

# 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

For all claims except Sections 4 – Third Party Liability and 8E – Overseas Third Party Liability:

### To make a claim:

**Visit:** [www.agriapet.co.uk/how-to-claim/](http://www.agriapet.co.uk/how-to-claim/)

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

### To ask a question:

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

**Call:** 03330 30 83 99

**Outside UK:** +44 (0) 1296 319247

Please also see the “How to Claim” section on page 21 for details of our requirements when making a claim.

For claims under Sections 4 – Third Party Liability and 8E – Overseas Third Party Liability:

**Call:** 0345 266 0479

**Email:** [claims@ecclesiastical.com](mailto:claims@ecclesiastical.com)

## To discuss your policy

**UK:** 03330 30 83 98

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

## To complain

We take complaints very seriously and want to hear from you if you are not happy with the service we have provided. Full details on how you can make a complaint are set out on page 25.

## Agria App

**Available to download from your usual app store.**

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

## Useful Websites:

**The Animal Behaviour and Training Council - [www.abtcouncil.org.uk](http://www.abtcouncil.org.uk)**

For information about the council and details of the 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.dogcharter.uk](http://www.dogcharter.uk)**

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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## CONTRACT OF INSURANCE

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

If **we** accept **your** application and premium and an **illness, injury**, loss, theft or damage happens in relation to **your dog** during the **period of insurance**, then **we** will provide the cover explained in the following pages and in **your Schedule of Insurance**.

The cover provided, unless explained otherwise, is based on **your** financial loss which is the amount of money the **illness, injury**, 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 by **us**. If **you** have any queries about **your policy**, **you** can contact **us** by telephone on 03330 30 83 98.

## DEFINITIONS

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

### 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 accredited in clinical animal behaviour and a current member of an organisation governed by the Animal Behaviour and Training Council (ABTC), Canine and Feline Behaviour Association (CFBA), 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, front legs and paws, back legs and paws, shoulders, elbows, hips, knees and cruciate ligaments.

## Clinical Diet

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

## Clinical Sign(s)

Changes to **your 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 or chiropractic treatment recommended by a **vet** and provided by a qualified animal physiotherapist, osteopath or chiropractor.
- Acupuncture carried out by a **vet**.
- Hydrotherapy recommended by a **vet** and provided by a member of a veterinary practice supervised by a **vet**, or a qualified animal hydrotherapist who is a member of a **UK** registered professional pet physiotherapy or hydrotherapy organisation.
- Herbal medicine.
- Any consultation fee to administer any of the above.

## Cooling Off Period

The 14 days after:

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

## Excess

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

### Fixed Excess

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

- Section 1 – Veterinary Fees
- Section 6 – Breeding Cover

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

### Percentage Excess

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

- Section 1 – Veterinary Fees
- Section 6 – Breeding Cover

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

So if:

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

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

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

### Experimental Veterinary Treatment

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

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

### Fertility

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

### 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

The insurer for all sections of this **policy**, except for Sections 4 - Third Party Liability and 8e - Overseas Third Party Liability is Agria Försäkring, which is the **UK** branch of Försäkringsaktiebolaget Agria (publ).

The insurer for Sections 4 - Third Party Liability and 8e - Overseas Third Party Liability is 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

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

### Period of Insurance

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

### 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. Information about the PETS Travel Scheme can be found on the **UK** Government website at the following web address: <https://www.gov.uk/taking-your-pet-abroad>

### Policy

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

## Pre-existing Illness or Injury

- An **injury** that happened, or an **illness** or **behavioural disorder** that first showed **clinical signs** before **your policy** started; or,
  - an **injury** or **illness** that is the same as, or has the same diagnosis or **clinical signs** as an **injury, illness** or **clinical sign your dog** had before **your policy** started; or,
  - an **injury** or **illness** that is caused by, relates to, or results from, an **injury, illness** or **clinical sign your 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 that is 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 named on your **Schedule of Insurance** and any Secondary Policyholder you choose to add to your **policy**.

## Your Dog(s)

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

## LAW AND JURISDICTION APPLICABLE TO THIS POLICY

**Your policy** is governed by English Law and any dispute between the parties falls within the jurisdiction of the Courts of England and Wales unless **you** and **we** have agreed otherwise.





## RIGHTS OF THIRD PARTIES

**You** and **we** are the only parties to this insurance. No other person has any rights under the Contracts (Rights of Third Parties) Act 1999 and the Scottish equivalent Contract (Third Party Rights) Act 2017 to enforce any term of this insurance, but this does not affect any right or remedy of a third party which exists or is available apart from this Act.




