

InsureYour Paws.co.uk



Policy Document Accident Only



Blue Insurance Limited trading as InsureYourPaws.co.uk is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our regulation by the Financial Conduct Authority are available from us on request.

09/2020

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Please make sure that **you** read the **policy** fully to ensure the cover meets **your** needs.

Statement of Demands and Needs

This product meets the demands and needs of pet owners seeking insurance which provides a fixed sum payment in the event of accidental **injury** to their **pet**, to help pay for medical treatment - as well as third party liability.

This **policy** wording is part of **your** insurance contract. The other parts are **your policy schedule** and the email confirmation you have received from us.

Underwriter

All sections of this pet insurance apart from section 3, Third Party Liability are underwritten by Covea Insurance plc, Norman Place, Reading, Berkshire, RG1 8DA, registered in England and Wales Number 613259, authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority – FCA Number 202277.

Section 3, Third Party Liability cover is underwritten by Ageas Insurance Ltd, Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3YA. Registered in England and Wales No. 354568. Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register No 202039.

Arranged By

This exclusive pet insurance has been organised by Blue Insurance Limited, 1 Neptune Court, Vanguard Way, Cardiff, CF24 5PJ.

Blue Insurance Limited trading as InsureYourPaws.co.uk is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our regulation by the Financial Conduct Authority are available from us on request.

Data Protection Notice

Blue Insurance Limited and its associated companies are committed to protecting **your** privacy and personal information and ensure that all personal data processed by Blue Insurance Limited in the course of administering **your** policy is done so in compliance with the relevant data protection legislation.

To administer **your** policy Blue Insurance Limited will process and store information about **you** provided by **you**. This notice applies to anyone whose personal information may be processed for the provision of insurance and related services. Blue Insurance Limited is a data controller in relation to the data

that is processed by them for the purposes of arranging **your** policy; including but not limited to customer service, analysis, complaints handling and the detection and prevention of crime. The information **you** have supplied will also be passed to the Underwriter, Covea Insurance, for fulfilment of **your** insurance contract and for claims purposes. Please refer to the Data Privacy section contained further within the policy wording for further details on how the Underwriter processes your data. This notice explains certain aspects of how Blue Insurance Limited use **your** information, however **you** can obtain more information on this and the rights **you** have in relation to **your** personal data at www.blueinsurance.ie/PrivacyPolicy/UK/

How to Contact Us

Customer Service and Renewals:

Tel: 0344 273 2777

Claims:

Tel: 0330 134 8115

Third Party Liability Claims:

Tel: 0330 0345 415 0495

Email: commercialclaims.eastleighteam@ageas.co.uk

Post: Commercial Claims Team,

Ageas House, Hampshire Corporate Park,
Templars Way, Eastleigh, Hampshire,
SO53 3YA



Definitions

Words that have special meanings throughout this **policy** document are explained below and have the same meaning throughout this **policy**.

Accident: A sudden, unexpected and unintended event which happens during the **period of insurance**, which causes bodily **injury** or death to **your pet**. For the sake of clarity, the following illnesses are not considered **accidents**: luxating patella; cruciate ligament problems; a rupture or strain of one or both cruciate ligaments; degenerative joint disease; hip dysplasia and hyperextending hocks; Juvenile Pubis Symphysiodesis (JPS).

Accident Only Cover: **Accident Only Cover** provides cover for vet's fees up to the limit shown on **your policy schedule** for each specifically identifiable **injury** caused by an **accident** including any **illness** caused by the **accident** for up to 12 months subject to the renewal of the policy at each anniversary and premiums paid on time.

Aggressive Tendencies: **Your** dog would be considered to have aggressive tendencies if it shown any signs of the following behaviours: Territorial aggression, protective or guarding, fear aggression, defensive aggression, social aggression, frustrated or elicited aggression, redirected aggression, predatory aggression, dominance aggression, attempted to bite any human or animal, has bitten any human or animal, has chased any human or animal with the intention of causing that human or animal fear, intimidation or harm.

