms that to move **your cat** would seriously endanger its health, or significantly worsen the condition.
 - **Your cat's** stay at a veterinary practice unless its **veterinary treatment** can only be given by 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.
17. 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.
18. 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.
19. 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.
20. 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**.
21. 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.
22. Additional fees for fitting **your cat** into the working schedule of a veterinary practice.
23. **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**.
24. Porterage fees charged by a **vet** to convey **your cat** whilst in their care.
25. The cost of housing, including cages and bedding needed for the **veterinary treatment** or wellbeing of **your cat**.
26. Any costs for or resulting from a disease, including Rabies that the Department for Environment, Food and Rural Affairs (DEFRA) require notification of.
27. Any costs resulting from anything covered under Section 5 Breeding Cover.
28. **Veterinary treatment, complementary treatment** and behavioural therapy received outside the **UK** if **you** have not chosen the Overseas Travel **policy** section and this is shown in the Your Cover section of **your Schedule of Insurance**.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions on pages 16 and 17.
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. Unless **you** tell **us** to pay someone else **we** will always make payments to **you**. **You** can tell **us** who to pay when **you** make a claim.
5. If **your cat** needs **veterinary treatment** while temporarily in the Republic of Ireland or a member country of the **PETS Travel Scheme** and **you** have cover under "Section 7, Overseas Travel" shown on **your Schedule of Insurance**:
 - **You** must pay the veterinary surgeon at the time of treatment and obtain an itemised receipt with the name and address of the veterinary practice on it.
 - Send **us** a letter with **your** receipt explaining what was wrong with **your cat**, what treatment it had and the dates it received treatment.
 - Claim payments are made directly to **you** in pounds sterling at the current rate of exchange.
6. 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. ADVERTISING AND REWARD

We will pay

If **your cat** is lost or stolen during the **period of insurance** we will pay up to the **maximum benefit** for this **policy** section for **you** to advertise to recover **your cat** and up to £250 for the cost of a reward if **your cat** is recovered.

The £250 cost of a reward is included in the **maximum benefit** for this **policy** section.

We will not pay

1. Any amount if **your cat** is lost or stolen before or in the 10 days after **your policy** started (this does not apply to the first 10 days of the second or subsequent consecutive **period of insurance**).
2. Any amount if **you** employ a company or organisation to search for **your cat**, report **your cat** missing, provide a contact point or produce their branded advertising material for **you**.
3. Any reward to **you** or anyone who:
 - Is a member of **your** family.
 - Lives with **you**.
 - Works for **you**.
 - Was looking after **your cat** at the time it was lost or stolen.
4. Any amount for a reward if **you** do not have a receipt showing the full name and address of the person who found **your cat**.
5. Any amount if **your cat** is taken by someone to obtain a ransom payment from **you**.
6. Any amount if **you** do not report the theft of **your cat** to the police as soon as **you** can after **you** discover it stolen.
7. Any amount if **you** do not report **your cat** is missing to local **vets**, rescue centres and local authority.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 16 and 17.
2. Send **us** the receipts for advertising costs and copies of all adverts.
3. If **you** are claiming for a reward **you** have paid, **we** will also need:
 - An explanation of where and how **your cat** was found.
 - A receipt for the amount of the reward **you** paid with the full name and address of the person **you** paid it to.

SECTION 3. TRAVEL AND ACCOMMODATION

We will pay

If **your cat** has an **illness** or **injury** during the **period of insurance** and **your** usual **vet** refers **your cat** to another **vet** for **veterinary treatment**.

We will pay up to the maximum benefit for this policy section for:

- travel expenses of 25 pence a mile to and from the **vet** **your cat** is referred to;
- Toll road charges
- standard ferry fees; and,
- accommodation expenses,

during the **period of insurance** for **you** or a member of **your immediate family**.

We will not pay

Any amount:

1. Unless the cost of **veterinary treatment** for the **illness** or **injury** is covered under "Section 1. Veterinary Fees".
2. 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**.
3. If the **veterinary treatment** the **vet** referred **your cat** for does not happen in the **period of insurance**.
4. For travel to a **Behaviourist** or for **complementary treatment**.

5. For food and drink.
6. More than the amount **you** have paid for **your** travel and accommodation.

How to Claim

1. Please ensure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 16 and 17.
2. Send **us** a 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 the letter to **us** with receipts for any travel and accommodation expenses.

