Corinium Pet
Insurance

CORINIUM PET INSURANCE POLICY WORDING

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Please take a little time to read and understand what **We** will cover and what **We** will not cover under **Your** insurance contract along with what **You** should do in the event of a claim to avoid any frustration or disappointment.

This document explains the detailed terms of **Your** insurance once **Your** details are accepted by **Us**. **We** have tried to make this insurance contract easily understood by **You**, the customer, in an effort to eliminate unrealistic expectations if an unfortunate incident should occur.

At the same time let **Us** assure **You** that if something occurs that is covered by this insurance contract, then **We** will try **Our** best to provide **You** with a high level of timely and courteous service.

If **You** would like more information or if **You** feel the insurance may not meet **Your** needs, please call the number shown on **Your Certificate of Insurance**.

PET INSURANCE

This Pet Insurance Policy is underwritten by Watford Insurance Company Europe Limited, a private limited company incorporated in Gibraltar incorporation number 112869. Watford Insurance Company Europe Limited is authorised and regulated by the Gibraltar Financial Services Commission and subject to limited regulation by the Financial Conduct Authority (FCA). Details about the extent of our regulation by the FCA are available on request. FCA Firm Reference Number is 714197.

This **Policy** will be administered by Corinium Insurance Services which is a trading style of Trent-Services (Administration) Ltd, who are authorised and regulated by the Financial Conduct Authority (Firm reference number 315285). Registered in England and Wales No 05297950. Registered Office: Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD.

This evidence of insurance is to confirm that the pet for which **You** have paid the appropriate **Premium** is insured. This document only constitutes a valid evidence of insurance when it is issued in conjunction with a **Certificate of Insurance.**

STATEMENT OF DEMANDS AND NEEDS

This **Policy** meets the demands and needs of the customer who requires cover for **Veterinary Fees** incurred due to the treatment of their cat or dog for **Injury** or **Illness**. **We** do not make personal recommendations as to the suitability of the **Policy** to individual circumstances.

EVIDENCE OF COVER

You should read this document carefully. It gives **You** full details of what is and is not covered and the conditions of the cover.

CANCELLATION PERIOD

If, after reading this document, **You** decide the terms of the insurance contract do not meet **Your** requirements **You** can, within 14 days of the date of **You** received this document contact the **Administrator** for a full refund of **Premium** provided **You** have not made or intend to make a claim under this insurance **Policy**.

If **You** give **Us** notice to cancel the **Policy**, **You** must send it to the **Administrator**, Corinium Insurance Services at: Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD or e-mail: admin@coriniuminsuranceservices.co.uk.

At any other time during the **Period of Insurance**, **We** or **You** may cancel the **Policy** by giving 30 days notice however, **We** reserve the right to cancel this **Policy** on 7 days written notice if **You** do not abide by the terms of these conditions, this will include acting dishonestly or fraudulently.

If **We** cancel the **Policy** during this time, **We** will refund any amount **You** have paid for the rest of the **Period of Insurance**, as long as **You** have not made a claim. **You** cannot make a claim for medical treatment which occurred after the date the **Policy** was cancelled, but cancelling the **Policy** will not affect **Your** right to claim for an event which occurred before the date the **Policy** was cancelled.

If **You** have paid for **Your Policy** in annual instalments and **Your Pet** passes away, **We** may refund the remaining amount **You** have paid for the rest of the **Period of Insurance** on a pro-rata basis, as long as **You** have not made a claim.

If **You** give **Us** notice to cancel the **Policy**, **You** must send it to the **Administrator**, Corinium Insurance Services at Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD or e-mail: admin@coriniuminsuranceservices.co.uk.

If **We** give **You** notice **We** will send it to **Your** last known address.

ELIGIBILITY

1) **Your Pet** must be aged between 8 weeks old and up to 8 years old on the date of purchasing this insurance **Policy**.
2) **Your Pet** must not be used for breeding, working, guarding, track racing, coursing or used in connection with shooting i.e gundogs
3) **Your Pet** must not be a dog that is, or is crossed with, a Pit Bull Terrier, Dogo Argentino, Perro De Presa Canario (Dogo Canario), Japanese Tosa or a Fila Brasileiro, including any "type", as defined in the Dangerous Dogs Act 1991, considered to match the description of a prohibited "type"; any breed crossed with the above or the breeds as listed in the general exclusions section of this policy document; and any other breed or type deemed to be dangerous by the Secretary of State and subsequently added to the Dangerous Dogs Act 1991.
4) **Your** dog must not have been the subject of any complaint to the police.
5) This **Policy** is only available to **You** if **You** and **Your Pet** are permanently resident in the **United Kingdom**.
6) **Your** dog must be microchipped.
7) **Your Pet** must be registered at a **United Kingdom** Veterinary Practice on the **Policy** start date.

AMENDING COVER

<u>**You** cannot upgrade or increase **Your** cover mid-term.</u> **You** may only apply for an increase in cover once **Your Policy** reaches **Your** annual renewal/review date by contacting the **Administrator**.