Bilateral Disorder(s): Those that may affect body parts on both sides of the body, including but not limited to ears, eyes, elbows, shoulders, knees, hips and cruciate ligaments, are considered as one **condition**.

Cancellation Period: The first 14 days from the start of this **policy**.

Claims Administrator: All claims with the exception of Third Party Liability claims will be handled by Covea Insurance plc. Third Party Liability claims will be handled by, Ageas Insurance Limited.

Clinical Sign: Any changes in **your pet's** normal health, bodily functions or behaviour.

Complementary Medicine: Means acupuncture, behavioural therapy, chiropractic treatment, herbal medicine, homeopathy, hydrotherapy, physiotherapy and osteopathy recommended by **your vet**. All **complementary medicine** or **treatment** must be carried out by either a **vet**; a therapist who is a Certified Clinical Animal Behaviourist (CCAB); or registered members of the following associations and organisations:

- Association of Chartered Physiotherapists in Animal Therapy (ACPAT)
- Association of Pet Behaviour Counsellors (APBC)
- Canine and Feline Behaviour Association (CFBA)
- Canine Hydrotherapy Association (CHA)
- Institute of Registered Veterinary and Animal Physiotherapists (IRVAP)
- International Association of Animal Therapists (IAAT)

- International Vet Chiropractic Association (IVCA)
- McTimony Chiropractic Association
- National Association of Registered Canine Hydro therapists (NARCH)
- National Association of Veterinary Physiotherapists (NAVPE)

Condition: Means any specifically identifiable **illness** or **injury** or any **clinical signs** of them. Recurring or on-going **conditions** shall be considered as one loss. These are defined as either:

- Clinical manifestations resulting in the same diagnosis (regardless of the number of Incidents or areas of the body affected) to which **your pet** has an on-going predisposition or susceptibility related in any way to the original claim; or,
- **Conditions** which are incurable and likely to continue for the remainder of **your pet's** life.

Cruciate Ligament: a rupture or strain of one or both **cruciate ligaments** however caused, or any arthritis or any other illness that develops from them.

Cruciate Ligament in the First 30 Days: Any **cruciate ligament** problems that:

- First showed **clinical signs**; or,
- is caused by, relates to, or results from, an **illness** or **clinical sign your pet** had; or,
- has the same diagnosis or **clinical signs** as an **cruciate ligament** problem or **clinical sign your pet** had; in the **first 30 days** after the start of **your policy** however caused; Please also refer to **your policy schedule** for details of any endorsements that apply to **your policy** (not applicable to policies where the original **period of insurance** was before 9 May 2020).

Excess: Means the amount **you** are required to pay towards the cost of any Third Party Liability claim or veterinary fees, including **complementary medicine** and **prescription diet** as part of a claim made under the **policy**. The **excesses** applicable are shown on **your policy schedule** and will be deducted from the claims settlement. This will include either a **fixed excess** or a **fixed excess** and **percentage excess**:

- **Fixed excess** only. Means the amount **you** are required to pay as the first part of a claim(s) made under the **policy** and will be payable each **policy** year for each **illness** or **injury**.
- **Fixed excess** and **percentage excess**. The **fixed excess** will be deducted as described above. The **percentage excess** will be applied to all costs after the **fixed excess** has been applied. If your pet is five or over on the start date of the policy a **percentage excess** of 10% will apply, if your pet turns five during the **period of insurance**, it will apply from the next renewal. Please see an example of how to calculate the amount **you** will need to contribute in the event of a claim below.

Amount Claimed		£1,500
Less Fixed Excess	£99	£1,401
Less Percentage Excess	10% of £1,401 = £140.10	£1,260.90
Total Paid to You		£1,260.90
Total Paid by You	£99 + £140.10 = £239.10	

Family: **your** husband, wife, civil partner, life partner, parents, son, daughter, brother, sister, step relations or grandparents



living with **you**.

Illness: Disease, sickness or any changes to **your pet's** normal healthy state or behaviour not caused by **injury**, and defects and abnormalities (including those **your pet** was born with or were passed on by its parents).

