

# Policy booklet

in plain English



For Agria Lifetime Lite,  
Lifetime, Lifetime Plus  
and Lifetime Premium  
Dog Insurance Customers  
[www.agriapet.co.uk](http://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-to-claim/](http://www.agriapet.co.uk/how-to-claim/)

or see the "How to Claim" section on page 20.

## 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](http://www.abtcouncil.org.uk)**

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

**Canine and Feline Behaviour Association - [www.cfba.uk](http://www.cfba.uk)**

For information about the Association and its members.

**The Kennel Club Accredited Instructors Scheme (KCAI Scheme) -**

[www.thekennelclub.org.uk/training/kcai/](http://www.thekennelclub.org.uk/training/kcai/)

For information about the scheme and how to locate accredited behavioural trainers.

**UK Dog Behaviour and Training Charter - [www.ukdogcharter.org](http://www.ukdogcharter.org)**

For information about the Charter 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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## KEY FEATURES, BENEFITS AND SIGNIFICANT EXCLUSIONS (See pages 4 - 22 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 dog 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 dog to sleep up to £150.

#### Significant Exclusions

- The fixed and percentage amounts you pay towards the cost of treatment your dog 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 dog had before your policy started. These include disorders that your dog 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 dog 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 dog 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 dog's general wellbeing, tests to investigate the general health of your dog, 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 dog if it is lost or stolen including the cost of a reward.

#### Significant Exclusions

- If your dog is lost or stolen in the first 10 days after your policy started.
- If you do not report your dog is missing to rescue centres, vets and other organisations.
- If you do not report the theft of your dog to the police.
- If you cannot provide us with your dog's microchip number.

### Section 3 - Travel and Accommodation

#### Features

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

#### Significant Exclusions

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

### Section 4 - Third Party Liability

#### Features

The amount a court awards in compensation, costs and expenses if it decides you are legally responsible as a result of an incident involving your dog; where someone is accidentally injured or killed or their property is accidentally damaged or destroyed. The maximum Ecclesiastical Insurance Office plc will pay under this section is stated on your Schedule of Insurance.

#### Significant Exclusions

- If there is cover under any other insurance.
- The first £250 of each claim.
- If the person injured or killed, is a member of your family, lives with you, works for you or is looking after your dog.
- If the property damaged or destroyed belongs to a member of your family, someone who lives with you, works for you, or is looking after your dog. Or if any of these people are responsible for the damaged or destroyed property.
- If the incident is connected in any way to your employment, profession, occupation or business.

**Sections 5, 6, 7 and 8 are policy sections that you can choose to add to your policy.**

### Section 5a - Death from Illness or Injury

#### Features

The purchase price of your dog 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 dog 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 dog had before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.
- If your dog dies as a result of extremes of temperature from being left unattended in a motor vehicle.

### Section 5b - Theft or Straying

#### Features

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

#### Significant Exclusions

- If your dog is lost or stolen in the first 10 days after your policy started.
- If you do not report your dog is missing to rescue centres, vets and other organisations.
- If you do not report the theft of your dog to the police.
- If you cannot provide us with your dog's microchip number.

### Sections 6a & 6b - 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 dog receives for each complication in each period of insurance.
- More than the maximum benefit for Breeding Cover - Veterinary Fees for all claims under sections 6a, 6b and 6d.
- 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 dog 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 dogs less than one year old or over the age of seven years.
- Any claim after your dog has had four pregnancies.

### Section 6c - Death from Pregnancy and Giving Birth

#### Features

Your dog'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 5. 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 dog 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 dogs less than one year old or over the age of seven years.
- Any claim after your dog has already had four pregnancies.

#### **Section 6d - Veterinary Fees for Puppies Features**

The cost of veterinary treatment your female dog's puppies receive for an illness or injury. This applies from birth to the age of 14 weeks, or from birth to the date the new owner collects the puppy, whichever comes first.

#### **Significant Exclusions**

- The fixed and percentage amounts you pay towards the cost of treatment the puppies receive for each illness or injury.
- More than the maximum benefit for Breeding Cover - Veterinary Fees for all claims under sections 6a, 6b and 6d.
- Anything that is not covered under Section 1 Veterinary Fees.
- Any claim if your dog's puppies were conceived or born within the first 12 weeks of the start of this policy section.
- Any claim if your dog is under the age of one year or over the age of seven years at the time of giving birth.
- Any claim after your dog has had four pregnancies.