Upgrade/Downgrade cover – If **You** request to change **Your Pet** Policy to an additional or higher policy cover limit, the additional

or higher policy limits will not apply if the **Clinical Signs**, condition or symptoms started before the transfer date.

If **You** request to change **Your Pet** policy to a policy with lower policy limits, the higher policy limits will no longer apply to any claims **You** are currently making.

Any upgrades or increases in cover will in most cases result in **Your Premium** amount increasing.

CORINIUM PET HELPLINE: VET CONNECTION WEBCHAT, PHONE AND VIDEO SUPPORT

The Corinium Pet Helpline which is provided by The Vet Connection is a specialist helpline service available to all of **Our** policyholders. It can offer **You** peace of mind, with 24-hour support from fully trained veterinary nurses and unlimited communication via webchat, phone or video call.

24/7/365 PHONE LINE

The phone lines go directly to vets and veterinary nurses who will offer appropriate advice. If **You** need to use this service call: **0333 332 0530**

LIVE WEB CHAT

We offer this service as a convenient option for policyholders. If **You** need to use this service please access the link on our website: **https://www.coriniuminsuranceservices.co.uk/pet-insurance/covers.php**

VIDEO CONSULTATIONS

Depending on the situation the veterinary team will escalate a call or web chat and arrange a video consultation with the pet in view when clarity is required to make an assessment.

AMOUNT OF COVER

Your Certificate of Insurance will show **You** which amount of cover **You** have chosen.

LIFETIME LEVEL 1: VETERINARY FEES £1,500

We will pay for **Veterinary Fees** for each new medical condition. **You** will be covered for **Veterinary Fees** up to the **Policy** limit each year and this will be reinstated each year providing cover is made available to **You** and **You** continue to renew **Your Policy** with **Us**.

The **Maximum Benefit We** will pay out in any one **Period of Insurance** is £1,500, which is also inclusive of any **Complimentary Treatment Your Pet** may receive.

LIFETIME LEVEL 2: VETERINARY FEES £3,500

We will pay for **Veterinary Fees** for each new medical condition. **You** will be covered for **Veterinary Fees** up to the **Policy** limit each year and this will be reinstated each year providing cover is made available to **You** and **You** continue to renew **Your Policy** with **Us**.

The **Maximum Benefit We** will pay out in any one **Period of Insurance** is £3,500, which is also inclusive of any **Complimentary Treatment Your Pet** may receive.

LIFETIME LEVEL 3: VETERINARY FEES £5,000

We will pay for **Veterinary Fees** for each new medical condition. **You** will be covered for **Veterinary Fees** up to the **Policy** limit each year and this will be reinstated each year providing cover is made available to **You** and **You** continue to renew **Your Policy** with **Us**. The **Maximum Benefit We** will pay out in any one **Period of Insurance** is £5,000, which is also inclusive of any **Complimentary Treatment Your Pet** may receive.

ACCIDENT ONLY: VETERINARY FEES £2,000

We will pay for veterinary fees for your pet if your pet has been hurt in an **Accident** or if your pet is ill as a result of an **Accident**.

The **Maximum Benefit** we will pay out in any one **Period of Insurance** is £2,000.

DEFINITIONS

Any word defined below will have the same meaning wherever it is shown in **Your Policy** in bold print. These definitions have been listed in alphabetical order.

Accident - A sudden and unexpected event which happens during the **Policy** year, which results in bodily **Illness** or **Injury** to **Your Pet**.

Administrator – Means Corinium Insurance Services, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD, e-mail: admin@coriniuminsuranceservices.co.uk, telephone: 01285 626032.

Behavioural Illness - Any changes to **Your Pet's** normal behaviour, resulting from a mental or emotional disorder.

Bilateral Conditions - Where a condition is affecting one body part of which **Your Pet** has two, one each side of the body (e.g. ears, eyes, knees, cruciate ligaments) this will be considered a **Bilateral Condition** and when applying the **Maximum Benefit** limit or an exclusion **Bilateral Conditions** are considered as one condition.

Certificate of Insurance - An insurance validation issued by **Us** which forms part of this **Policy** and contains the name of policyholder and gives **Your Pet's** details and details of the cover provided by this **Policy**.

Chronic Condition - Means any condition that continues indefinitely, or cannot be cured or eradicated and that may recur or requires ongoing treatment.

Claims Handler - Corinium Insurance Services. Telephone: 01285 626032 or e-mail **Us** at admin@coriniuminsuranceservices.co.uk quoting **Your Policy** number.

Clinical Signs - Changes in **Your Pet's** normal healthy state, its bodily functions or behaviour.

Co-Payment - The amount **You** are required to pay towards the costs of the **Veterinary Fees** where **Your Pet** is aged 0 years up to 6 Years at the time of the claim, 7 Years + or 10 Years + at the time of the claim. The increase in **Co-Payment** applies even if **Your Pet** turns 7 or 10 part way through the **Veterinary Treatment** period.

The **Co-Payment** amounts applicable are as follows:

0 Years up to 6 Years:	15% will be deducted from the claims settlement after the **Excess**;
7 Years +:	20% will be deducted from the claims settlement after the **Excess**;
10 Years +:	30% will be deducted from the claims settlement after the **Excess**.