Illness in the First 14 Days: Any **illness** that:

- First showed **clinical signs**; or,
- is caused by, relates to, or results from, an **illness** or **clinical sign your pet** had; or,
- has the same diagnosis or **clinical signs** as an **illness** or **clinical sign your pet** had; in the **first 14 days** after the start of **your policy**; no matter where the **illness** or **clinical signs** appear, are noticed or happen in, or on, **your pet's** body. Please also refer to **your policy schedule** for details of any endorsements that apply to **your policy**.

Injury: Physical damage or trauma to **your pet** that is caused by an **accident**.

Injury in the First 48 Hours: Any **injury** that:

- happened or first showed **clinical signs**; or,
- is caused by, relates to, or results from, an **injury** or **clinical sign your pet** had; or,
- has the same diagnosis or **clinical signs** as an **injury** or **clinical sign your pet** had; in the **first 48 hours** after the start of **your policy**; no matter where the **injury** or **clinical signs** appear, are noticed or happen in, or on, **your pet's** body. Please also refer to **your policy schedule** for details of any endorsements that apply to **your policy**.

Market Value: This is the price of an animal of the same age, breed, pedigree and sex at the time **you** purchased **your pet**.

Period of Insurance: 12 months from the day the **policy** starts to the day the **policy** ends. The first **period of insurance** is 12 months from the start date of **policy** to the renewal date shown on **your policy**. Later **periods of insurance** are 12 months from the renewal date to the **policy** end date shown on **your Policy Schedule**.

Pet: The dog or cat specified in the **policy schedule**.

Policy: Means **your policy** wording and most recent **policy schedule**.

Policy Schedule: The document issued to **you** by **us** which contains the details about **you**, **your pet** and the **policy** limits and **excesses** that apply to the cover that **you** have purchased.

Pre-existing Condition: Any **illness** or **injury** that:

- happened or first showed **clinical signs**; or,
- has the same diagnosis or **clinical signs** as an **injury**, **illness** or **clinical sign your pet** had; or,
- is caused by, relates to, or results from, an **injury**, **illness** or **clinical sign your pet** had; before the start date of **your policy** or within the **first 48 hours for injuries** and **first 14 days for illnesses**, of the start date of **your policy**; no matter where the **illness** or **clinical signs** appear, are noticed or happen in, or on, **your pet's** body.

Please also refer to **your policy schedule** for details of any endorsements that apply to **your policy**.

Prescription Diet: A scientifically formulated pet food prescribed by a **vet** to assist with the **treatment** of a specific **illness** or **injury**.

Treatment: This must be provided by a **veterinary** practice and includes any consultations, examinations and advice; diagnostic tests, X-rays; surgical procedures; drugs and medication prescribed; nursing; and hospitalisation provided by, or under the direction of a **vet**.

UK: The United Kingdom consists of England, Scotland, Northern Ireland and Wales.

Vet/Veterinary:

- For **treatment** received in the United Kingdom this must be a fully qualified **veterinary** practitioner who works in **veterinary** practice and is currently registered with the Royal College of Veterinary Surgeons, or a member of the **veterinary** practice when acting under the direction of the fully qualified **veterinary** practitioner.
- For **treatment** received outside the United Kingdom this must be a fully qualified **veterinary** practitioner registered in the country that the **treatment** was received in and covered by the Pet Travel Scheme (PETS).

We/Us/Our: This pet insurance is arranged and administered by Blue Insurance Limited trading as InsureYourPaws.co.uk is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority. Registered address 1 Neptune Court, Vanguard Way, Cardiff, CF24 5PJ.

All Sections of this policy except section 3, Third Party Liability cover are underwritten by Covea Insurance plc, Norman Place, Reading, Berkshire, RG1 8DA, registered in England and Wales Number 613259, authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority – FCA Number 202277.

Section 3, Third Party Liability cover is underwritten by Ageas Insurance Limited, Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3YA. Registered in England and Wales No. 354568. Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register No 202039.

You/Your/Yourself: The person named in the **policy schedule** and the owner and carer of **your pet**.