#### **Section 7a - Boarding Fees or Daily Minding**

##### **Features**

The cost to board your dog at a licensed boarding kennel or up to £5 a day for someone to look after your dog, 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 dog.
- If you go into a nursing home, are convalescing or in rehabilitation outside of a hospital.

#### **Section 7b - Holiday Cancellation**

##### **Features**

The cost of travel and accommodation expenses you lose if your dog 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 dog had before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.

#### **Sections 8a, 8b, 8c, 8d and 8e - Overseas Travel**

##### **Features**

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

- The cost of quarantine if your dog is ill and not allowed back into the UK.
- Repeat worming treatment costs if delays mean your dog's worming treatment is no longer valid.
- A replacement lost or stolen animal travel certificate or Pet Passport.
- Emergency expenses to stay and find a lost dog and travel home if the scheduled departure is missed.
- Third Party Liability - European Union Only (if we have offered this cover).

##### **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 dog had before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.
- For Third Party all the exclusions in Section 4 Third Party.
- For Third Party if the person who is injured or killed is on holiday with you.
- For Third Party if the damaged or destroyed property belongs to someone who is on holiday with you or they are responsible for it.

#### **GENERAL SIGNIFICANT EXCLUSIONS**

- Any dog 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.
- Any dog which should be registered under the Dangerous Dogs Act 1991 or the Dangerous Dogs Act (Northern Ireland) Order 1991 or any subsequent amendments.
- The use of your dog for guarding, security or racing.
- Illnesses that dogs are usually vaccinated against if your dog has not been vaccinated.
- Breeds We Do Not Cover:  
African Boerboel, Alapaha Blue Blood Bulldog, American Bull Terrier, American Bulldog, American Bully, American Pitbull Terrier, Bully Kutta, Cane Corso, Caucasian Shepherd, Czechoslovakian Wolfdog, Dogo Argentino, Fila Brasileiro, Japanese Tosa, Perro De Presa Canario (Canary Dog), Saarloos Wolfdog, Thai Ridgeback, any wolf hybrid 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, theft or damage** happens in the **period of insurance**, **we** will provide the cover explained in the following pages and on **your Schedule of Insurance**. The cover provided, unless explained otherwise, is based on **your** financial loss which is the amount of money the **illness, injury, loss, theft or damage** has cost **you**.

This **policy** booklet and **your Schedule of Insurance** make up **your** contract of insurance. **You** will need to read both to fully understand what is and what is not covered.

## DEFINITIONS

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

### 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 dog'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), or the UK Dog Behaviour and Training Charter, or a person who is accredited in behavioural training under the Kennel Club Accredited Instructors Scheme (KCAI Scheme), who is not a **vet**.

### Bilateral Disorder

Means any medical disorder that can affect parts of **your dog'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 dog'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 dog's ability to become pregnant or a male dog's ability to make a female dog 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 dog** receives **veterinary treatment** for in each **period of insurance**. When **your dog** 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 dog** 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 dog's** normal healthy state; sickness, disease, **bilateral disorder**, defects and abnormalities, including defects and abnormalities **your dog** 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 dog** 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 dog** 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 dog'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.

### Insurers

Sections 1, 2, 3, 5, 6, 7 & 8a, b, c, d, Agria Försäkring which is the **UK** branch of Försäkringsaktiebolaget Agria (publ), Sections 4 and 8e Third Party Liability, These sections are underwritten by Ecclesiastical Insurance Office plc, Benefact House, 2000 Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW.



## Market Value

The price generally paid for a dog of the same age, breed, pedigree and sex at the time **your dog** 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 dog** abroad to certain countries and re-enter the **UK** without the need for **your dog** 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 dog** had before **your policy** started; or,

## 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.

- an **injury** or **illness** that is caused by, relates to, or results from, an **injury**, **illness** or **clinical sign your dog** had before **your policy** started; no matter where the **injury**, **illness** or **clinical sign(s)** are noticed or happen in, or on, **your dog'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 dog'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 **insurers**.