An example of how a claim would be calculated with a **Co-Payment** and **Excess** is as follows:

Valid claim arises for **Veterinary Fees**:	£500.00
Excess amount:	£125.00
Amount payable less **Excess**:	£375.00
15% **Co-Payment**:	£56.25
Claim total settlement:	£318.75

Valid claim arises for **Veterinary Fees**:	£500.00
Excess amount:	£125.00
Amount payable less **Excess**:	£375.00
20% **Co-Payment**:	£75.00
Claim total settlement:	£300.00

Valid claim arises for **Veterinary Fees**:	£500.00
Excess amount:	£125.00
Amount payable less **Excess**:	£375.00
30% **Co-Payment**:	£112.50
Claim total settlement:	£262.50

Complementary Therapist - A Certified Clinical Animal Behaviourist or a member of one of the following organisations: Association of Chartered Physiotherapists in Animal Therapy, Association of Pet Behaviour Counsellors, Bowen Technique Therapists, Canine and Feline Behaviour Association, Canine Hydrotherapy Association, McTimoney Animal Association, McTimoney Chiropractic Association, National Association of Veterinary Physiotherapists, The International Association of Animal Therapists (UK), Institute of Registered Veterinary and Animal Physiotherapists, Association of British Veterinary Acupuncturists, British Veterinary Behaviour Association, National Association of Registered Canine Hydrotherapists, Institute of Canine Hydrotherapists.

Complementary Treatment - **Complementary treatment**, including herbal or homeopathic medicine as recommended and prescribed by **Your Vet** and carried out by a qualified **Complementary Therapist** excluding **Complementary treatment** that has not been specifically recommended by **Your Vet** in respect of the condition suffered.

Dietary Indiscretion - Means when **Your Pet** accidently ingests something that its body cannot tolerate which results in **Illness** or **Injury**. This includes but is not limited to the consumption of a foreign body, objects, drugs or toxins that result in **Veterinary Treatment**.

Emergency - Means serious injuries resulting from an **Accident** or sudden **Illness**, or an ongoing **Illness** that suddenly becomes worse that results in a requirement for immediate **Veterinary Treatment**.

Excess - This is the first amount of each unrelated claim for a new condition which is payable by **You**. This amount is stated on **Your Certificate of Insurance**.

Home - The place in the **United Kingdom** where **You** usually live.

Illness - Changes to a normal healthy state, sickness, disease, defects and abnormalities including defects and abnormalities **Your Pet** was born with or were passed on by its parents.

Immediate Family - **Your** husband, wife, civil partner, life partner, parents, sons and daughters.

Injury - A physical **Injury** caused immediately by an **Accident**. It does not include **Injury** that happens over a period of time.

Maximum Benefit - The most **We** will pay during the **Period of Insurance** is detailed in the **Certificate of Insurance**.

Period of Insurance - The period for which **We** have accepted the **Premium** as stated in **Your Certificate of Insurance**. This is an annually renewable **Policy.**

Policy - **Your Certificate of Insurance**, this policy and endorsements.

Pre-Existing conditions - Any condition, **Illness, Injury** or **Bilateral Condition** which occurred or first showed **Clinical Signs** prior to the **Policy** start date, whether diagnosed or not or existing in any form even if the diagnosis changes. This includes if the condition, **Illness, Injury** or **Bilateral Condition** has the same diagnoses or is caused by, relates to or results from a condition, **Illness** or **Injury** which occurred prior to the policy start date.

Premium – The amount **You** must pay for **Your** Certificate for the **Period of Insurance**.

Territorial Limits - **United Kingdom** - which means England, Scotland, Wales, Northern Ireland.

United Kingdom - England, Wales, Scotland and Northern Ireland.

Vet - A current, qualified member of the Royal College of Veterinary Surgeons practising within the **United Kingdom** or is registered to practice in the country in which **Veterinary Treatment** is received.

Veterinary Fees - The amount **Vets** in general or referral practice usually charge.

Veterinary Treatment - Any examination, consultation, advice, tests, X-rays, legally prescribed medication, surgery and nursing required to treat an **Illness** or **Injury**, provided by a **Vet**, a veterinary nurse or another member of the veterinary practice under the supervision of a **Vet**. This includes **Complementary Treatment** and alternative treatment as recommended by a **Vet**.

We, Us, Our, Insurer – Means Watford Insurance Company Europe Limited.

You/Your - The person whose name appears on **Your Certificate of Insurance** document.

Your Pet - Any dog or cat named on the **Certificate of Insurance**.