General Conditions

You must comply with the following conditions to have the full protection of **your policy**. If **you** do not comply, **we** may at **our** discretion cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claim payment.

You, Your Policy and Renewal

- **You** must be a resident of the United Kingdom.
- **You** must be the registered owner and keeper of the **pet**. **Your** name must be on **your pet's** pedigree certificate where applicable, and also on their **veterinary** records.
- **Your pet** must be kept in the United Kingdom at the address **you** have provided. **You** must make **us** aware if any of these details change.
- **You** must be over 18 years of age at the start of the **policy**.
- **Your policy** is governed by English and Welsh Law.
- The contractual terms and conditions and other information relating to this contract will be in the English language.
- If there are any significant changes to **your policy** e.g. change of address, change of name, etc., **you** need to notify **us** immediately. Failure to do so may result in a delay of processing a claim. If this change affects **your** yearly premium, **we** will recalculate the premium from the date of notification.
- **We** can place endorsements or exclusions on **your policy** at the start of your policy or at renewal based on **your pet's** **veterinary** history or **your** answers to the questions we ask. These can only be added during the **policy** year if incomplete or inaccurate information was provided during the application process. This can include removal of Third Party Liability cover based on **your pet's** behaviour.
- At the renewal of **your policy** **we** may change the amount of **your** premium, **fixed excess** or **percentage excess**; and/or make changes to the **policy** wording or cover offered.
- The cost of cover can change and at each renewal **we** will recalculate the cost of cover and contact you with a quote. There are a number of factors that can impact your renewal including the age of your pet and the increasing cost of veterinary treatment. **We** may also consider the amount claimed and the likelihood a condition will be ongoing when calculating your renewal. This will mean that the premium you pay will increase at renewal.

At the end of the **period of insurance**, **your policy** will be automatically renewed, unless **you** have informed **us** that **you** do not want **your policy** to continue. **We** will advise **you** within a reasonable time prior to renewal that **your policy** will automatically renew and inform **you** of any changes to the **policy** or premium.

If **you** choose not to renew **your policy**, cover will cease and **you** may not be able to get cover for any **conditions** claimed for elsewhere.

Your Pet

- **You** must keep **your pet** vaccinated against distemper, hepatitis, leptospirosis and parvovirus in the case of dogs; or against feline infectious enteritis, feline influenza and feline leukaemia in the case of cats; or as advised by **your vet**. All vaccinations must be administered under **veterinary** supervision. **We** do not accept homeopathic

nosodes as vaccinations. If **your pet** is not vaccinated (including titre testing), **you** accept that any **illness** that **your pet** is normally protected against by such vaccinations/boosters will not be covered by this insurance **policy**.

- **You** must look after **your pet** and maintain **your pet's** health to avoid any **illness** or **injury** and death. In addition **you** must arrange and pay for **your pet** to have a yearly health check, which will include a dental examination and vaccinations.
- **You** must also arrange for any **treatment** recommended by **your vet** to be completed immediately to prevent or reduce the risk of **illness** or **injury**. If **you** do not look after **your pet** **we** may at **our** option cancel the **policy** or refuse to deal with **your** claim or reduce the amount of any claim payment.
- Under The Control of Dogs Order 1992, any dog in a public place must wear a collar with the name and address of the owner engraved or written on it, or engraved on a tag. **Your** telephone number is optional but advisable.
- **Your pet** is not used in any connection with any business, trade or profession. This includes taking **your pet** to work with you or a place of work.