## You/Your

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

## Your Dog(s)

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

## SECTION 1. VETERINARY FEES

### We will pay

The cost of:

- **Veterinary treatment your dog** 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 dog** to sleep.
  - The cost of cremation, burial and a house visit by a **vet** to put **your dog** to sleep up to £150.
  - Pheromone products used for up to six months as part of a structured programme to permanently change **your dog'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 dog** 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 dog'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 dog** 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 dog** 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 dog** 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 dog** 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 dog's** general wellbeing and tests to investigate the general health of **your dog**.
  - 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 dog** 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 dog'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 dog** 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 dog** has a mite infestation.
  - Collars used to restrict **your dog'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 dog** lose weight or any routine post-operative recovery diet.
8. The cost of any hydrotherapy session if it is performed to help **your dog** 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:
  - **Behavioural disorders** that **you** can prevent by normal puppy training and socialisation.
  - Training classes.
  - **Your dog** 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 **dog'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 dog'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.
    - If **your dog** is a stone chewer or similar.
    - 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 dog's** surgery.
16. Any claim that has been caused by **your dog** not being on a short lead while near livestock of any kind, including horses, whether kept for leisure or working purposes.
17. The cost of:
  - House calls unless **your vet** confirms that to move **your dog** would seriously endanger its health, or significantly worsen the condition.
  - **Your dog's** stay at a veterinary practice unless its **veterinary treatment** can only be given by veterinary practice.
  - Bathing **your dog**, other than bathing with a medicated product that should only be administered by a **vet** or a member of a veterinary practice.
  - Transporting **your dog** to a veterinary practice, between veterinary practices and to move **your dog** 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 dog's** weight or **your** personal circumstances.
18. The cost of any additional **veterinary treatment** required because **you** are unable to administer medication due to **your dog's** behaviour or **your** personal circumstances.
19. 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.
20. Costs to put **your dog** 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.
21. The costs to:
  - Fill in and send a claim form.
  - Refer **your dog** to another veterinary practice.
  - Admit **your dog** to a veterinary practice.
 and the cost of:
  - Postage, packaging, importing medication and using a courier.
  - Obtaining urgent laboratory tests when **your dog** is not immediately at risk from a life-threatening **illness**.
22. 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.
23. Additional fees for fitting **your dog** into the working schedule of a veterinary practice.
24. **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**.
25. Portage fees charged by a **vet** to convey **your dog** whilst in their care.
26. The cost of housing, including cages and bedding needed for the **veterinary treatment** or wellbeing of **your dog**.
27. Any costs for or resulting from a disease, including Rabies that the Department for Environment, Food and Rural Affairs (DEFRA) require notification of.

28. Any costs resulting from anything covered under Section 6 Breeding Cover.
29. **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 19 and 20.
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 dog** 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 8, 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 dog**, 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 dog** 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 dog** and up to £250 for the cost of a reward if **your dog** 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 dog** 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 dog**, report **your dog** 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 dog** 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 dog**.
5. Any amount if **your dog** is taken by someone to obtain a ransom payment from **you**.
6. Any amount if **you** do not report the theft of **your dog** to the police as soon as **you** can after **you** discover it stolen.
7. Any amount if **you** do not report **your dog** is missing to local  **vets**, rescue centres, local authority and dog warden.
8. Any amount if **you** cannot provide **us** with **your dog's** microchip number.

### How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 19 and 20.
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 dog** 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 dog** has an illness or injury during the **period of insurance** and **your** usual **vet** refers **your dog** 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 dog** 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 dog'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 dog** 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 19 and 20.
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. THIRD PARTY LIABILITY

In this **policy** section the definition of '**you**' and '**your**' includes any person looking after **your dog** with **your** permission.

### We will pay

If **your dog** is involved in an incident, during the **period of insurance** where:

- Someone is accidentally injured or accidentally killed,
  - Someone's property is accidentally damaged or accidentally destroyed,
- and a court finds **you** legally responsible; **we** will pay up to the **maximum benefit** for this **policy** section for:
- compensation, costs and expenses awarded by the court; and,
  - the legal costs and expenses for dealing with or defending a claim against **you**.

### We will not pay

1. The first £250 of each claim.
2. Any of the following:
  - Fines and penalties from any criminal proceedings.
  - Any amount a court requires **you** to pay to punish **you** or to try to stop the same circumstances that led to the incident happening again or because **you** have caused someone distress, embarrassment, or humiliation.