## SECTION 1. VETERINARY FEES






### We Will Pay

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













### We Will Not Pay

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

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

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

## We Will Not Pay

- Removing retained testes or first teeth. However, **we** will pay for this if **your dog** was less than 16 weeks old when **your policy** started and if **you** have maintained continuous cover for **your dog** with **us** (meaning that **you** have renewed **your policy** with **us** throughout this period).
  - Emptying anal glands when they are not infected or narrowed (stenosed).
  - False pregnancy if **your 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.
-  The cost of any routine post-operative recovery diet.
-  The cost of **clinical diet(s)** and medicine(s) to help **your dog** lose weight.
-  The cost of any hydrotherapy session if it is performed to help **your dog** lose weight.
-  Any costs for **complementary treatment** and the treatment of **behavioural disorders** that are not recommended by a **vet** and are not carried out under the direction of a **vet**.
-  Any costs for:
- Matrix Energy Field Therapy.
  - Reiki massage.
  - Faith healing.
  - Homeopathic medicine.
-  Any costs for:
- **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.
-  Any costs related to dental or gum **illness** if **your dog's** teeth and gums have not been examined by a **vet** in the 15 months prior to the **illness** being noted unless it is clear from **your dog's** clinical history that due to **your dog's** behaviour, the examination was not able to include the teeth and gums. Any **veterinary treatment** recommended at a health check must be carried out within 12 months of the recommendation unless **your vet** recommended a further delay due to **your dog's** health.
-  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.
-  Costs for or resulting from:
- Organ transplants.
  - The cost of any **prosthesis**, including any **veterinary treatment** needed to fit the **prosthesis**, other than the cost of hips, elbows, patella groove replacements or any eye lens implant.
  - **Experimental veterinary treatment**.
-  Any costs for or relating to the production of a 3D printed model which is used for the planning of **your dog's** surgery.
-  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.
-  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, including any costs for examinations, unless it is for **veterinary treatment** that can only be given by a veterinary practice.



## We Will Not Pay

- 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.
  - 🐕 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.
  - 🐕 The cost of recommended or prescribed medication purchased from an online retailer unless the online retailer is listed in the Veterinary Medicine Directorate's accredited internet retailer scheme. Details of the scheme and accredited retailers can be found at the following web address: <https://www.vmd.defra.gov.uk/InternetRetailers/accredited-retailers.aspx>
  - 🐕 Costs to put **your 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.
  - 🐕 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**.
  - 🐕 The cost of out of hours fees unless an **illness** or **injury**:
    - happens or shows the first **clinical signs**; or,
    - significantly deteriorates,
- after 6 pm and before 8 am, during a weekend or during a bank holiday.
- 🐕 Additional fees for fitting **your dog** into the working schedule of a veterinary practice between the hours of 8 am and 6 pm Monday to Friday, excluding bank holidays.
  - 🐕 **Vet's** administration costs and other charges a **vet** makes for things that do not directly involve the **vet's** expertise in treating an **illness** or **injury**.
  - 🐕 Porterage fees charged by a **vet** to carry or move **your dog** whilst in the **vet's** care.
  - 🐕 The cost of housing, including cages and bedding needed for the **veterinary treatment** or wellbeing of **your dog**.
  - 🐕 Any costs for or resulting from a disease that the Department for Environment, Food and Rural Affairs (DEFRA) require notification of (for example, Rabies).
  - 🐕 **Veterinary treatment, complementary treatment** and behavioural therapy received outside of the **UK** if **you** have not chosen the Overseas Travel **policy** section and this is shown in the Your Cover section of **your Schedule of Insurance**.
  - 🐕 Any costs relating to anything covered under Section 6 - Breeding Cover, for example **fertility**, pregnancy, giving birth, **veterinary treatment** for puppies and any complications arising as a result of these.










**How to Claim:** Please see the "How to Claim" section on page 21 for details of **our** requirements when making a claim.

## 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

-  Any amount if **your dog** is lost or stolen before **your policy** started.
-  Any amount if **your dog** is lost or stolen in the 10 days after **your policy** started. This applies only when **you** first purchase **your policy** and does not apply if **you** renew **your policy** with **us**.
-  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**.
-  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 they were lost or stolen.
-  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**.
-  Any amount if **your dog** is taken by someone to obtain a ransom payment from **you**.
-  Any amount if **you** do not report the theft of **your dog** to the police as soon as **you** can after **you** discover that **your dog** was stolen.
-  Any amount if **you** do not report that **your dog** is missing to local **vets**, rescue centres, **your** local authority and dog warden.
-  Any amount if **you** cannot provide **us** with **your dog's** microchip number.






**How to Claim:** Please see the “How to Claim” section on page 21 for details of **our** requirements when making a claim.

## SECTION 3. TRAVEL AND ACCOMMODATION

### We Will Pay

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

### We Will Not Pay

- Any amount:
-  Unless the cost of **veterinary treatment** for the **illness** or **injury** is covered under Section 1 - Veterinary Fees.
  -  For travel:
    - To or from **your 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**.
  -  If the **veterinary treatment** the **vet** referred **your dog** for does not happen in the **period of insurance**.
  -  For travel to a **Behaviourist** or for **complementary treatment**.
  -  For food and drink.
  -  More than the amount **you** have paid for **your** travel and accommodation.

**How to Claim:** Please see the “How to Claim” section on page 21 for details of **our** requirements when making a claim.

## 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; or,
- 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


 If **your dog** is any of the following breeds: 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.


 The first £250 of each claim.


 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:


 If **you** are covered under any other insurance until all the cover under that insurance is fully used.

 If an incident is connected in any way to **your** employment, profession, occupation or business. This exclusion shall not apply to Assistance dogs, medical detection dogs, sheep dogs, search and rescue dogs, therapy dogs and gun dogs.


 If **you** are legally responsible because of a contract or agreement **you** have entered into.


 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.


 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.

 If an animal or person catches a disease or virus directly or indirectly from **your dog**.

 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.

 If **you** break the laws and regulations on quarantine, import or export of dogs.

 For pollution or contamination that is not a direct result of a sudden, identifiable, unintended 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.

 If the incident happens outside of 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:** Please see the “How to Claim” section on page 21 for details of **our** requirements when making a claim.