General Exclusions

We will not pay for claims arising directly or indirectly from:

- Any **pet** not named in the **policy schedule**.
- Any **pet** less than 8 weeks or more than 8 years of age for dogs; or less than 8 weeks or more than 10 years of age for cats, at the start date of **your policy**. (Not applicable for renewed **policies**).
- Any Incident outside the territorial limits of the United Kingdom, Isle of Man, Channel Islands and the Member Countries of the **PETS Travel Scheme** (non-EU listed countries as defined by DEFRA are excluded).
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, terrorism, insurrection or military or usurped power.
- Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- The radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
- Intentional slaughter, by order from any Government, Local Authority or any person having jurisdiction in the matter, except in the case of humane destruction to alleviate incurable and inhumane suffering.
- Any dog registered under The Dangerous Dogs Act 1991 and The Dangerous Dogs (Northern Ireland) order 1991 or Dangerous Dogs (amendment) Act 1997 or any subsequent amendments or a dog crossed with any of these. In addition, any dog that is an American Pit Bull Terrier; Perro de Presa Canario; wolf or wolf hybrid; or a dog crossed with any of these.
- Any **pet** which has aggressive tendencies or has been trained to attack or begins to have these tendencies during the **policy period of insurance**.
- Malicious or wilful **injury** or gross negligence to the insured **pet** caused by **you**, **your** agents, employees or members of **your** family.
- Medication not being recommended by a **vet**.



- Post-mortem examination.
- Any **pre-existing illness or injury; illness within the first 14 days or injury within the first 48 hours**. (Not applicable for renewed **policies**).
- The use of **your pet** for commercial security purposes, or for any form of racing, coursing or commercial breeding.
- The use of **your pet** as hunting, gun dog, working dogs, guide dogs or assistance **pets**.
- Infringement of United Kingdom animal health and importation legislation.
- If **you** live outside the United Kingdom for a period over 6 months during any rolling 12 month period whilst your pet is insured with us.
- If **your pet** is kept or lives on premises which sell alcohol.
- Any **treatment or complementary medicine** for any **cruciate ligament** problems; a rupture or strain of one or both **cruciate ligaments** which **you** or **your vet** are aware of in the first 30 days of **your first period of insurance** however caused, or any arthritis or any other **illness or injury** that develops from them.
- If **you** are claiming for a medicine that **you** have purchased on the Internet, a Claim Form must be completed and the receipt and a copy of **your vet's** prescription must be sent to **us**.
- By accepting the **policy** terms **you** are giving **us** permission to obtain information relevant to **your** claim from **your vet**; any previous **vet**; specialist or third party that **we** request. If **you** are charged for this, **you** will be responsible for covering the cost.
- **You** are responsible for ensuring **vets/specialists** are paid within their required time frame. If an additional charge is added to **your bill** for late payment (or a credit charge is added to **your bill**) **we** will not pay this charge.
- If you are a **vet**, **you** may treat **your own pet** but another **vet** must countersign the Claim Form confirming the **treatment** has been provided. The same applies if **you** are a **veterinary** nurse or an employee of a **veterinary** practice, **you** cannot complete **your own** Claim Form.
- If **you** are not happy with the **treatment you** are getting from **your vet** and wish to go to another **vet** for a second opinion **you** must tell **us** before **you** arrange the appointment. **We** will only agree to a second opinion if **we** believe that it is in **your pet's** interest to do so based on medical grounds.
 - If **you** belong to any form of pet health scheme with **your vet** that includes a discount or get any other form of discount this must be shown on the invoice and the discount passed onto **us**.
 - In the event of any disagreement between **your vet** and **us**, an independent **vet** mutually agreed upon by both sides will be appointed and act as arbiter and whose decision will be binding on both sides.
 - If the fees **you** are charged are higher than fees usually charged by a general or referral **veterinary** practice, **we** reserve the right to request a second opinion from a **vet** that **we** choose. If that **vet** chooses not to agree with the fees charged **we** may decline **your** claim or pay only the fees charged by a **vet** in a similar area.

Claims Conditions

General

Failure to comply with the claims conditions below may result in **us** being unable to assist with **your** claim.