Any compensation, costs or expenses:

3. If **you** are covered under any other insurance until all the cover under that insurance is fully used.
4. If an incident is connected in any way to **your** employment, profession, occupation or business. This exclusion shall not apply to assistance dogs and medical detection dogs who belong to a member organisation of Assistance Dogs UK (ADUK), sheep dogs, search and rescue dogs trained and qualified by the National Search and Rescue Dog Association (NSARDA), therapy dogs and gun dogs.
5. If **you** are legally responsible because of a contract or agreement **you** have entered into.
6. If the property that is damaged or destroyed is the responsibility of, or owned by:
  - **You**,
  - A member of **your** family,
  - Someone who lives with **you**,
  - Someone who works for **you**; or,
  - Any person looking after **your dog** with **your** permission.
7. If the person who is accidentally injured or accidentally killed is:
  - **You**,
  - A member of **your** family,
  - Someone who lives with **you**,
  - Someone who works for **you**; or,
  - Any person looking after **your dog** with **your** permission.
8. If an animal or person catches a disease or virus directly or indirectly from **your dog**.
9. If the incident which gives rise to a claim under this section of the **policy** involves a motor vehicle **you** are using, responsible for or **you** own.
10. If **you** break the laws and regulations on quarantine, import or export of dogs.
11. For pollution or contamination that is not a direct result of a sudden, identifiable and unexpected incident which takes place in its entirety at a specific time and place during the **period of insurance** and gives rise to a claim under this section of the **policy** where **your dog** has damaged or destroyed someone's property.
12. If the incident happens outside the **UK**.

### Extension - British Armed Forces overseas

The indemnity provided by Section 4 Third Party Liability is extended to include **you** where **you** are a member of the British Armed Forces and temporarily stationed outside of the **UK** on British Armed Forces Bases overseas provided that **you** must be intending to return to the **UK** following completion of **your** temporary deployment overseas.

## How to Claim

1. To report a new claim or discuss an ongoing claim under Section 4, Third Party Liability please call Ecclesiastical Insurance Office plc on 0345 266 0479, email: [claims@ecclesiastical.com](mailto:claims@ecclesiastical.com) or write to: Ecclesiastical Insurance Office plc, Benefact House, 2000 Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW.
2. Please ensure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 19 and 20.
3. If **your dog** injures someone or damages their property, contact **us** immediately and advise **us** of any possible claim. **We** will then give **you** instructions on what to do with any letter, claim, writ or summons.
4. Do not admit or accept liability, negotiate or make any payment or promise of payment.
5. Do not answer letters from people who may claim against **you** or who are acting for people who may claim against **you**.

## SECTION 5. DEATH AND THEFT OR STRAYING

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. DEATH FROM ILLNESS OR INJURY

#### We will pay

If **your dog** 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 dog** from a rehoming or rescue centre:

- the amount **you** paid for **your dog** up to the amount declared on **your Schedule of Insurance**; or,
- **your dog'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 dog** from a rehoming or rescue centre:

- The adoption fee **you** paid for **your dog** 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 dog**.

#### We will not pay

1. If **your dog** dies from an **illness** when it is over the maximum age shown on **your Schedule of Insurance**.
2. If **your dog** dies from a **pre-existing illness or injury**.
3. If **your dog** 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 dog** dies from or as a result of pregnancy and giving birth.
5. If a **vet** can treat **your dog** and it is humane to keep it alive.
6. If **your dog** 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 dog** is dead.
8. If **your dog** 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 19 and 20.
2. Send **us** a letter explaining what **you** are claiming for, confirmation from **your vet** of **your dog's** death, along with the purchase receipt.

### SECTION 5B. THEFT OR STRAYING

#### We will pay

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

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

- the amount **you** paid for **your dog** up to the amount declared on **your Schedule of Insurance**; or,
- **your dog'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 dog** from a rehoming or rescue centre:

- The adoption fee **you** paid for **your dog** 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 dog**.

#### We will not pay

Any amount if:

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

- **Your vet.**
  - Other local **vets.**
  - Local animal rescue centres.
4. **Your dog** 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 dog** is taken by someone to obtain a ransom payment from **you**.
  6. **Your dog** is left in an unlocked vehicle.
  7. **Your dog** is left unattended in a public place.
  8. **You** cannot provide **us** with **your dog's** microchip number.
  9. **Your dog** is left unattended in a property unless it has:
    - external doors and windows that are locked and the keys cannot be seen from outside; or,
    - anywhere else it is left unattended unless there is a secure area with a barrier around the outside that is at least four feet high with any gates closed and locked.
  10. **You** cannot provide at least two of the following:
    - **Your dog's** purchase receipt.
    - A record of where the money to pay for **your dog** came from.
    - **Your dog's** veterinary history.
    - **Your dog's** vaccination certificate.
    - A photograph of **you** and **your dog**.