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




#### We Will Not Pay

-  If **your dog** dies from an **illness** when it reaches or is over the maximum age shown on **your Schedule of Insurance**.
-  If **your dog** dies from a **pre-existing illness or injury**.
-  If **your dog** dies as a result of an **illness in the first 10 days** of **your policy**. This applies only when **you** first purchase **your policy** and does not apply if **you** renew **your policy** with **us**.
-  If **your dog** dies from or as a result of pregnancy and giving birth.
-  If a **vet** can treat **your dog** and it is humane to keep it alive.
-  If **your dog** is put to sleep because it is aggressive, unless an **illness** or **injury** covered by this **policy** caused the aggression.
-  Any amount unless **your vet** certifies that **your dog** has died.
-  If **your dog** dies as a result of extremes of temperature from being left unattended in a motor vehicle.



**How to Claim:** Please see the “How to Claim” section on page 21 for details of **our** requirements when making a claim.

### SECTION 5b. THEFT OR STRAYING

#### We Will Pay

-  If during the **period of insurance**, **your dog** is stolen or goes missing, **we** will pay:
-  If **you acquired your dog** from a *rehoming or rescue centre*:
  - the adoption fee **you** paid for **your dog** up to the amount stated on **your Schedule of Insurance**, up to the **maximum benefit** for this **policy** section; or,
  - the price shown on **your Schedule of Insurance**, up to a maximum of £100, if **you** do not have evidence of the adoption fee **you** paid when **you** acquired **your dog**.
-  If **you did not acquire your dog** from a *rehoming or rescue centre*:
  - the amount **you** paid for **your dog** up to the amount stated on **your Schedule of Insurance**; or,
  - if **you** do not have a purchase receipt, **your dog's market value**, up to the amount stated on **your Schedule of Insurance**.
- In each case, **we** will pay up to the **maximum benefit** for this **policy** section.

#### We Will Not Pay

- Any amount if:
-  **Your dog** has been missing for less than 45 days.
  -  **You** do not notify the police if **your dog** is stolen.

## We Will Not Pay

- ❗ **You** do not report that **your dog** has gone missing or been stolen 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.
- 🐕 **Your dog** is stolen or goes missing in the first 10 days after **your policy** started. This applies only when **you** first purchase **your policy** and does not apply if **you** renew **your policy** with **us**.
- 🐕 **Your dog** was taken by someone to obtain a ransom payment from **you**.
- 🐕 **Your dog** was left in an unlocked vehicle.
- 🐕 **Your dog** was left unattended in a public place.
- 🐕 **You** cannot provide **us** with **your dog's** microchip number.
- 🐕 **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.
- 🐕 **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:** Please see the “How to Claim” section on page 21 for details of **our** requirements when making a claim.

## 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 for the following that **your dog** receives during the **period of insurance**, up to the **maximum benefit** for Breeding Cover – Veterinary Fees:
  - A physical examination by a **vet**, including the reproductive organs and vaginoscopy.
  - An ultrasound of the uterus and ovaries.
  - Vaginal cytology, blood tests, a complete blood count, including haemoglobin, haematocrit, leukogram, blood platelets and ALAT, creatinine, glucose and total T4 and TSH.
  - **Veterinary treatment** (excluding surgery) to restore **fertility**.

#### Males

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



## We Will Not Pay

-  The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance**. **You** will need to pay the **excess** amount, and **we** will pay the amount of a claim above the **excess** amount (up to the **maximum benefit** for this **policy** section).
-  More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 6a, 6b and 6d.
-  Fees for **fertility** examinations or tests for **your dog** if he has successfully impregnated on three occasions, or is aged eight or more and has not had a successful mating before.
-  Infertility resulting from a **pre-existing illness or injury**.
-  Infertility resulting from an **illness in the first 10 days of your policy**. This applies only when **you** first purchase **your policy** and does not apply if **you** renew **your policy** with **us**.
-  The cost of **veterinary treatment** received when the **policy** is not in force.
-  Any costs for a **fertility** disorder which first shows **clinical signs** before, or within, 12 weeks of the start of this **policy** section.
-  Any costs if **your dog** is less than one year old or is eight years old or more.
-  Any costs if **your dog** has had more than four pregnancies.
-  The cost of tests to predict ovulation and to find out the best time for fertilisation.
-  Any costs for or in relation to the artificial insemination of **your dog**.









**How to Claim:** Please see the “How to Claim” section on page 21 for details of **our** requirements when making a claim.

## SECTION 6b. PREGNANCY AND GIVING BIRTH







### We Will Pay

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

### We Will Not Pay

-  The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance**. **You** will need to pay the **excess** amount, and **we** will pay the amount of a claim above the **excess** amount (up to the **maximum benefit** or any specific claim limits explained under the ‘**we** will pay’ section).
-  More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 6a, 6b and 6d.
-  Costs for complications resulting from a **pre-existing illness or injury**.
-  Costs for complications resulting from an **illness in the first 10 days of your policy**. This applies only when **you** first purchase **your policy** and does not apply if **you** renew **your policy** with **us**.
-  The cost of **veterinary treatment** received when the **policy** is not in force.
-  Any amount if **your dog** has had two or more caesarean sections.
-  Any amount if the **clinical signs** that the puppies are weak or fading are first noticed when they are eight days old or more.
-  The cost of caesarean sections in the following breeds:
  - Bulldog
  - French Bulldog
  - Boston Terrier
  - Pekingeseand any cross of the above breeds.

### We Will Not Pay


-  The cost of caesarean sections that are not carried out as a result of complications of pregnancy or giving birth.
-  The cost of examinations to confirm pregnancy.
-  Any costs for **veterinary treatment** as a result of complications of pregnancy, complications of giving birth and weak or fading puppies that happen or first show **clinical signs** before or during the first 12 weeks of the start of this **policy** section.
-  Any costs for **veterinary treatment** if **your 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.
-  Any costs if **your dog** has had more than four pregnancies.
-  Any costs if **your dog** is less than one year old or is eight years old or more.