- In the event of a possible claim under any section of this insurance **you** must notify **us** as soon as possible and not later than 60 days after any incident that would possibly give rise to a claim.
- **You** must send us **your** Claim Form not later than 12 months after treatment for **your pet** begins. If the treatment is ongoing **you** must submit a Claim Form at least once every 12 months. Claims for treatment outside of these timeframes will not be covered by the **policy**.
- No claims will be agreed on the telephone. A Claim Form must be fully completed and supported by all relevant and original documents and sent to **us** for consideration. Incomplete claims may be returned to **you**.
- Following a claim **we** shall be entitled to take over and exercise any rights in **your** name against any other party for our own benefit and at **our** own expense to recover any payment **we** have made under this **policy**.
- If any liability under this **policy**, apart from Third Party Liability, is also covered by another insurance **policy**, **we** will not pay more than **our** share of the cost of the claim's rateable proportion. At the time of **your** claim **you** must inform **us** of the name of the other insurance company and provide the **policy** number.
- If a claim is paid in error **you** agree to return any monies paid to **you** back to **us**.
- All claims documentation must be in English and any translation costs must be paid by **you**.

Claims for Veterinary Fees

- **We** will not accept any claims for **treatment** that has not been prescribed and accompanied with a Claim Form signed by **your vet** or fully completed invoices. **Your vet** must complete a Claim Form for all medicines prescribed including any imported medicines.



Your Cover

Policy Cover Levels

Limits apply to each **pet** covered.

Cover Level	Accident Only
Section 1: Veterinary Fees	Please refer to Policy Schedule
Complementary Medicine	£250
Cruciate Ligament	£1,000
Dental Treatment – Accident	£500
CT/MRI Scan	£500
Euthanasia	£100
Section 2: Death from Injury	£300
Section 3: Third Party Liability Cover	£1 million

Section 1: Veterinary Fees

What is covered?

Accident Only Cover provides cover for vet's fees up to the limit shown on **your policy schedule** for each specifically identifiable **injury** caused by an **accident** including any **illness** caused by the **accident** for up to 12 months subject to the renewal of the policy at each anniversary and premiums paid on time.

Cover under this section includes the following, which form part of the overall limit per each specifically identifiable **illness** or **injury** for **veterinary** fees and are subject to the same **fixed excess** and **percentage excess** (if applicable):

- Fees for **complementary medicine**, which the **vet** recommends up to the limit shown on **your policy schedule**. This includes cover for up to 10 sessions per **illness** or **injury** for hydrotherapy. This also includes the cost of pheromone products for a maximum of six months from the start of the recommended **treatment** of a behavioural problem.
- **Treatment** for cruciate ligament disorders up to the limit on **your policy schedule**. Please refer to **your policy** definitions for the definition of **bilateral disorders**.
- Dental **treatment** as a direct result of an **accident** up to the limit as shown on **your policy schedule**.
- CT/MRI scans and associated costs up to the limit as shown on **your policy schedule**.
- The cost of euthanasia in the case of humane destruction to alleviate incurable and inhumane suffering up to the limit shown on **your policy schedule**.

What is not covered?

- The **fixed excess** as shown on **your policy schedule**.
- The **percentage excess** (if applicable) as shown on **your policy schedule**.
- The **fixed excess** and **percentage excess** are applied to each specifically identifiable **illness** or **injury** claimed for.
- Any **pre-existing illness** or **injury**, **illness within the first 14 days** or **injury within the first 48 hours**. (This exclusion is not applicable for renewed **policies**).
- Any treatment **cruciate ligament** problems, which **you** or **your vet** are aware of in the first 30 days in the first **period of insurance** however caused, or any arthritis, **injury** or **illness** that develops from them.
- Any **illness** not caused by an **injury** your pet suffered as a

result of an **accident**.