SECTIONS OF COVER

SECTION 1 VETERINARY FEES

WHAT YOU ARE COVERED FOR:

We will pay **You** up to the limit shown on **Your Certificate of Insurance** for the cost of **Veterinary Fees** for **Veterinary Treatment** **Your Pet** has received within the **Territorial Limits** during the **Period of Insurance** to treat an **Illness** or **Injury.**

WHAT YOU ARE NOT COVERED FOR:

In addition to the General Exclusions of the **Policy**, the **Insurer** shall not be responsible for:

1. The **Excess** as shown in **Your Certificate of Insurance**.
2. The **Co-Payment** amount of 15% where **Your Pet** is 0 years of age up to age 6.
3. The **Co-Payment** amount of 20% where **Your Pet** is 7 years of age up to age 10.
4. The **Co-Payment** amount of 30% where **Your Pet** is 10 years of age or older, even if **Your Pet** turns 7 or 10 part way through a treatment period.
5. More than the **Maximum Benefit** for the combined treatment cost of all **Illnesses** and injuries in the **Period of Insurance**.
6. Any **Pre-existing Conditions.**
7. Any **Chronic Condition** that pre dates the **Policy** start date.
8. The cost of treatment for:

a. An **Accident** within the first 5 days of **Your Pet's** first **Policy** year,
b. An **Illness** caused by or relating to or a clinical sign that was

noticed, or an **Illness** that showed **Clinical Signs**, within the first 14 days of **Your Pet's** first **Period of Insurance**.

9. The cost of treatment to prevent **Injury** or **Illness**.
10. The cost of treatment or complications arising from treatment, **You** choose to have carried out and is not directly related to an **Injury** or **Illness**, including but not limited to dew claws (unless damaged) and umbilical hernias.
11. The cost of killing and controlling fleas and worms.
12. The cost of any food (including food prescribed by a **Vet**).
13. The cost of pheromone **Vet** Plan Product (including DAP diffusers and Feliway) unless used as part of a structured behaviour modification programme, and then limited to a maximum period of 6 months.
14. The cost of vaccinations, castration (including chemical castration), spaying (including spaying for mammary tumours and false pregnancy).
15. Any costs associated with breeding as well as pregnancy and birth (including caesarean sections).
16. Any costs associated with having **Your Pet** put to sleep including but not limited to - veterinary consultations, prescribed medications specifically needed to carry out the procedure, cremation costs, post mortem costs.
17. The cost of house calls unless the **Vet** confirms that moving **Your Pet** would further damage its health, regardless of **Your** personal circumstances.
18. Extra costs for treating **Your Pet** outside usual surgery hours, unless the **Vet** confirms that the condition is an **Emergency**.
19. The cost of hospitalisation and any associated **Veterinary Treatment**, unless the **Vet** confirms it is essential that **Your Pet** is hospitalised, regardless of **Your** personal circumstance.
20. The cost of surgical items that can be used more than once.
21. The cost of treatment for or in connection with aggression which is inherent in **Your Pet** or behavioural **Illness** if **Your Pet's** behaviour is caused by **You** failing to provide training.
22. The cost of any form of housing, including cages, whether hired or purchased.
23. The cost of bathing, grooming or de-matting **Your Pet** unless: **You** have taken all reasonable steps to maintain **Your Pet's** health; and;

a. A **Vet** confirms veterinary expertise is needed and therefore only a **Vet** or a member of a veterinary practice can carry out these activities, regardless of **Your** personal circumstances.

24. The cost of any prosthesis, including any **Veterinary Treatment** needed to fit the prosthesis, other than the cost of hip, knee and/or elbow replacement(s).
25. The cost of any claim caused by **Your** negligence (including the treatment of obese **Pets** and symptoms incidental to obesity).
26. Any costs relating to dental or gum treatment unless as a direct result of an **Accident** and providing **Your Pet** had a dental examination by a **Vet** within 12 months of the **Accident**.
27. More than one claim for a **Dietary Indiscretion** during any one **Period of Insurance**. **We** will only pay the first and earliest occurrence of a **Dietary Indiscretion**.
28. Any **Veterinary Fees** for treatment to a **Vets** own **Pet** and fees for pets belonging to veterinary practice staff unless claimed at cost price.
29. The cost of any treatment in connection with retained testicles
30. Any cost associated with routine or investigative laboratory tests or procedures unless the **Clinical Signs**/symptoms exist and the tests and procedures are to diagnose a specific condition or to assist with the ongoing maintenance of a diagnosed condition. This includes pre-operative blood tests unless **Your Pet's** medical history indicates a life threatening risk during surgery.
31. Any administrative costs incurred by completing a claim form, **Vet** referral letters, postage and packing fees and clinical waste fees.
32. The cost of obtaining a second opinion regarding **Your Pet's** condition.
33. Any claim notified 90 days after the end date of the **Veterinary Treatment** for the condition, **Injury** or **Illness**.
34. Any clam for the cruciate ligament that occurs within 14 days of the commencement date of **Your Policy** will be treated as an **Illness** and not an **Accident**.
35. Costs resulting from any transportation associated with the claim.
36. Any costs for the treatment of **Your Pet** that relate to organ transplantation.
37. Expenses not supported by a receipt or invoice showing all the details of the costs incurred.
38. Costs for treatment that are not incurred during the **Period of Insurance**.