**How to Claim:** Please see the “How to Claim” section on page 21 for details of **our** requirements when making a claim.

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








In order to make a claim under this section, **you** must also have chosen to include Section 5 - Death and Theft or Straying as part of **your policy**.

### We Will Pay

-  If during the **period of insurance**, **your dog** experiences complications from pregnancy or giving birth and dies or is put to sleep by a **vet** as a result of this, **we** will pay:
  - the amount **you** paid for **your 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:

-  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**.
-  If **your dog** dies when it is less than one year old, or when it is eight years old or more.
-  If **your dog** dies when it reaches or is over the maximum age for death from an **illness** under **policy** Section 5a - Death from Illness or Injury, as shown on **your Schedule of Insurance**.
-  If **your dog** dies from complications that first showed **clinical signs** before the start of this **policy** section, or in the first 12 weeks after this **policy** section started.
-  If **your dog** dies from complications as a result of a **pre-existing illness or injury**, or an **illness in the first 10 days** after **your policy** started. This applies only when **you** first purchase **your policy** and does not apply if **you** renew **your policy** with **us**.
-  If a **vet** can treat **your dog** and it is humane to keep it alive.
-  If **your dog** has had more than four pregnancies.

**How to Claim:** Please see the “How to Claim” section on page 21 for details of **our** requirements when making a claim.

### SECTION 6d. VETERINARY FEES FOR PUPPIES











### We Will Pay

-  If during the **period of insurance**, **your dog** gives birth and her puppies require **veterinary treatment** for an **illness or injury**, **we** will pay the cost of this, up to the **maximum benefit** for Breeding Cover – Veterinary Fees:
  - from when they are born to the age of 14 weeks; or,
  - from when they are born to the date the new owner collects them,whichever date comes first.
-  **We** will also pay 50% of the cost of a **clinical diet**, up to £250 per **illness or injury**. This is included in the **maximum benefit** for this **policy** section. **You** can only claim up to this amount once per **illness or injury** during the whole time that the puppies are insured with **us**.



## We Will Not Pay

**Policy** Section 1 - Veterinary Fees, **we** will not pay, all points, except for the first and last (listed on pages 5-7), apply to this **policy** section as well as the following:

-  The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance** for the **veterinary treatment** of all puppies in a litter. **You** will need to pay the **excess** amount, and **we** will pay the amount of a claim above the **excess** amount (up to the **maximum benefit** or any specific claim limits explained under the 'we will pay' section).
-  More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 6a, 6b and 6d.
-  Any costs for **veterinary treatment** for an **injury** that happens or an **illness** that first shows **clinical signs** before or within 12 weeks of the start of this **policy** section.
-  Any costs for **veterinary treatment** if **your dog's** puppies were conceived or born within the first 12 weeks of the start of this **policy** section.
-  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.
-  Any costs if **your dog** is less than one year old or is eight years old or more at the time the puppies are born.
-  Any costs if **your dog** has had more than four pregnancies.
-  Any amount for the **market value** of the puppies.
-  The cost of formula milk or equipment needed for hand rearing.
-  Any charges in respect of the cremation, burial or disposal of **your dog's** puppies.



**How to Claim:** Please see the "How to Claim" section on page 21 for details of **our** requirements when making a claim.

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

## We Will Not Pay

Any amount:


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

**How to Claim:** Please see the "How to Claim" section on page 21 for details of **our** requirements when making a claim.

## SECTION 7b. HOLIDAY CANCELLATION

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

### We Will Pay









 If during the **period of insurance**, **your vet** believes **your dog** needs immediate, emergency lifesaving **veterinary treatment** in the seven days before or during **your** holiday and:

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

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

### We Will Not Pay

Any amount:

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

**How to Claim:** Please see the “How to Claim” section on page 21 for details of **our** requirements when making a claim.

## 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** suffers an **illness**; and,

is not allowed back into the **UK**, **we** will pay the costs for the time **your dog** is put into quarantine before being allowed back into the **UK**, up to the **maximum benefit** for this **policy** section.



#### We Will Not Pay

 More than the **maximum benefit** for this **policy** section in each **period of insurance**.

Any amount:

-  If **you** have not complied with all regulations of the **PETS Travel Scheme**.
-  If **your dog** has been outside of the **UK** for more than 120 days during the **period of insurance**.
-  If the microchip that fails is not to ISO Standard 11784 or Annex A to ISO Standard 11785.
-  If the microchip was not checked and found to be working properly in the 14 days before the start of **your** holiday.
-  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**.
-  As a result of an **illness in the first 10 days of your policy**. This applies only when **you** first purchase **your policy** and does not apply if **you** renew **your policy** with **us**.


### We Will Not Pay

-  As a result of an **illness in the first 10 days** of this section being added to **your policy**.
-  As a result of an **injury** that happened or an **illness** that first showed **clinical signs** before **you** booked **your holiday**.

**How to Claim:** Please see the “How to Claim” section on page 21 for details of **our** requirements when making a claim.





### 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 for **your dog's** repeat worming treatment, up to the **maximum benefit** for this **policy** section.

#### We Will Not Pay


Any costs:

-  For the initial worming treatment.
-  If the initial worming treatment was not given in the timescale required by the **PETS Travel Scheme**.
-  If the repeat worming treatment was not necessary to comply with the **PETS Travel Scheme**.
-  If **your dog** has been outside of the **UK** for more than 120 days during the **period of insurance**.

**How to Claim:** Please see the “How to Claim” section on page 21 for details of **our** requirements when making a claim.