SECTION 4. DEATH AND THEFT OR STRAYING

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

SECTION 4A. DEATH FROM ILLNESS OR INJURY

We will pay

If **your cat** dies or is put to sleep 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 **period of insurance**:

If **you** did not acquire **your cat** from a rehoming or rescue centre:

- the amount **you** paid for **your cat** up to the amount declared on **your Schedule of Insurance**; or,
- **your cat's market value**, up to the maximum of the amount declared on **your Schedule of Insurance**, if **you** do not have a purchase receipt,

up to the **maximum benefit** for this **policy** section.

If **you** acquired **your cat** from a rehoming or rescue centre:

- The adoption fee **you** paid for **your cat** up to the amount declared 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**.

We will not pay

1. If **your cat** dies from an **illness** when it is over the maximum age shown on **your Schedule of Insurance**.
2. If **your cat** dies from a **pre-existing illness or injury**.
3. If **your cat** dies as a result of an **illness in the first 10 days of your policy** (this does not apply to the first 10 days of the second or subsequent consecutive **period of insurance**).
4. If **your cat** dies from or as a result of pregnancy and giving birth.
5. If a **vet** can treat **your cat** and it is humane to keep it alive.
6. If **your cat** is put to sleep because it is aggressive unless an **illness or injury** covered by this insurance caused the aggression.
7. Any amount unless **your vet** certifies that **your cat** is dead.
8. If **your cat** dies as a result of extremes of temperature from being left unattended in a motor vehicle.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 16 and 17.
2. Send **us** a letter explaining what **you** are claiming for, confirmation from **your vet** of **your cat's** death, along with the purchase receipt.

SECTION 4B. THEFT OR STRAYING

We will pay

If **your cat** is stolen or goes missing during the **period of insurance**:

If **you** did not acquire **your cat** from a rehoming or rescue centre:

- the amount **you** paid for **your cat** up to the amount declared on **your Schedule of Insurance**; or,
- **your cat's market value**, up to the maximum of the amount declared on **your Schedule of Insurance**, if **you** do not have a purchase receipt,

up to the **maximum benefit** for this **policy** section.

If **you** acquired **your cat** from a rehoming or rescue centre:

- The adoption fee **you** paid for **your cat** up to the amount declared 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**.

We will not pay

Any amount if:

1. **Your cat** has been missing for less than 45 days.
2. **You** do not notify the police if **your cat** is stolen.
3. **You** do not report **your cat** is stolen or has gone missing to:
 - The appropriate local authority within 48 hours of **your cat** going missing,
 - **Your vet**.

- Other local **vets**.
 - Local animal rescue centres.
4. **Your cat** is stolen or goes missing in the first 10 days after **your policy** started (this does not apply to the first 10 days of the second or subsequent consecutive **period of insurance**).
 5. **Your cat** is taken by someone to obtain a ransom payment from **you**.
 6. **Your cat** is left in an unlocked vehicle.
 7. **You** cannot provide at least two of the following:
 - **Your cat's** purchase receipt.
 - A record of where the money to pay for **your cat** came from.
 - **Your cat's** veterinary history.
 - **Your cat's** vaccination certificate.
 - A photograph of **you** and **your cat**.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 16 and 17.
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 cat** went missing or was stolen, along with two of the required documents/photograph:
 - **Your cat's** purchase receipt.
 - A record of where the money to pay for **your cat** came from.
 - **Your cat's** veterinary history.
 - **Your cat's** vaccination certificate.
 - A photograph of **you** and **your cat**.
 - A copy of any advertisement(s) to help find **your cat**.
 - Evidence that **you** have notified the theft of **your cat** to the police, or if it is missing evidence that **you** have reported this to the local authorities, **your vet** and local **vets**.

SECTION 5. BREEDING COVER

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

Section 5c only applies if **you** have also chosen Section 4. Death and Theft or Straying and they are shown in the Your Cover section of **your Schedule of Insurance**.

Sections 5a, 5b and 5d are shown on **your Schedule of Insurance** under the heading Breeding Cover - Veterinary Fees. Section 5c is shown on **your Schedule of Insurance** under the heading Breeding Cover - Death.

SECTION 5A. 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 up to the **maximum benefit** for Breeding Cover - Veterinary Fees the cost of the following **your cat** receives during the **period of insurance**:

- 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 **your cat** does not successfully impregnate after two matings with two different and proven fertile females during the **period of insurance**. **We** will pay up to the **maximum benefit** for Breeding Cover - Veterinary Fees for the cost of the following **your cat** receives during the **period of insurance**:

- 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,
- a test of sperm quality with a six month interval,
- **veterinary treatment** (excluding surgery) to restore **fertility**.