SECTION 2 – COMPLEMENTARY TREATMENT

WHAT YOU ARE COVERED FOR:

We will pay **You** up to £1,000 for the cost of **Complementary Treatment Your Pet** has received within the **United Kingdom** during the **Period of Insurance** to treat an **Illness** or **Injury.** Please note if you claim under this section of **Your Policy**, any amount will be deducted from **Your Maximum Benefit** as detailed on **Your Certificate of Insurance.**

WHAT YOU ARE NOT COVERED FOR:

In addition to all the exclusions listed above in Section 1A - **Veterinary Fees**, Exclusions, **You** will not be covered for:

1. **Any complimentary Therapy** Fees for treatment to a Complementary Therapists own Pet and Fees for Pets belonging to Complementary Therapists practice staff unless claimed at cost price.

SECTION 3 - PUBLIC LIABILITY

WHAT YOU ARE COVERED FOR:

Third Party Liability Cover under this section only applies to dogs only. This section does not apply to anywhere outside of the **United Kingdom.**

In this section, "**You**" and "**Your**" mean **You** or any person looking after or handling **Your Pet** with **Your** permission.

WHAT WE WILL PAY FOR:

If property is damaged, or someone is killed, injured or falls ill as a result of an incident involving **Your Pet** during the **Period** of **Insurance** and **You** are legally responsible, **We** will pay:

1. Compensation and claimant's costs and expenses, and
2. Legal costs and expenses for defending a claim against **You**.
3. Public Liability Limit of Indemnity £1,000,000 in aggregate, within the **Period of Insurance**.

WHAT YOU PAY:

The **Excess** applicable to this section is the first £250 of any compensation, bodily injury claim paid under this section of **Your Policy**.

WHAT WE WILL NOT PAY FOR:

1. Any loss, damage or liability which is covered under another policy of insurance.
2. More than the maximum limit of indemnity for each incident.
3. Any costs and expenses for defending **You** which **We** have not agreed beforehand.
4. Any compensation, costs and expenses for an incident which involves **Your** profession, occupation or business.
5. Any compensation, costs and expenses if **You** are legally responsible only because of a contract **You** have entered into.

6. Any compensation, costs and expenses if the person who is killed, injured or falls ill, lives with **You**, is a member of **Your Immediate Family** or is employed by **You**.
7. Any compensation, costs and expenses if the property damaged belongs to **You**, any person who lives with **You**, a member of **Your Immediate Family** or a person who is employed by **You**.
8. Any compensation, costs and expenses if **You**, a member of **Your Immediate Family** or any person who lives with **You** or is employed by **You** is responsible for, or looking after, the property that is damaged.
9. Any compensation, costs and expenses that result from an incident if **You** have not followed instructions or advice given to **You** by a **Vet,** previous owners or the re-homing organisation about the behaviour of **Your Pet**.
10. Any compensation, costs and expenses if **You** are deemed responsible under the laws of any country, other than members of the European Union.
11. Any compensation, costs and expenses if **You** are responsible for air, water or soil pollution, unless it can be proven that the pollution took place immediately after and as a result of an **Accident** involving **Your Pet**.
12. Any compensation, costs and expenses resulting from an incident that happens where **You** work.
13. Any compensation, costs and expenses if **Your Pet** is kept or lives on premises which sell alcohol.
14. Costs resulting from any incident specified as excluded on **Your Certificate of Insurance** Animal Details or generally not covered within these Terms and Conditions.
15. Death or bodily **Injury** (including disease and **Illness**) and loss or damage to property arising out of ownership, custody or control by or on behalf of **You** of a dog of a type specified in Section 1 of the Dangerous Dogs Act 1991 (or designated for the purposes of that Section by an order of the Secretary of State) or in the Dangerous Dogs (Northern Ireland) Order 1991.
16. Any fines, penalties for breach of quarantine restrictions or import or export regulations.
17. Costs for treatment that are not incurred during the **Period of Insurance**.

Special conditions that apply to this section

1. **You** must not admit responsibility, agree to pay any claim or negotiate with any person following an incident.
2. **You** agree to provide **Us** with any information connected with the claim **We** reasonably ask for including details of **Your Pet's** history.
3. **You** agree to tell **Us** or help **Us** find out all the circumstances of an incident that results in a claim, provide written statements and go to court if needed.
4. **You** must allow **Us** to take charge of **Your** claim and allow **Us** to prosecute in **Your** name for **Our** benefit.
5. **You** must immediately send **Us** any writ, summons or legal documents **You** receive and **You** must never send any replies to these documents.