### SECTION 8c. LOSS OF ANIMAL TRAVEL DOCUMENTS

#### We Will Pay

-  If during the **period of insurance**, **your dog's animal travel documents** are lost or stolen while **you** are on holiday with them, **we** will pay for:
  - the replacement **animal travel documents**; and,
  - quarantine for **your dog** while **you** get new **animal travel documents**,up to the **maximum benefit** for this **policy** section.

#### We Will Not Pay

Any amount:


-  If the **animal travel documents** are lost or stolen before the start of **your** holiday.
-  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 they are missing.
-  If **your dog** has been outside of the **UK** for more than 120 days during the **period of insurance**.

**How to Claim:** Please see the “How to Claim” section on page 21 for details of **our** requirements when making a claim.





### SECTION 8d. EMERGENCY EXPENSES ABROAD

#### We Will Pay






If any of the following happens during the **period of insurance**, **we** will pay up to the **maximum benefit** for this **policy** section:

-  If **your dog** suffers an **illness** or **injury** while **you** are on holiday and requires emergency **veterinary treatment** which means **you** miss **your** scheduled return travel to the **UK**, **we** will pay the cost of accommodation for **you** and **your dog** until they are well enough to return to the **UK**. **We** will also pay for **you** and **your dog** to travel back to the **UK**.

### We Will Pay

-  If **your dog** 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**.
-  If **your dog** 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 for **your** accommodation and transport costs for up to four days while **you** try to find them.
-  If **your dog's animal travel documents** are lost or stolen while **you** are on holiday and this means **you** miss **your** scheduled return travel, **we** will pay for accommodation 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**.
-  If **your** carrier delays **your** return travel to the **UK** and **you** have to repeat **your dog's** worming treatment which means **you** miss the rescheduled travel back to the **UK**, **we** will pay for accommodation costs for **you** and **your dog** while **you** wait for the next available departure. **We** will also pay the costs for **you** and **your dog** to travel back to the **UK**.

### We Will Not Pay

-  If **your dog** has been outside of the **UK** for more than 120 days during the **period of insurance**.  
Any costs as a result of:
  -  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**.
  -  An **illness in the first 10 days of your policy**. This applies only when **you** first purchase **your policy** and does not apply if **you** renew **your policy** with us.
  -  An **illness in the first 10 days** of this section being added to **your policy**.
  -  An **injury** that happened or an **illness** that first showed **clinical signs** before **you** booked **your** holiday.




**How to Claim:** Please see the “How to Claim” section on page 21 for details of **our** requirements when making a claim.

## 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

All exclusions of Section 4 - Third Party Liability, except for the last (listed on page 9), apply to this section of the **policy** as well as the following:

-  Any compensation, costs and expenses for property that is the responsibility of, or owned by anyone on holiday with **you**.
-  If the person who is accidentally injured or accidentally killed is on holiday with **you**.
-  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:** Please see the “How to Claim” section on page 21 for details of **our** requirements when making a claim.

## GENERAL EXCLUSIONS

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

1. **Your dog** being less than eight weeks old when **you** take out the **policy**.
2. Anything that happens outside the Territorial Limits (see page 20 for further information on 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. Putting **your dog** 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, except for an XL Bully or XL Bully type dog with a valid exemption certificate issued by DEFRA.
9. A deliberate act by **you**, a member of **your** family, someone who works for **you** or 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, other than **our** proportional share.
12. **You** not complying with the **UK** animal health and animal import legislation.
13. When **you** are no longer the owner of **your dog** or **you** have loaned it to someone else.
14. Cyber risks, including:
  - the use or misuse of the internet or similar facility;
  - any electronic transmission of data or other information;
  - any computer virus or similar problem.

## GENERAL CONDITIONS AND CANCELLATION RIGHTS

If **you** do not comply with Conditions 1 to 3 below **your policy** will stop immediately, or **we** may treat it as being invalid from when it started. This would mean that **you** would not be able to make a claim under this **policy**. If **your policy** stops, **we** will write to **you** at the address shown on **your** latest **Schedule of Insurance** and tell **you** when it stopped.