We will not pay

1. The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance**.
2. More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 5a, 5b and 5d.
3. Fees for **fertility** examinations or tests for **your cat**, if he has successfully impregnated on three occasions or is aged seven or more and has not had a successful mating before.
4. Infertility resulting from a **pre-existing illness or injury**.
5. Infertility resulting from an **illness in the first 10 days of your policy** (this does not apply to the first 10 days of the

second or subsequent consecutive **period of insurance**).

6. The cost of **veterinary treatment** received when the **policy** is not in force.
7. Any costs for a **fertility** disorder, which first shows signs before or within 12 weeks of the start of this **policy** section.
8. Any costs if **your female cat** is less than one year old or over the age of seven years.
9. Any costs if **your female cat** has had four pregnancies.
10. The cost of tests to predict ovulation and to find out the best time for fertilisation.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 16 and 17.
2. After **your cat** has had the **fertility** examination and/or **veterinary treatment** follow the instructions on the "Make A Claim" section of **our** website and send us:
 - 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 5B. PREGNANCY AND GIVING BIRTH

We will pay

The cost of **veterinary treatment**, including 50% of the cost of a **clinical diet** up to £250, up to the **maximum benefit** for Breeding Cover - Veterinary Fees, **your cat** receives during the **period of insurance** as a result of the following happening in the **period of insurance**:

- Complications from pregnancy.
- Complications from giving birth.
- Weak or fading kittens.

The amount for **clinical diet** 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 from giving birth, during the whole time **your cat** is insured with **us**.

We will not pay

1. The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance**.
2. More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 5a, 5b and 5d.
3. Cost for complications resulting from a **pre-existing illness or injury**.
4. Costs for complications resulting from an **illness in the first 10 days of your policy** (this does not apply to the first 10 days of the second or subsequent consecutive **period of insurance**).
5. The cost of **veterinary treatment** received when the **policy** is not in force.
6. Any amount if **your cat** has had two or more caesarean sections.
7. Any amount if the **clinical signs** that the kittens are weak or fading are first noticed when they are eight days old or more.
8. The cost of caesarean sections that are not carried out as a result of complications of pregnancy or giving birth.
9. The cost of examinations to confirm pregnancy.
10. Any costs for **veterinary treatment** as a result of complications of pregnancy, complications of giving birth, weak or fading kittens that happen or first show **clinical signs** before or in the first 12 weeks of the start of this **policy** section.
11. 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.
12. Any costs if **your cat** is female and has already had four pregnancies.
13. Any costs if **your cat** is less than one year old or seven years old or more.

How to claim

1. Please ensure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 16 and 17.
2. Follow the instructions on the "Make A Claim" section of **our** website.

SECTION 5C. DEATH FROM PREGNANCY AND GIVING BIRTH

We will pay

If **your cat** dies during the **period of insurance** as a result of complications of pregnancy or giving birth during the **period of insurance**:

- 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:

1. Unless **you** have also chosen Section 4. Death and Theft or Straying and it is shown in the Your Cover section of **your Schedule of Insurance**.
2. If **your cat** dies when it is less than one year old or more than seven years old.
3. If **your cat** dies when it is over the maximum age for death from an **illness** for the **policy** Section 4a Death from Illness or Injury shown on **your Schedule of Insurance**.
4. If **your cat** dies in the first 12 weeks of the start of this **policy** section.

5. If **your cat** dies from complications as a result of a **pre-existing illness or injury**.
6. If a **vet** can treat **your cat** and it is humane to keep it alive.
7. If **your cat** has already had four pregnancies.

How to Claim

1. Please ensure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 16 and 17.
2. Send a letter explaining what **you** are claiming for, confirmation from **your vet** of **your cat's** death, along with the purchase receipt.

SECTION 5D. VETERINARY FEES FOR KITTENS

We will pay

If **your cat** is female and gives birth during the **period of insurance**, we will pay the cost of **veterinary treatment** for an **illness or injury your cat's** kittens receive, including 50% of the cost of a **clinical diet** up to £250 per litter to treat the **illness or injury**, up to the **maximum benefit** for Breeding Cover - Veterinary Fees during the **period of insurance**;

- 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.

The amount of £250 for **clinical diet** 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 **your cat's** kittens are insured with **us**.