GENERAL CONDITIONS

1. Throughout the **Period of Insurance You** must take all reasonable steps to maintain **Your Pet's** health and to prevent **Accidents**, **Injury**, **Illness** and loss.
2. **You** must keep **Your Pet's** vaccinations and boosters up to date and in line with the vets recommendations:
   Dogs – Distemper, hepatitis, leptospirosis and parvovirus
   Cats – Feline infectious enteritis, feline leukaemia and cat flu
   If **You** do not vaccinate **Your Pet** for these conditions, **We** will not pay any claims that result from any of these illnesses.
3. **Your Pet** must have annual check ups.
4. If, when **You** claim, there is another insurance under which **You** are entitled to an indemnity; **We** will only pay **Our** share of the claim. **You** must tell **Us** the name and address of the other insurance company and **Your Policy** number.
5. If **You** have any legal rights against another person in relation to **Your** claim, **We** may take legal action against them in **Your** name at **Our** expense. **You** must give **Us** all the help **You** can and provide any documents **We** ask for.
6. If **You** have provided false information, or make a false or exaggerated claim, or any claim involves **Your** dishonesty, this **Policy** will end and **Our Claims Handler** will not make any further claim payments.
7. **Your Pet** is only covered under this **Policy** if **You** pay the **Premium**. If **You** pay the yearly **Premium** in instalments and **You** miss an instalment **You** must pay the outstanding amount within 10 days of the date the instalment is due to be paid. If **We** do not receive **Your** payment within 10 days of the date the **Premium** is due, **Your** insurance will automatically stop and **We** will make no further claim payments.
8. **You** agree that any **Vet** has **Your** permission to release information **We** ask for about **Your Pet**. If the **Vet** makes a charge for this, **You** must pay the charge.
9. **You** will be required to pay the **Excess** to the **Vet**. If the **Vet**, who has treated **Your Pet** or is about to treat **Your Pet**, asks for information about **Your** insurance that relates to a claim, the **Claims Handler** will tell the **Vet** what the insurance covers, what they will not pay for, how the amount they pay is calculated and if the **Premiums** are paid to date.
10. When **We** offer further periods of insurance **We** may change the **Premium** and the **Policy** terms and conditions.
11. The **Claims Handler** will not provide pre-authorisations or guarantee on the phone to pay a claim. **You** must send them a claim form that has been fully completed and they will then write to **You** with their decision.
12. When **You** claim **You** agree to give the **Claims Handler** any information they may reasonably ask for.
13. **You** and **We** are free to choose the laws applicable to the **Policy**. **We** propose to apply the British Law with exclusive jurisdiction to the Courts of England and Wales and by purchasing this **Policy**, **You** have agreed to this.
14. Unless **We** agree otherwise the language of the **Policy** and all communications relating to it will be in English.
15. **You** must arrange for a **Vet** to examine and treat **Your Pet** as soon as possible after it shows **Clinical Signs** of an **Injury** or an **Illness**.
16. **You** agree to pay translation costs for any claim documentation not written in English.
17. If **You** pay **Your Premium** by direct debit instalments, monthly instalments or annually by debit card when **Your Policy** is due for renewal **We** will renew it for **You** automatically to save **You** the worry of remembering to contact **Us** before the renewal date. **We** will write to **you** before the **Policy** expires with full details of **Your** next year's **Premium** and **Policy** conditions. If **You** do not want to renew this **Policy**, all **You** need to do is contact the **Administrator** on 01285 626032.
18. As per pet Section 27 of the Road Traffic Act 1988: "A person who causes or permits a dog to be on a designated road without the dog being held on a lead is guilty of an offence. It also states, in this section, "designated road" means a length of road specified by an order in that behalf of the local authority in whose area the length of road is situated - For further details see The Road Traffic Act 1988. With this in mind, a dog on a designated road must be on a collar and lead under control.
19. When walking **Your Pet** in an area other than a designated road, **You** must ensure that **Your Pet** remains under **Your** control and reasonable steps must be taken to prevent **Your Pet** escaping onto a designated road. When nearing a road **You** must ensure **Your Pet** is on a lead.
20. **You** must ensure that any dog lead, collar and/ or harness is in good condition and fits **Your Pet** to prevent escape. **You** must also

ensure that any lead is used in such a way as to prevent the same slipping out of your grasp should **Your Pet** suddenly pull away from **You**.

21. **You** must ensure **Your Pet** cannot escape or stray from your property and any area in which a dog is kept must be secure and appropriately fenced or otherwise secured and all reasonable steps must be taken to prevent escape. When loading **Your Pet** into or out of **Your** vehicle, **You** must ensure that the area is either secure or **Your Pet** is on a lead.
22. **We** may at **Our** option decide to supply pharmaceuticals, drugs, prescriptions or medications directly from the supplier of **Our** choice.
23. **We** reserve the right to obtain a second opinion from **Our** veterinary advisor if the total **Veterinary Fees** in **Our** opinion are unreasonable.
24. **We** may at our discretion deduct the costs of any medication from a claim that are deemed excessive or exceed the usual market value.
25. Where a condition is affecting one body part of which **Your Pet** has two, one each side of the body (e.g. ears, eyes, knees, cruciate ligaments) this will be considered a **Bilateral Condition** and when applying the **Maximum Benefit** limit or an exclusion **Bilateral Conditions** are considered as one condition.
26. If **You** obtain regular medication for **Your Pet** via an online Pet medication prescription service this may result in lower costs for **You** and **Us**.
27. **We** will not accept responsibility for any claim until a detailed veterinary account, a complete medical history and other information reasonably requested by the **Claims Handler** is received on our behalf.
28. When **We** resolve your claim, **We** will deduct from the claim any amount due to us.
29. **You** must observe and comply with all the terms, conditions and support of the policy wording; otherwise **We** will not be responsible.
30. If any dispute arises between **You** and **Us** about the amount to be paid under **Your** plan, it may be remitted to an arbitrator who will be appointed by the parties in accordance with the legal provisions in force at that time.
31. The **Claims Handler** will only make claim payments to the **Vet** or **You**. The **Claims Handler** will not make any payments to any other person(s).