1. **You** must be aged 18 or over, live in the **UK**, and be the owner of **your dog** which must live 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 **you** wish to cancel **your policy** **you** can do this by emailing **us** at [info@agripet.co.uk](mailto:info@agripet.co.uk), telephoning **us** on 03330 30 83 98 or writing to **us** at:  
Agria Pet Insurance Ltd  
PO Box 506  
Manchester  
M28 8EN
  6. If **you** cancel this **policy** during the **cooling off period** and **you** have not made a claim, **we** will cancel **your policy** and refund **you** any premium paid for **the period of insurance**.
  7. If **you** wish to cancel this **policy** outside of the **cooling off period** and **you** pay by monthly instalments, **we** will not charge **you** any further payments. If **you** pay annually, **we** may provide **you** with a pro rata refund, based on any complete months of the remaining **period of insurance**.  
If a claim has been settled during this **period of insurance**, **we** will not provide **you** with a refund and **you** must pay the remaining premium for the **period of insurance**. If **we** are due to make a claim payment, **we** will deduct the rest of the instalments for the **period of insurance** and any outstanding instalments from this payment.
  8. It is **your** responsibility to make sure **you** have sufficient funds in **your** bank/card issuer account and **your** bank/card issuer pays **your** full premium or instalments on time. It is not **our** responsibility to tell **you** that **you** have not made a payment.
  9. If **your** bank/card issuer tells **us** that they cannot make **your** payment, **we** will contact them again to request it. If **your** bank/card issuer makes a charge for processing **our** payment requests, it is **your** responsibility to pay the amount.
  10. If **you** do not make **your** payment on time, **you** must contact **us** within seven days of the date **you** should have paid the monthly instalment or the full premium to arrange payment. If payment has not been received within 28 days from the date **you** should have made the payment, **we** will cancel **your policy** from the due date.
  11. If **you** pay by monthly instalments and during the **period of insurance** **you** do not pay three monthly instalments on time **we** may agree to continue **your** insurance. If **we** agree **you** must pay in one total payment:
    - any outstanding instalments; and,
    - the instalments for the rest of the **period of insurance**.
- This payment must reach **us** within 28 days of the date **you** should have paid the third missed instalment.
12. If **we** fail to request **your** payment, **you** must pay the missed payment(s) when asked.  
**You** must comply with Conditions 13 to 19 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 the 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** and prevent **injury** or **illness** to **your dog**, including following any instructions from a **vet** to reduce **your dog's** weight.
  16. **You** must keep **your dog** in accordance with the Animal Welfare Act (2006), or the equivalent legislation that applies to **your** country of residence. If **we** suspect or it is proven that **you** have not, **we** will not help **you** with any costs that result from an **illness** or **injury** and may report **you** to the police, RSPCA, or the equivalent animal welfare organisation in **your** country of residence.
  17. **You** 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.
  18. **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.
  19. **You** agree that **we** can contact the breeder of **your dog** and that they can release information or records about **your dog**.
- Conditions 20 to 26 explain the things that **you** can choose and **we** can do that can affect **your** insurance.
20. **We** may agree to issue this **policy** to two people as joint policyholders. If **we** do agree, **we** will accept instructions to make any changes, payments, claims, cancellations and anything else to do with this

**policy** from either person and both policyholders accept that the other person is also acting on their behalf.

21. The amounts of **your fixed excess** and **percentage excess** cannot be reduced and they can only be increased at the renewal of **your policy**.
22. **You** can only choose to have **policy** Sections 5 - Death and Theft or Straying and/or 7 - Boarding Fees and Holiday Cancellation at the start of **your policy** and can only remove them at the renewal of **your policy**.
23. **You** can choose to have **policy** Sections 6 - Breeding Cover and/or 8 - Overseas Travel at the start of **your policy** or add them at a later date. **You** can only remove them at the renewal of **your policy**.
24. The **policy** is a series of yearly contracts of insurance with no guarantee that **we** will offer a new contract each year.
25. If **we** offer to renew **your policy** **we** may change **your** premium, **policy** terms, conditions, **fixed excess**, **percentage excess** and the monetary amount of cover under any section.
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**.

## RENEWING YOUR POLICY

Will my **policy** automatically renew?

**We** will send **you** details of **your** renewal and price before **your** renewal date. Unless **you** have asked **us** not to, **your policy** will renew each year automatically. **You** may still need to contact **us** to pay for **your policy**.

**You** can choose not to automatically renew at any time. To do so, please get in touch with **us**. If **you** have chosen this, **you** will need to contact **us** before **your** renewal date if **you** wish to stay covered with **us**. If **you** forget to renew or do not get a new **policy**, **your dog** will not be insured.

## TERRITORIAL LIMITS

This **policy** provides cover in the **UK**. It 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 a British Armed Forces Base 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 later. If **you** do not submit **your** claim to **us** within this time frame, **we** will not deal with **your** claim.
2. If **you** make a claim under this **policy** and another insurance also provides cover, **you** must tell **us** the name and address of the other insurance company, provide **us** with the reference number and notify them about **your** claim. If **you** do not notify the other insurance company, **we** will not help **you** with **your** claim. 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** proportional share.
3. **You** must give **us** all information that **we** reasonably ask for in connection with a claim, be available for interviews and cooperate with **us** or anyone acting for **us**.
4. If **you** have any legal rights against any other person resulting from the circumstances that led to **your** claim, **we** may take legal action against them in **your** name at **our** expense. **You** must help **us** by providing any documents, written statements, names and addresses of people involved. **You** agree to go to court if necessary.
5. **You** agree that any **vet** can provide any information about **your 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; and,
    - Information about how any outstanding premium payments could affect a claim payment.
  8. **We** may use external claims investigators to help **us** deal with **your** claim, which may delay the time it takes to process **your** claim.
  9. **We** will not pay **your** claim if:
    - **Your** claim form is not correct and complete;
    - **We** do not have all the information needed to support **your** claim;
    - **We** are not sure **your** claim is valid; and,
    - Any legal action or other action is outstanding.
  10. If **your policy** is in joint names **we** will accept a claim from either person and, if **we** agree, may make claim payments and premium refunds in line with either person's instructions.
  11. If **we** pay a claim under **policy** Section 5b - Theft or Straying because **your dog** was stolen or went missing and **you** get them back, **you** must return 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**, 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

### General Requirements

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

A) For all sections of this **policy** except Section 4 - Third Party Liability or Section 8e - Overseas Third Party Liability, **you** can make a claim by following the steps below:

1. **You** will need **your**:
  - **Policy** number (this can be found at the top of **your Schedule of Insurance** (this can be found at the top of **your Schedule of Insurance** or in **your** online account).
  - Itemised invoice or receipt from **your vet** or online pharmacy.
  - **Dog's** clinical history from **your** veterinary practice.
  - Reference number from **your** last claim, if this is a further claim for an ongoing condition.
2. **You** must always use a claim form to submit **your** claim unless the Additional Requirements section says **you** can send an email or letter.