We will not pay

Policy Section 1, Veterinary Fees, **We** will not pay, points 2 to 26 and 28 apply to this **policy** section as well as the following:

1. The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance** for the **veterinary treatment** of all kittens in a litter.
2. More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 5a, 5b and 5d.
3. 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.
4. 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.
5. 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 this is before they are 21 weeks old.
6. Any costs if **your cat** is female and is less than one year old or seven years old or more at the time the kittens are born.
7. Any costs if **your cat** is female and has had more than four pregnancies.
8. Any amount for the **market value** of the kittens.
9. The cost of formula milk or equipment needed for hand rearing.
10. Any charges in respect of cremation, burial or disposal of **your cat's** kittens.

How to Claim

1. Please ensure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 16 and 17.
2. Follow the instructions on the "Make A Claim" section of **our** website.

SECTION 6. BOARDING FEES AND HOLIDAY CANCELLATION

Sections 6a and 6b only apply if **you** chose them and they are shown in the Your Cover section of **your Schedule of Insurance**.

SECTION 6A. BOARDING FEES OR DAILY MINDING

We will pay

If **you**, or a member of **your immediate family** are ill or injured during the **period of insurance** and have to go into hospital. **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 £5 a day for someone to look after **your cat**.

We will not pay

Any amount:

1. If **you** or a member of **your immediate family** are in hospital for less than three days in a row.
2. As a result of **your**, or a member of **your immediate family's** pregnancy, drug abuse, alcoholism, attempted suicide, self-inflicted **injuries** or cosmetic surgery not as a result of being ill or injured.
3. If a member of **your immediate family** is available to look after **your cat**.
4. As 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.
5. If **you** have to go into a nursing home, are convalescing outside of a hospital or involved in any form of rehabilitation outside of a hospital.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 16 and 17.

- When **you** leave hospital, obtain a medical certificate stating the number of days in hospital and the medical condition and send **us your**:
 - Medical certificate.
 - Receipt from the cattery.
 - If **you** pay someone to look after **your cat**, a receipt with their full name and address to support **your** claim.

SECTION 6B. HOLIDAY CANCELLATION

In this section "**you**" also includes members of **your immediate family**

We will pay

If **your vet** believes **your cat** needs immediate emergency lifesaving treatment and/or surgery in the seven days before or during a holiday that takes place during the **period of insurance** and:

- **you** cancel **your** holiday; or,
- **you** come home early.

We will pay up to the **maximum benefit** for this **policy** section for the cost of unused travel and accommodation that **you** have paid for and cannot get back.

We will not pay

Any amount:

1. For anyone on the holiday with **you**.
2. If **you** booked **your** holiday less than 28 days before **your** holiday started.
3. If **you** can get these expenses back from anywhere else, for example, from travel insurance.

Any amount if **you** cancel **your** holiday or come home early:

4. When **your cat's** treatment and/or surgery is not lifesaving.
5. As a result of any **pre-existing illness or injury**.
6. As a result of an **illness in the first 10 days of your policy** (this does not apply to the first 10 days of the second or subsequent consecutive **period of insurance**).
7. As a result of an **injury** that happened or an **illness** that first showed **clinical signs** before **you** booked **your** holiday.
8. While **you** are waiting for the results of tests on **your cat**.

How to claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 16 and 17.
2. Send **us**:
 - **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.
 - A 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 and a breakdown of what **you** are claiming for.

SECTION 7. OVERSEAS TRAVEL

Section 7 only applies if **you** chose it and it is shown in the Your Cover section of **your Schedule of Insurance**.

Section 7 extends the cover under all **policy** sections, if **you** chose them and they are shown in the Your Cover section of **your Schedule of Insurance**, for holidays up to 120 days in each **period of insurance** in a country or territory that is part of the **PETS Travel Scheme**.

Section 7 includes cover under sections 7a, 7b, and 7c.

SECTION 7A. QUARANTINE COSTS

We will pay

If during the **period of insurance**, while on holiday with **you**:

- **your cat's** microchip fails; or,
- **your cat** has an **illness**; and,

is not allowed back into the **UK**. **We** will pay up to the **maximum benefit** for this **policy** section towards the costs;

- for the time it is put in quarantine before being allowed back into the **UK**.