### How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 19 and 20.
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 dog** went missing or was stolen, along with two of the required documents/photograph:
  - **Your dog's** purchase receipt.
  - A record of where the money to pay for **your dog** came from.
  - **Your dog's** veterinary history.
  - **Your dog's** vaccination certificate.
  - A photograph of **you** and **your dog**.
  - A copy of any advertisement(s) to help find **your dog**.
  - Evidence that **you** have notified the theft of **your dog** to the police, or if it is missing evidence that **you** have reported this to the local authorities, **your vet**, local **vets** and the dog warden.

## SECTION 6. BREEDING COVER

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

Section 6c only applies if **you** have also chosen Section 5. Death and Theft or Straying and they are shown in the Your Cover section of **your Schedule of Insurance**.

Sections 6a, 6b and 6d are shown on **your Schedule of Insurance** under the heading Breeding Cover - Veterinary Fees. Section 6c is shown on **your Schedule of Insurance** under the heading Breeding Cover - Death.

## SECTION 6A. FERTILITY EXAMINATION

### We will pay

#### Females

If **your dog** does not become pregnant after two matings with two different and proven fertile males during the time **your dog** is insured with **us**. **We** will pay up to the **maximum benefit** for Breeding Cover - Veterinary Fees the cost of the following **your dog** 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 dog** 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 dog** 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 6a, 6b and 6d.
3. Fees for **fertility** examinations or tests for **your dog**, 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 dog** is less than one year old or over the age of seven years.
9. Any costs if **your female dog** 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 19 and 20.
2. After **your dog** 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 dog** unsuccessfully mated with.

## SECTION 6B. 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 dog** 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 puppies.

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 dog** 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 6a, 6b and 6d.
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 dog** has had two or more caesarean sections.
7. Any amount if the **clinical signs** that the puppies are weak or fading are first noticed when they are eight days old or more.
8. The cost of caesarean sections in the following breeds:
  - Bulldog
  - French Bulldog
  - Boston Terrier
  - Pekingeseand any cross of the above breeds.
9. The cost of caesarean sections that are not carried out as a result of complications of pregnancy or giving birth.
10. The cost of examinations to confirm pregnancy.
11. Any costs for **veterinary treatment** as a result of complications of pregnancy, complications of giving birth, weak or fading puppies that happen or first show **clinical signs** before or in the first 12 weeks of the start of this **policy** section.
12. Any costs for **veterinary treatment** if **your dog** was pregnant at the start of this **policy** section, or became pregnant within the first 12 weeks of the start of this **policy** section.
13. Any costs if **your dog** is female and has already had four pregnancies.
14. Any costs if **your dog** 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 19 and 20.
2. Follow the instructions on the "Make A Claim" section of **our** website.



## SECTION 6C. DEATH FROM PREGNANCY AND GIVING BIRTH

### We will pay

If **your dog** 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 dog**; or,
- **your dog'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 5. Death and Theft or Straying and it is shown in the Your Cover section of **your Schedule of Insurance**.
2. If **your dog** dies when it is less than one year old or more than seven years old.
3. If **your dog** dies when it is over the maximum age for death from an **illness** for the **policy** Section 5a Death from Illness or Injury shown on **your Schedule of Insurance**.
4. If **your dog** dies in the first 12 weeks of the start of this **policy** section.
5. If **your dog** dies from complications as a result of a **pre-existing illness or injury**.
6. If a **vet** can treat **your dog** and it is humane to keep it alive.
7. If **your dog** 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 19 and 20.
2. Send a letter explaining what **you** are claiming for, confirmation from **your vet** of **your dog's** death, along with the purchase receipt.

## SECTION 6D. VETERINARY FEES FOR PUPPIES

### We will pay

If **your dog** is female and gives birth during the **period of insurance**, we will pay the cost of **veterinary treatment** for an **illness** or **injury** **your dog's** puppies 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 14 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 dog's** puppies are insured with **us**.

### We will not pay

**Policy** Section 1, Veterinary Fees, **We** will not pay, points 2 to 27 and 29 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 puppies 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 6a, 6b and 6d.
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 dog's** puppies were conceived or born within the first 12 weeks of the start of this **policy** section.
5. Any costs for **veterinary treatment** **your dog's** puppies receive:
  - when they are 15 weeks old or more; or
  - after the date the new owner collects them if it is before they are 15 weeks old.
6. Any costs if **your dog** is female and is less than one year old or seven years old or more at the time the puppies are born.
7. Any costs if **your dog** is female and has had more than four pregnancies.
8. Any amount for the **market value** of the puppies.
9. The cost of formula milk or equipment needed for hand rearing.
10. Any charges in respect of cremation, burial or disposal of **your dog's** puppies.