- Costs that exceed the limits shown on **your policy schedule**.
- Any **treatment** costs incurred after the **policy** has expired.
- Any costs arising from preventative and elective **treatments** including any complications or secondary procedures arising from but not limited to the following:
 - Routine examinations, titre testing, vaccinations, microchipping;
 - Spaying, spaying to prevent the recurrence of false pregnancy and mammary tumours, castration, castration for the removal of retained testes;
 - Cosmetic or aesthetic surgery including eye tacking, tail docking;
 - Claw clipping, de-matting and grooming, dew claw removal;
 - Routine and gland expression, ear plucking;
 - Killing and controlling fleas, ticks and worms;
 - Routine blood and urine tests (including those performed routinely prior to general anaesthesia or sedation);
 - Breeding, pregnancy or giving birth.
- Dental **treatment** except as a result of an **accident**.
- Fees for **complementary medicine** not listed, including but not limited to the following:
 - Matrix energy field therapy;
 - Pulsed magnetic field therapy;
 - Shock wave therapy;
 - Myotherapy (including Galen therapy);
 - The Bowen technique;
 - Reiki massage;
 - Faith healing.
- Any **complementary medicine** not carried out by either a **vet**, a member of a **veterinary** practice or a registered qualified person affiliated with one of the **complementary medicine** organisations as shown in the **policy** definitions.
- The cost of behavioural therapy unless the behavioural problem is caused as a direct result of an insured **condition** occurring during the **period of insurance**.
- The cost of training classes, and normal puppy training and socialisation.
- The cost of **your pet's** daily feeding requirements, or any claim for **prescription diet** food unless **your vet** has specifically prescribed a **prescription diet** food to dissolve urinary crystals.
- Any extra costs for **your vet** treating **your pet** outside of normal working hours unless **your vet** confirms in writing that the emergency consultation was essential to **your pet's** health, regardless of **your** personal circumstances.
- The cost of non-essential hospitalisation.
- House calls, regardless of **your** personal circumstances, unless **your vet** confirms in writing that moving **your pet** would endanger its life.
- Ambulance/taxi fees unless **your pet** is on a nasal/IV drip and is being transferred between a referral practice/emergency **vet** and **your** normal **vet**, and **we** will only pay for a maximum of one journey.
- Claims arising from **illnesses** or complications arising from **illnesses** that would not have occurred had **your pet** been vaccinated.
- Any charges in respect of euthanasia except in the case of humane destruction to alleviate incurable and inhumane suffering.
- Any charges for the disposal, cremation or burial of **your pet**.
- The cost of hiring or buying machinery or equipment, including but not limited to: cages; carts; Elizabethan collars, Buster collars, inflatable collars; surgical T-shirts; slings; harnesses, and sharps containers.



- Surgical items that can be used more than once.
- Any cost for a **vet** to complete a claim form; postage and packaging; courier fees or other administration work. The cost of blood bank donations.
- The cost of **your vet's** travel expenses.
- A claim for the cost of any form of housing, or bedding needed for the **treatment** or general well-being of **your pet**.
- Any claim as a result of a 'notifiable' disease, e.g. Rabies, Avian influenza.
- The cost of dental treatment for an illness, descaling, polishing, prosthodontics, orthodontic appliances, crowns, caps or splints, or veneers.
- Any cost relating to orthodontics, malocclusion, wry bite, supernumerary teeth, reverse scissor bite, posterior cross bite, anterior crossbite, overbite, brachygnathia, open bite or level bite
- The cost of the following procedures; experimental **treatments**, or therapies; prosthetics or orthopedic supports or braces, open heart surgeries, cancer vaccinations, therapeutic antibody for dog and cat cancers, stem cell therapy, organ transplants, gene therapies, probiotics, dental vaccines, cold laser treatments, 3D printing
- Any drugs not used in accordance with the manufacturers recommendations or not licensed by Veterinary Medicines Regulations (VMR)
- The cost for **your vet** to write a prescription, charge a dispensing fee or a claims form completion fee.

How to claim:

- Upon commencement of **treatment you** should contact **us** on the Claims Help Line (refer to How to Contact Us) and report the possible claim not later than 60 days after any incident.
- You will then be sent a Claim Form for completion by you and your **vet**. Once **treatment** has been completed the Claim Form should be returned along with all supporting documents as requested on the Claim Form. If your **pet** requires on-going **treatment**, continuation claims can be submitted at regular intervals; please ask **us** for a 'Continuation Claim Form'.
- For convenience, your settlement can be made directly to the **vet** (with their agreement) after deduction of the **fixed excess** and **percentage excess** (if applicable).
- **We** have the right to request further information either directly from your **vet**, from your previous **vet(s)** or from you to confirm the validity of the claim at your expense.
- Please refer to the claims conditions on page 7.