GENERAL EXCLUSIONS

In addition to the exclusions listed under "what **You** are not covered for", the **Insurer** shall not be responsible for:

1. Any animal less than 8 weeks old or over 8 years old at the date cover started as shown on **Your Certificate of Insurance**.
2. Any claim for treatment not carried out within the **Territorial Limits**.
3. Any claim for dogs which are used for breeding, working, guarding, track racing, coursing or used in connection with shooting i.e. gundogs.
4. Any dog that must be registered under the Dangerous Dogs Act 1991, Dangerous Dogs (amendment) Act 1997, Dangerous Dogs Order (Northern Ireland) 1991 or any further amendments to this Act or any dog that is, or is crossed with, a Pit Bull Terrier, Dogo Argentino, Perro De Presa Canario (Dogo Canario), Japanese Tosa or a Fila Brasileiro. In addition, the following types/breeds (including any breed crossed with these dogs) are excluded from cover under any section of this policy: Akita, Alapaha Blue Blood Bulldog, American Bandogge/Bandogge Mastiff, American/Irish Staffordshire Bull Terriers, American Bully XL/XL Bully, Anatolian Shepherd Dog (Karabash), Bully Kutta, Cane Corsos, Czechoslovakian Wolfdogs/Sarlooswolfhounds/Wolf Hybrids, Korean Jindo. Northern Inuit Dogs, Racing Greyhounds, Shar Pei, Utonagan, Fox hound/Fox hound cross.
5. Any amount if **You** break the **United Kingdom** laws or regulations, including those relating to animal health or importation.
6. Any amount if **Your Pet** is confiscated or destroyed by government or public authorities or under the Animals Act 1971 **United Kingdom** because it was worrying livestock. This includes any further amendments to this Act.
7. Any costs caused because the Department for Environment, Food and Rural Affairs (DEFRA) have put restrictions on **Your Pet**.
8. Any loss that arises as a result of an epidemic or pandemic outbreak or any reportable disease (actual or perceived).
9. Any loss as a result of an act of force or violence for political, religious or ideological reasons, war, riot, revolution or any similar event, including any chemical or biological terrorism.
10. Any amount caused by radiation, nuclear explosion and / or precipitation or contamination by radioactivity.
11. Any legal expenses, fines and penalties connected with or resulting from a Criminal Court Case or an Act of Parliament.
12. Any amount resulting from a disease transmitted from animals to humans.
13. Any amount if **You** or **Your Pet** live outside the **United Kingdom**.
14. Any costs caused by **You** taking **Your Pet** on a journey against a **Vet's** advice.
15. Any claim for a dog that is not microchipped in accordance with the 2016 Dog microchipping Legislation.
16. Any claims of any kind which are caused by **Your Pet** straying, escaping, damaging property, or attacking persons or pets if **Your Pet** has done this before.
17. Any loss, damage or liability which is covered under another policy of insurance.
18. The **Claims Handler** will only make claim payments to the **Vet** or **You**. The **Claims Handler** will not make any payments to any other person(s).
19. Any loss, injury, damage, illness, death or legal liability directly or indirectly caused by, happening through, in consequence of or contributed to by:
    - An epidemic, pandemic or other such health warning, and declared as such by the Ministry of Health, The Department for Health and Social Care, a chief veterinary officer, Defra and/or the World Health Organisation;
    - Arising from any fear or threat (whether actual or perceived) of such epidemic or pandemic being declared or occurring;
    - Any action taking in controlling, preventing, suppressing or in any way relating to any outbreak of such epidemic or pandemic.

FRAUD

Fraud increases **Your Premium** and the **Premiums** of all policyholders. If **You**:

i. Provide **Us** or **Our Claims Handler** with false information or
ii. Make a false or exaggerated claim with **Us** or
iii. Make any claim with **Our Claims Handler** which involves **Your** dishonesty.

We will not pay **Your** claim, **We** will void **Your Policy** and **We** may inform the authorities. If **We** pay a claim and subsequently find the claim was fraudulent, **You** must repay **Us** the full amount.

LAW APPLICABLE UNDER THIS CONTRACT

You and **We** are free to choose the laws applicable to the **Policy**. **We** propose to apply the laws of England with exclusive jurisdiction to the Courts of England and Wales and by purchasing this **Policy**, **You** have agreed to this.

HOW WE USE YOUR DATA

Please be aware that telephone calls may be monitored and recorded.

We act as the Data Controller. How **We** use and look after the personal information is set out below.

Information may be used by **Us.,** the **Administrator**, Corinium Insurance Services**,** agents and service providers for the purposes of insurance administration, underwriting, claims handling or for statistical purposes. The lawful basis for the processing is that it is necessary for **Us** to process Your personal information to enable the performance of the insurance contract, to administer **Your Policy** of insurance and/or handle any insurance claim You may submit to **Us** under this policy. The processing of **Your** personal data may also be necessary to comply with any legal obligation We may have and to protect Your interest during the course of any claim.