### How to Claim

1. Please ensure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 19 and 20.
2. Follow the instructions on the "Make A Claim" section of **our** website.

## SECTION 7. BOARDING FEES AND HOLIDAY CANCELLATION

Sections 7a and 7b only apply if **you** chose them and they are shown in the Your Cover section of **your Schedule of Insurance**.

## SECTION 7A. 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 dog** to stay at a licensed boarding kennel; or,
- up to £5 a day for someone to look after **your dog**.

#### **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 **you**, 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 dog**.
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 19 and 20.
2. 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 boarding kennels.
  - If **you** pay someone to look after **your dog**, a receipt with their full name and address to support **your** claim.

### **SECTION 7B. HOLIDAY CANCELLATION**

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

#### **We will pay**

If **your vet** believes **your dog** 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 dog'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 dog**.

#### **How to claim**

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on pages 19 and 20.
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 8. OVERSEAS TRAVEL**

Section 8 only applies if **you** chose it and it is shown in the Your Cover section of **your Schedule of Insurance**.

Section 8 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 8 includes cover under sections 8a, 8b, 8c, 8d and 8e.

### **SECTION 8A. QUARANTINE COSTS**

#### **We will pay**

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

- **your dog's** microchip fails; or,

- **your dog** 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 dog** 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 19 and 20.
2. Send **us**:
  - A letter explaining what **you** are claiming for.
  - A receipt for the kennel or quarantine costs.
  - Documentary evidence that **your dog** was microchipped before **your** holiday with a microchip of ISO Standard 11784 or Annex A to ISO Standard 11785.

### **SECTION 8B. REPEAT WORMING TREATMENT**

#### **We will pay**

If, during the **period of insurance**, **your** carrier delays **your** return to the **UK** and **your dog's** worming treatment is no longer valid. **We** will pay up to the **maximum benefit** for this **policy** section towards **your dog's** repeat worming treatment.

#### **We will not pay**

Any costs:

1. For the initial worming treatment.
2. If the initial worming treatment was not given in the timescale required by the **PETS Travel Scheme**.
3. If the repeat worming treatment was not necessary to comply with the **PETS Travel Scheme**.
4. If **your dog** 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 19 and 20.
2. Send **us**:
  - A letter explaining the delay to **your** journey and what **you** are claiming for.
  - Receipts for the costs **you** are claiming for.
  - **Your** booking invoice or other documents showing the dates of **your** scheduled return to the **UK**.
  - Confirmation from the carrier of **your** delayed return to the **UK**.
  - A receipt for the initial worming treatment.

### **SECTION 8C. LOSS OF ANIMAL TRAVEL DOCUMENTS**

#### **We will pay**

If **your dog'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 dog** 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 dog** 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 19 and 20.
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 8D. 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 dog** 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 dog** until **your dog** is well enough to return to the **UK**. And the cost for **you** and **your dog** to travel back to the **UK**.
2. If **your dog** 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 dog** before the date **you** are due to return to the **UK**.
3. If **your dog** is lost or goes missing before the date **you** are due to return to the **UK** and **you** stay to try to find **your dog**. **We** will pay accommodation and transport costs for up to four days while **you** try to find **your dog**.
4. If **your dog'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 dog** while **you** get new **animal travel documents**; and,
  - the costs for **you** and **your dog** to travel back to the **UK**.
5. If **your** carrier delays **your** return to the **UK** and **you** have to get **your dog's** worming treatment repeated and this means **you** miss the rescheduled travel back to the **UK**. **We** will pay:
  - accommodation costs for **you** and **your dog** while **you** wait for the next available departure; and,
  - the costs for **you** and **your dog** to travel to the **UK**.

### We will not pay

1. If **your dog** 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 19 and 20.
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 dog** needed; or,
  - The name and address of the appropriate authority **you** reported **your dog** was missing to.
  - **Your** booking invoice or other documents showing the dates of **your** scheduled return to the **UK**.

## SECTION 8E. OVERSEAS THIRD PARTY LIABILITY

This **policy** section is an extension to Section 4 Third Party Liability for holidays up to 120 days in each **period of insurance** in a country or territory that is part of the European Union.

### We will not pay

Exclusions 1 to 11 of Section 4, Third Party Liability (listed on page 9) apply to this section of the **policy** as well as the following:

1. Any compensation, costs and expenses for property that is the responsibility of, or owned by anyone on holiday with **you**.
2. If the person who is accidentally injured or accidentally killed is on holiday with **you**.
3. Any compensation, costs and expenses resulting from legal proceedings under the laws of any country or territory that is not part of the European Union.