We will not pay

1. More than the **maximum benefit** for this **policy** section in each **period of insurance**.
- Any amount:
2. If **you** have not complied with all regulations of **PETS Travel Scheme**.
 3. If **your cat** has been outside the **UK** for more than 120 days during the **period of insurance**.
 4. If the microchip that fails is not to ISO Standard 11784 or Annex A to ISO Standard 11785.
 5. If the microchip was not checked and found to be working properly in the 14 days before the start of **your** holiday.
 6. As a result of any **pre-existing illness or injury** or an **illness** or an **injury** that happened or first showed **clinical signs** before this section was added to **your policy**.
 7. As a result of an **illness in the first 10 days of your policy** (this does not apply to the first 10 days of the second or subsequent consecutive **period of insurance**).
 8. As a result of an **illness** in the first 10 days of this section being added to **your policy**.

9. As a result of an **injury** that happened or an **illness** that first showed **clinical signs** before **you** booked **your** holiday.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 16 and 17.
2. Send **us**,
 - A letter explaining what **you** are claiming for.
 - A receipt for the quarantine costs.
 - Documentary evidence that **your cat** was microchipped before **your** holiday with a microchip of ISO Standard 11784 or Annex A to ISO Standard 11785.

SECTION 7B. LOSS OF ANIMAL TRAVEL DOCUMENTS

We will pay

If **your cat's animal travel documents** are lost or stolen while **you** are on holiday during the **period of insurance**. **We** will pay up to the **maximum benefit** for this **policy** section for the cost of:

- replacement **animal travel documents**; and,
- quarantine for **your cat** while **you** get new **animal travel documents**.

We will not pay

Any amount:

1. If the **animal travel documents** are lost or stolen before the start of **your** holiday.
2. If **you** do not report the **animal travel documents** as lost or stolen to the issuing **vet** within 24 hours of the time **you** discover it is missing.
3. If **your cat** has been outside the **UK** for more than 120 days during the **period of insurance**.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 16 and 17.
2. Send **us**:
 - A letter explaining when and how the **animal travel documents** were lost or stolen and what **you** are claiming for.
 - Receipts for the costs **you** are claiming for.
 - A letter from the issuing **vet** to say when **you** reported the **animal travel documents** as lost or stolen.

SECTION 7C. EMERGENCY EXPENSES ABROAD

We will pay

Up to the **maximum benefit** for this **policy** section for each of the following that happen during the **period of insurance**:

1. If **your cat** needs emergency **veterinary treatment** for an **illness** or **injury** while **you** are on holiday and this means **you** miss **your** scheduled return travel to the **UK**. **We** will pay the cost of accommodation for **you** and **your cat** until **your cat** is well enough to return to the **UK**. And the cost for **you** and **your cat** to travel back to the **UK**.
2. If **your cat** is lost or goes missing while **you** are on holiday. **We** will pay for extra accommodation and transport costs while **you** try to find **your cat** before the date **you** are due to return to the **UK**.
3. If **your cat** is lost or goes missing before the date **you** are due to return to the **UK** and **you** stay to try to find **your cat**. **We** will pay accommodation and transport costs for up to four days while **you** try to find **your cat**.
4. If **your cat's animal travel documents** are lost or stolen while **you** are on holiday and this means **you** miss **your** scheduled return. **We** will pay:
 - accommodation costs for **you** and **your cat** while **you** get new **animal travel documents**; and,
 - the costs for **you** and **your cat** to travel back to the **UK**.

We will not pay

1. If **your cat** has been outside the **UK** for more than 120 days during the **period of insurance**.

Any costs as a result of:

2. Any **pre-existing illness** or **injury** or an **illness** or **injury** that happened or first showed **clinical signs** before this section was added to **your policy**.
3. An **illness** in the first 10 days of **your policy** (this does not apply to the first 10 days of the second or subsequent consecutive **period of insurance**).
4. As a result of an **illness** in the first 10 days of this section being added to **your policy**.
5. An **injury** that happened or an **illness** that first showed **clinical signs** before **you** booked **your** holiday.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 16 and 17.
2. Send **us**:
 - A letter explaining what **you** are claiming for.
 - Receipts for the costs **you** are claiming for.
 - Details of the emergency **veterinary treatment your cat** needed; or,
 - The name and address of the appropriate authority **you** reported **your cat** was missing to.
 - **Your** booking invoice or other documents showing the dates of **your** scheduled return to the **UK**.