What **We** process and share:
The personal data **You** have provided, **We** have collected from **You**, or we have received from third parties may include **Your**:

- Name; date of birth, residential address and address history.
- Contact details such as email address and telephone numbers.
- Financial and employment details.
- Identifiers assigned to **Your** computer or other internet connected device including **Your** Internet Protocol (IP) address.
- Health or criminal conviction information.
- Vehicle or household details.
- Any information which **You** have provided in support of Your insurance claim.

We may receive information about **You** from the following sources:

- **Your** insurance broker.
- From third parties such as credit reference agencies and fraud prevention agencies.
- **From** insurers, witnesses, the Police (in regards to incidents) and solicitors, Appointed Representatives.
- **Your** Veterinary Practice
- Directly from **You**.

We will not pass **You**r information to any third parties except to enable **Us** to process your claim, prevent fraud and comply with legal and regulatory requirements. In which case **We** may need to share Your information with the following third parties within the EU:

- Solicitors or other Appointed Representatives.
- Underwriters, Reinsurers, Regulators and Authorised/Statutory Bodies.
- Fraud and crime prevention agencies, including the Police.
- Other suppliers carrying out a service on **Our**, or **Your** behalf.

We will not use **Your** information for marketing further products or services to **You** or pass Your information on to any other organisation or person for sales and marketing purposes without Your consent.

Data Retention
We will hold **Your** details for up to seven years after the expiry of Your policy, complaint and/or claims settlement.

Your rights
Your personal data is protected by legal rights, which include **Your** rights to:

- Object to **Our** processing of Your personal data.
- Request that **Your** personal data is erased or corrected.
- Request access to **Your** personal data and data portability.
- Complain to the Information Commissioner's Office, which regulates the processing of personal data.

You can request to see what data **We** hold on **You**. If **You** have any questions about **Our** privacy policy or the information We hold about You please contact Us.

HOW TO CLAIM

1. **You** must contact the **Claims Handler** to obtain a claims form. Please telephone Corinium Insurance Services: on 01285 626032 or E-mail: admin@coriniuminsuranceservices.co.uk.
2. Please complete the claim form and ask:

a. **Your Vet** to fill out their section. (Unfortunately **We** do not pay **Your Vet** to do this) or
b. **Your Vet** and **Complementary Therapist** to fill out their section(s). (Unfortunately **We** do not pay **Your Vet** or **Complementary Therapist** to do this).

3. Please return the claim form to **Our Claims Handler** with the invoices setting out the costs involved. This should be sent to Corinium Insurance Services, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD or by email to petclaims@trent-services.co.uk

We will not accept responsibility for any claim until a detailed veterinary account, a complete medical history and other information reasonably requested by the **Claims Handler** is received on **Our** behalf.

WHEN TO CLAIM

You or **Your Vet** should send **Our Claims Handler Your** claim form no later than 90 days from the last date **Your Pet** received treatment or at the end of the **Period of Insurance** if the treatment has not finished by this time if this is the sooner.

Please note that failure to follow these steps may delay and/or jeopardise the payment of **Your** claim.

COMPLAINTS

We care about the service **We** provide to **You** and **We** make every effort to maintain the highest possible standards. If **You** have any questions about the policy please ask **Us**. Please have this document available so that **We** can deal with **Your** enquiry speedily. Although **We** set ourselves high standards, if **We** do not meet **Your** expectations and **You** are dissatisfied in some way **We** would like to know. If **You** follow the guidelines below, **Your** complaint will be dealt with in the most efficient way possible.

Any complaints about this policy or related services should, in the first instance, be made to the Complaints Manager, Corinium Insurance Services, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD, Tel: +44(0)1285 626032.

If you remain dissatisfied with **Our** handling of and response to the complaint **You** may be referred to the UK Financial Ombudsman Service (FOS), depending on the nature of the complaint and whether it should properly be directed against **Us** or another party.

Contact details for the FOS are as follows:
Financial Ombudsman Service
Exchange Tower
London
E14 9SR.
Tel: 0800 023 4567
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

You have the right to refer **Your** complaint to the FOS, 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. For example, if the Ombudsman believes that the delay was as a result of exceptional circumstances. Referring a complaint to the FOS is an alternative form of dispute resolution. It does not affect **Your** right to take legal action.

This Pet Insurance Policy is underwritten by Watford Insurance Company Europe Limited, a private limited company incorporated in Gibraltar incorporation number 112869.

Corinium Insurance Services is a trading style of Trent-Services (Administration) Ltd, who are authorised and regulated by the Financial Conduct Authority (Firm reference number 315285). Registered in England and Wales No 05297950. Registered Office: Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD

COMPENSATION SCHEME

If **We** are unable to meet **Our** obligations under this insurance, you may be entitled to compensation from the Financial Services Compensation Scheme, depending on the type of insurance and circumstances of claim. You can get more information about compensation scheme arrangements from the FSCS or visit www.fscs.org.uk.

WWW.CORINIUMINSURANCESERVICES.CO.UK