### How to Claim

To report a new claim or discuss an ongoing claim under Section 8e, Overseas Third Party Liability, please call Ecclesiastical Insurance Office plc on 0345 266 0479, email: [claims@ecclesiastical.com](mailto:claims@ecclesiastical.com) or write to:

Ecclesiastical Insurance Office plc  
 Benefact House,  
 2000 Pioneer Avenue,  
 Gloucester Business Park,  
 Brockworth,  
 Gloucester,  
 GL3 4AW.

## GENERAL EXCLUSIONS

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

1. **Your dog** being less than eight weeks old, or **your dog** 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 dog** 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. **Your dog** if it should be registered under the Dangerous Dogs Act 1991 and the Dangerous Dogs Act (Northern Ireland) Order 1991 or any amendments.
9. A deliberate act by **you**, a member of **your** family, someone who works for **you**, someone who lives with **you**.
10. The use of **your dog** for guarding, security or racing. For the avoidance of doubt, agility competitions and Flyball are not considered racing in this respect.
11. A claim covered by any other insurance, unless the other insurance cover has been fully used.
12. **You** not complying with the **UK** animal health and animal import legislation.
13. If **your dog** was purchased from a vendor operating outside of the animal licensing requirements.
14. When **you** are no longer the owner of **your dog** or **you** have loaned it to someone else.
15. 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.
16. Breeds **We Do Not Cover**:  
African Boerboel, Alapaha Blue Blood Bulldog, American Bull Terrier, American Bulldog, American Bully, American Pitbull Terrier, Bully Kutta, Cane Corso, Caucasian Shepherd, Czechoslovakian Wolfdog, Dogo Argentino, Fila Brasileiro, Japanese Tosa, Perro De Presa Canario (Canary Dog), Saarloos Wolfdog, Thai Ridgeback, any wolf hybrid 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 dog** and it lives with **you**. If **you** move from the address on **your Schedule of Insurance**, are no longer the owner or **your dog** 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 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. **Your dog** must have had a course of primary vaccinations and **you** must keep it vaccinated within manufacturer's guidelines against distemper, hepatitis, leptospirosis and parvovirus, or with the exception of leptospirosis, have a positive titre test reading every two years. If **you** do not keep **your dog** 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 dog's** health, prevent the loss or theft of **your dog**, **injury** or **illness** to **your dog**, including following any instructions from a **vet** to reduce **your dog's** weight.
16. **You** must take all reasonable precautions to prevent death or **injury** to another animal or person and damage to, or destruction of someone else's property.
17. **You** agree that **your** current or previous **vet** can give **us** information and records about **your dog** 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 dog** and that they can release information or records about **your dog**.

Conditions 19 to 26 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, cancellation or anything else to do with this **policy** from either person and both policyholders except 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 5 - Death or Loss by Theft or Straying, 7 - 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**.
22. **You** can chose to have **policy** Sections 6 - Breeding Cover and 8 - 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**.
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** and **percentage excess** and the monetary amount of cover under any section.
25. 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**.
26. **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 dog** for up to 21 days per **period of insurance** whilst **you** are in the Republic of Ireland; however this extension does not apply to Section 4 Third Party Liability. If **you** are a member of the British Armed Forces and temporarily stationed outside of the **UK** on British Armed Forces Bases overseas, Section 4 Third Party Liability is extended to provide cover if **your dog** is involved in an incident during the **period of insurance**. If **you** chose Section 8 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 European Union.

## 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. For the Third Party Liability **policy** section **we** will not provide any cover until all the cover under the other insurance cover is fully used. For all other **policy** sections **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 dog** 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 dog** 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 5b - Theft or Straying because someone stole **your dog** or it went missing and **you** get **your dog** 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 dog** is about to have; and,
  - **your dog'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 dog** receives **veterinary treatment**; or,
  - after **your dog** 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. **We** have complete control of the handling of any claim and legal proceedings under the Third Party **policy** sections and can take legal action in **your** name for **our** benefit.
15. If **we** pay a claim for **veterinary treatment** that **your dog** receives outside of the **UK**, then any claim payment will only be made to a British bank account.
16. **We** may decide to settle and pay a claim under **policy** Section 4 - Third Party Liability or **policy** Section 8e - Overseas Third Party Liability - to prevent the additional costs of legal action. The payment will include costs and expenses incurred before the date of the payment. Once **we** make the payment there is no further responsibility on **us** under this **policy**. If **you** decide that **you** do not want **us** to settle this way **you** must take over responsibility for the claim.