3. **You** can submit a claim:
    - For Section 1 – Veterinary Fees: online at [www.agriapet.co.uk/how-to-claim/](http://www.agriapet.co.uk/how-to-claim/)
    - For all other **policy** sections: 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.
  4. If **you** are submitting **your** claim via post, send **your** completed claim form and supporting documents to:
 

Agria Pet Insurance Ltd  
PO Box 506  
Manchester  
M28 8EN
  5. **You** do not need to contact **us** before any **veterinary treatment** begins.
  6. Please note that calls may be monitored or recorded to assist with training and for quality control purposes.
- B) For **policy** Section 4 - Third Party Liability and/or Section 8e - Overseas Third Party Liability, **you** can make a claim by following the steps below:
1. 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.

### Additional Requirements

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

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

Policy Section	Additional Requirements
<b>SECTION 1. VETERINARY FEES</b>	<ol style="list-style-type: none"> <li>1. If it is more convenient, <b>your vet</b> agrees and <b>we</b> agree, <b>we</b> can make payments directly to <b>your vet</b>. <b>You</b> can ask <b>us</b> to do this when <b>you</b> make a claim. If a claim is submitted by <b>your vet</b>, <b>you</b> accept that <b>we</b> will pay who <b>your vet</b> has indicated.</li> <li>2. If <b>your dog</b> needs <b>veterinary treatment</b> while temporarily in the Republic of Ireland or a member country of the <b>PETS Travel Scheme</b> and <b>you</b> have cover under Section 8 - Overseas Travel shown on <b>your Schedule of Insurance</b>:           <ul style="list-style-type: none"> <li>• <b>You</b> 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.</li> <li>• Send <b>us</b> an email or letter with <b>your</b> itemised receipt explaining what was wrong with <b>your dog</b>, what treatment they received and the date(s) the treatment took place.</li> <li>• Claim payments are made directly to <b>you</b> in pounds sterling at the current rate of exchange.</li> </ul> </li> <li>3. If <b>you</b> claim for medication bought on the internet, from a chemist or from a pharmacy <b>you</b> must provide a copy of the prescription from <b>your vet</b> and the purchase receipt.</li> </ol>
<b>SECTION 2. ADVERTISING AND REWARD</b>	<ol style="list-style-type: none"> <li>1. Send <b>us</b> an email or letter explaining what <b>you</b> are claiming for, a description of the events leading up to the loss or theft of <b>your dog</b>, along with the receipts for <b>your</b> advertising costs and copies of all adverts.</li> <li>2. If <b>you</b> are claiming for a reward <b>you</b> have paid, <b>we</b> will also need:           <ul style="list-style-type: none"> <li>• An explanation of where and how <b>your dog</b> was found.</li> <li>• A receipt for the amount of the reward <b>you</b> paid with the full name and address of the person <b>you</b> paid it to.</li> </ul> </li> </ol>

Policy Section	Additional Requirements
<b>SECTION 3. TRAVEL AND ACCOMMODATION</b>	1. Send <b>us</b> an email or letter explaining the reasons for <b>your</b> travel and accommodation, where <b>you</b> travelled from and to, how many times <b>you</b> made the journey and how many days <b>you</b> stayed away from home. Send this to <b>us</b> with receipts for any travel and accommodation expenses.
<b>SECTION 4. THIRD PARTY LIABILITY</b>	1. If <b>your dog</b> injures someone or damages their property, contact Ecclesiastical Insurance Office plc immediately and advise them of any possible claim. They will then give <b>you</b> instructions on what to do with any letter, claim, writ or summons. 2. Do not admit or accept liability, negotiate or make any payment or promise of payment. 3. Do not answer correspondence from people who may claim against <b>you</b> or who are acting for people who may claim against <b>you</b> .
<b>SECTION 5a. DEATH FROM ILLNESS OR INJURY</b>	1. Send <b>us</b> an email or letter explaining what <b>you</b> are claiming for, confirmation from <b>your vet</b> of <b>your dog's</b> death, along with the purchase receipt.
<b>SECTION 5b. THEFT OR STRAYING</b>	1. <b>You</b> must notify, within 48 hours, the appropriate local authority and provide evidence of this notification. <b>You</b> must also notify <b>your vet</b> , other local <b>vets</b> and rescue centres in <b>your</b> vicinity. 2. After 45 days, send <b>us</b> an email or letter explaining what <b>you</b> are claiming for and the date <b>your dog</b> went missing or was stolen, along with two of the documents from the list below: <ul style="list-style-type: none"> <li>• <b>Your dog's</b> purchase receipt.</li> <li>• A record of where the money to pay for <b>your dog</b> came from.</li> <li>• <b>Your dog's</b> veterinary history.</li> <li>• <b>Your dog's</b> vaccination certificate.</li> <li>• A photograph of <b>you</b> and <b>your dog</b>.</li> <li>• A copy of any advertisement(s) to help find <b>your dog</b>.</li> <li>• Evidence that <b>you</b> have reported the theft of <b>your dog</b> to the police, or if <b>your dog</b> is missing, evidence that <b>you</b> have reported this to the local authorities, <b>your vet</b>, local <b>vets</b> and the dog warden.</li> </ul>
<b>SECTION 6a. FERTILITY EXAMINATION</b>	1. After <b>your dog</b> has had the <b>fertility</b> examination and/or <b>veterinary treatment</b> , send <b>us</b> : <ul style="list-style-type: none"> <li>• The examination and treatment invoices.</li> <li>• Evidence of the two failed matings.</li> <li>• Details of the previous pregnancies for the two animals <b>your dog</b> unsuccessfully mated with.</li> </ul>
<b>SECTION 6b. PREGNANCY AND GIVING BIRTH</b>	1. After <b>your dog</b> has had the <b>veterinary treatment</b> , send <b>us</b> : <ul style="list-style-type: none"> <li>• <b>Your dog's</b> full clinical history, including the number of previous pregnancies.</li> </ul>
<b>SECTION 6c. DEATH FROM PREGNANCY AND GIVING BIRTH</b>	1. Send <b>us</b> an email or letter explaining what <b>you</b> are claiming for, confirmation from <b>your vet</b> of <b>your dog's</b> death, along with the purchase receipt.
<b>SECTION 6d. VETERINARY FEES FOR PUPPIES</b>	1. After <b>your dog's</b> puppies have had the <b>veterinary treatment</b> , send <b>us</b> : <ul style="list-style-type: none"> <li>• <b>Your dog's</b> full clinical history, including the number of previous pregnancies.</li> <li>• The clinical history for <b>your dog's</b> puppies.</li> </ul>