GENERAL EXCLUSIONS

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

1. **Your cat** being less than eight weeks old, or **your cat** being over the maximum age shown on **your Schedule of Insurance** when **you** take out the **policy**.
2. Anything that happens outside the Territorial Limits.
3. War, invasion, act of foreign enemies, civil war, rebellion, revolution, insurrection or military or usurped power.
4. 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.
5. Ionising radiations or contamination by radioactivity from:
 - any nuclear fuel.
 - any nuclear waste.
 - the combustion of nuclear fuel.
6. The radioactive, toxic, explosive or other hazardous properties of any nuclear installation or part of any nuclear installation.
7. **Your cat** if it is put to sleep following an order by a Government, local authority or any person who has the legal authority to make the order.
8. A deliberate act by **you**, a member of **your** family, someone who works for **you**, someone who lives with **you**.
9. A claim covered by any other insurance, unless the other insurance cover has been fully used.
10. **You** not complying with the **UK** animal health and animal import legislation.
11. If **your cat** was purchased from a vendor operating outside of the animal licensing requirements.
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

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, live in the **UK** and are the owner of **your cat** and it lives 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 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 98 or writing to **us** at:

Agria Pet Insurance Ltd
 PO Box 506
 Manchester
 M28 8EN

You must comply with Conditions 13 to 17 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 manufacturer's guidelines against feline infectious enteritis, feline herpes virus, 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**, **injury** or **illness** to **your cat**, including following any instructions from a **vet** to reduce **your cat's** weight.
16. **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.
17. **You** agree that **we** can contact the breeder of **your cat** and that they can release information or records about **your cat**.

Conditions 18 to 25 explain the things that **you** can choose and **we** can do that can affect **your** insurance.

18. **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.
19. The amounts of **your fixed excess** and **percentage excess** cannot be reduced and they can only be increased at the renewal of **your policy**.
20. **You** can only choose to have **policy** Sections 4 - Death or Loss by Theft or Straying, 6 - Boarding Fees due to Hospitalisation or Holiday Cancellation at the start of **your** insurance and can only remove them at the renewal of **your policy**.
21. **You** can choose to have **policy** Sections 5 - Breeding Cover and 7 - Overseas Travel at the start of **your policy** or add them at a later date and can only remove them at the renewal of **your policy**.
22. The **policy** is a series of yearly contracts of insurance with no guarantee that **we** will offer a new contract each year.
23. If **we** offer to renew **your policy** **we** may change **your**: premium, **policy** terms, conditions, **fixed excess** and **percentage excess** and the monetary amount of cover under any section.
24. 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**.
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**.

TERRITORIAL LIMITS

This **policy** provides cover in the **UK**. The **policy** also automatically extends to provide cover for **your cat** for up to 21 days per **period of insurance** whilst **you** are in the Republic of Ireland. If **you** chose Section 7 Overseas Travel and this is shown on **your Schedule of Insurance**, **your policy** also provides cover for up to 120 days per **period of insurance**, while **you** are in any country or territory that is part of the **PETS Travel Scheme**.

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. **We** will not pay more than **our** 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 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 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.
 - 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** pay a claim under **policy** Section 4b - Theft or Straying because someone stole **your cat** or it went missing and **you** get **your cat** back **you** must pay back all of the money **we** paid.
12. If **we** make a payment that is later found to have been made in error, **you** must repay this to **us** when asked.
13. 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.
14. If **we** pay a claim for **veterinary treatment** that **your cat** receives outside of the **UK**, then any claim payment will only be made to a British bank account.

HOW TO CLAIM

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, **you** can email **us** at apiclaims@agriapet.co.uk or call **us** on 03330 30 83 99 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,
- 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 UK: Telephone 03330 30 83 98 Outside UK: Telephone +44 (0) 1296 319248
 Agria Pet Insurance Claims UK: Telephone 03330 30 83 99 Outside UK: Telephone +44 (0) 1296 319247

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 98 Outside UK: Telephone +44 (0) 1296 319248
 Agria Pet Insurance Claims UK: Telephone 03330 30 83 99 Outside UK: Telephone +44 (0) 1296 319247

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.

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 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. 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 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

We will keep **your** personal information confidential at all times and only process it in accordance with **our** Privacy Policy which **you** can find on **our** website www.agriapet.co.uk. If **you** would like a hard copy of **our** Privacy Policy, **you** can request this by emailing **us** at info@agriapet.co.uk or calling 03330 30 83 98.



This insurance is administered
by Agria Pet Insurance Ltd



This insurance is underwritten by
Agria Försäkring