This means **you** will have to pay **your** legal costs and the third party person's legal costs and any other costs from this point. If the final settlement amount to the third party person is more than **we** have decided to pay, **you** will have to pay the extra amount.

## HOW TO CLAIM

A) For claims regarding all sections apart from Section 4, Third Party Liability and Section 8e, Overseas Third Party Liability.

1. **You** must always use a claim form to submit **your** claim unless the **policy** section says **you** can send a letter. **You** can submit a claim online or download a claim form at **our** website at [www.agriapet.co.uk](http://www.agriapet.co.uk), **you** can email **us** at [apiclaims@agriapet.co.uk](mailto:apiclaims@agriapet.co.uk) or call **us** on 03330 30 83 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

B) For claims regarding Section 4, Third Party Liability and Section 8e, Overseas Third Party Liability.

1. In the event of a claim relating to Third Party Liability (Sections 4, or 8e where relevant) please call Ecclesiastical Insurance Office plc on 0345 266 0479, email: [claims@ecclesiastical.com](mailto:claims@ecclesiastical.com) or write to:  
Ecclesiastical Insurance Office plc  
Benefact House,  
2000 Pioneer Avenue,  
Gloucester Business Park,  
Brockworth,  
Gloucester,  
GL3 4AW.
2. Please provide **your policy** number on all communications. Please note that calls may be monitored or recorded to assist with training and for quality control purposes.
3. **You** must follow the "How to Claim" procedures shown under the relevant section of the **policy** for **your** claim to be considered. These can be found on page 10 for Third Party Liability and on page 16 for Overseas Third Party Liability.

## 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](mailto: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 **insurers** 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 **insurers** want to hear about it to try to put things right.

## HOW TO COMPLAIN

For the purposes of this section, unless otherwise indicated **we** and **us** and **our** means both or either Agria Pet Insurance Ltd or Ecclesiastical Insurance Office plc. **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**:

If **your** complaint is about Sections 1, 2, 3, 5, 6, 7, 8a, 8b, 8c or 8d.

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

Post: Complaints

Agria Pet Insurance Ltd  
PO Box 506  
Manchester  
M28 8EN

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

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

If **your** complaint is about Sections 4 or 8e.

**You** can complain in writing or verbally at any time to:

Ecclesiastical Insurance Office plc, Benefact House, 2000 Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW.

Tel: 0345 777 3322 Email: [complaints@ecclesiastical.com](mailto:complaints@ecclesiastical.com)

### Our promise to you

**We** will aim to resolve **your** complaint within three business days.

To resolve **your** complaint **we** will:

- Investigate **your** complaint diligently and impartially.
- Keep **you** informed of the progress of the investigation.
- For more complex issues, **we** may need a little longer to investigate and **we** may ask **you** for further information to help **us** reach a decision.
- Respond in writing to **your** complaint as soon as possible.

If **you** are not satisfied with **our** response, or if **we** have not completed **our** investigation within eight weeks, **we** will inform **you** of **your** right to take the complaint to the Financial Ombudsman Service.

### Regarding all Sections

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

Financial Ombudsman Service

Exchange Tower

London

E14 9SR

Telephone 0300 123 9 123 or 0800 0234 567

Email to [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk) Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

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 for Sections 1, 2, 3, 5, 6, 7 & 8a, b, c, d and Ecclesiastical Insurance Office plc for Sections 4 and 8e.

## 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.

Ecclesiastical Insurance Office plc (EIO) Reg. No. 24869. Registered in England at Benefact House, 2000 Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW, United Kingdom. EIO is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference Number 113848.

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) and Ecclesiastical Insurance Office plc are covered by the FSCS, which is triggered when an authorised firm goes out of business. In this unlikely event **you** may be entitled to compensation from the scheme:

**You** can get more information from the Financial Services Commission Scheme at [www.fscs.org.uk](http://www.fscs.org.uk) or by calling 0800 678 1100 or 020 7741 4100.

### REMUNERATION DISCLOSURE

**We** receive commission from the **insurers** which is a percentage of the total annual premium. For dog policies, **we** may also receive an enhanced commission if certain performance targets are met. **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](http://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](mailto: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 and Ecclesiastical Insurance Office plc

First Floor, Blue Leanie, Walton Street, Aylesbury, Buckinghamshire, HP21 7QW  
The policy terms and conditions in this policy booklet were correct at the time of publication 06/2024