Policy Section	Additional Requirements
<b>SECTION 7a. BOARDING FEES OR DAILY MINDING</b>	<ol style="list-style-type: none"> <li>When <b>you</b> leave hospital, obtain a medical certificate stating <b>your</b> medical condition and the number of days <b>you</b> were in hospital. Send <b>us</b> this medical certificate along with: <ul style="list-style-type: none"> <li>The receipt from the boarding facility.</li> <li>If <b>you</b> paid someone to look after <b>your dog</b>, a receipt with their full name and address to support <b>your</b> claim.</li> </ul> </li> <li>If <b>you</b> are still unable to care for <b>your dog</b> after <b>you</b> leave hospital, <b>we</b> will also need: <ul style="list-style-type: none"> <li>A letter from <b>your</b> doctor confirming this.</li> </ul> </li> </ol>
<b>SECTION 7b. HOLIDAY CANCELLATION</b>	<ol style="list-style-type: none"> <li>Send <b>us</b> an email or letter explaining when and why <b>you</b> had to cancel or cut short <b>your</b> holiday, who could not go on holiday or had to return early, a breakdown of what <b>you</b> are claiming for, along with: <ul style="list-style-type: none"> <li><b>Your</b> booking invoice showing the date <b>you</b> booked <b>your</b> holiday, the dates of <b>your</b> holiday and the details of all people and animals booked on the holiday.</li> <li><b>Your</b> receipt for the holiday.</li> <li><b>Your</b> cancellation invoice showing the date <b>you</b> cancelled <b>your</b> holiday and how much refund <b>you</b> received.</li> </ul> </li> </ol>
<b>SECTION 8a. QUARANTINE COSTS</b>	<ol style="list-style-type: none"> <li>Send <b>us</b> an email or letter explaining what <b>you</b> are claiming for, along with: <ul style="list-style-type: none"> <li>A receipt for the kennel or quarantine costs.</li> <li>Documentary evidence that <b>your dog</b> was microchipped before <b>your</b> holiday with a microchip of ISO Standard 11784 or Annex A to ISO Standard 11785.</li> </ul> </li> </ol>
<b>SECTION 8b. REPEAT WORMING TREATMENT</b>	<ol style="list-style-type: none"> <li>Send <b>us</b> an email or letter explaining the delay to <b>your</b> journey and what <b>you</b> are claiming for, along with: <ul style="list-style-type: none"> <li>Receipts for the costs <b>you</b> are claiming for.</li> <li><b>Your</b> booking invoice or other documents showing the dates of <b>your</b> scheduled return to the <b>UK</b>.</li> <li>Confirmation from the carrier of <b>your</b> delayed return to the <b>UK</b>.</li> <li>A receipt for the initial worming treatment.</li> </ul> </li> </ol>
<b>SECTION 8c. LOSS OF ANIMAL TRAVEL DOCUMENTS</b>	<ol style="list-style-type: none"> <li>Send <b>us</b> an email or letter explaining when and how the <b>animal travel documents</b> were lost or stolen and what <b>you</b> are claiming for, along with: <ul style="list-style-type: none"> <li>Receipts for the costs <b>you</b> are claiming for.</li> <li>An email or letter from the issuing <b>vet</b> to say when <b>you</b> reported the <b>animal travel documents</b> as lost or stolen.</li> </ul> </li> </ol>
<b>SECTION 8d. EMERGENCY EXPENSES ABROAD</b>	<ol style="list-style-type: none"> <li>Send <b>us</b> an email or letter explaining what <b>you</b> are claiming for, along with: <ul style="list-style-type: none"> <li>Receipts for the costs <b>you</b> are claiming for.</li> <li>Details of the emergency <b>veterinary treatment your dog</b> needed; or,</li> <li>The name and address of the appropriate authority <b>you</b> reported <b>your dog</b> missing to.</li> <li><b>Your</b> booking invoice or other documents showing the dates of <b>your</b> scheduled return to the <b>UK</b>.</li> </ul> </li> </ol>
<b>SECTION 8e. OVERSEAS THIRD PARTY LIABILITY</b>	<ol style="list-style-type: none"> <li>If <b>your dog</b> injures someone or damages their property, contact Ecclesiastical Insurance Office plc immediately and advise them of any possible claim. They will then give <b>you</b> instructions on what to do with any letter, claim, writ or summons.</li> <li>Do not admit or accept liability, negotiate or make any payment or promise of payment.</li> <li>Do not answer correspondence from people who may claim against <b>you</b> or who are acting for people who may claim against <b>you</b>.</li> </ol>

## 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 03/2025