Section 2: Death from Injury

(Cover applies to UK only)

What is covered?

In the event **your pet** dies from **injury** or due to humane destruction, **we** will pay the purchase price **you** paid up to the limit as shown on **your policy schedule**. If **you** cannot locate **your** purchase receipt or obtain a copy, **we** will pay the **market value** at the time of **your pets** purchase up to the limit as shown on **your policy schedule**.

What is not covered?

- Any amount if the death of **your pet** results from a **pre-existing accident, illness or injury, illness within the first 14 days or injury within the first 48 hours**. (This exclusion is not applicable to renewed policies).
- Any amount if the death of **your pet** results from **injury** where **your pet** has reached 8 years of age and above in the case of dogs, and 10 years of age and above in the case of cats.
- Any amount if the death of **your pet** results from an **illness** not developed as a result of an **accident**.

- Any amount if **your pet** was put to sleep (euthanasia) as a result of breeding, pregnancy, giving birth or aggression.
- Any amount if **your pet** was put to sleep (euthanasia) except in the case of humane destruction to alleviate incurable and inhumane suffering.
- Any amount if **you** did not pay for **your** pet.
- Any amount if **your pet's** injury or illness occurred whilst in the care of a Boarding Kennel, Dog Walker, Dog Day Care Facility or a Dog Groomers which **you** were paying for their services.

How to claim:

- **You** must notify **us** as soon as possible and not later than 60 days after **your pet's** death.
- **You** must obtain a death certificate from **your vet** at **your** own expense stating the date and cause of death.
- **You** must provide the purchase receipt (if available) from when **you** bought **your pet** and if **your pet** is a pedigree, the original pedigree certificate.
- In the event that **your pet** is put to sleep (euthanasia) **you** must obtain a **veterinary** certificate stating that this was necessary for humane reasons to terminate incurable suffering.
- Please refer to the claims conditions on page 7.

Section 3: Third Party Liability Cover

(Cover applies to dogs only)

For the purposes of this section only the words "insured dog" mean the dog that you have bought this cover in relation to and is named on **your policy schedule**.

IMPORTANT – Please note this section of your policy does not provide cover in any circumstances for any insured dog that is required to be registered under the Dangerous Dogs Act 1991 and/or the Dogs (Muzzling) regulations (Northern Ireland) 1991 or any amendments, or any American Bulldog, American Indian Dog, American Pit Bull Terrier, American Staffordshire Terrier, Bandog, Boerboel, Bully Kutta, Canary Dog, Cane Corso, Czechoslovakian Wolfdog, Dingo, Dogo Argentino, Dogue Brasileiro, Fila Brasileiro, Gull Dog, Husky Wolf Hybrid, Irish Staffordshire Blue Bull Terrier, Irish Staffordshire Bull Terrier, Japanese Tosa, Pit Bull Terrier, Saarlooswolfhound, Tosa, Tosa Inu, Wolf Hybrid, Wolfdog, or any dog crossbred or mixed with any of these breeds.

What is covered?

We will pay all sums **you** are legally liable for as compensation, costs and/or expenses awarded by a court in the **UK** following an incident involving your insured dog within the UK which occurs during the **period of insurance** results in bodily injury (fatal or non-fatal) to another person or accidental damage to another person's property.

We will also, with **our** agreement, pay for legal costs and expenses incurred in defending the claim made against **you**.

The maximum **we** will pay under this section in respect of a single incident will not exceed the limit of indemnity as shown on **your policy schedule**.

What is not covered?

The Third Party **excess** of £250 per incident.

- **We** will not pay any claim if **your** insured dog has previously shown aggressive tendencies or if it has ever acted aggressively towards another person or animal, or damaged another person's property.
- **We** will not pay any claim where **you** are held legally liable solely because of a contract or agreement you have entered into.



- **We** will not pay for any claim arising as a result of any deliberate act, wilful default or neglect by **you** or members of **your** immediate family.
- **We** will not pay for any claim arising as a result of any person handling **your** dog without **your** consent.
- **We** will not pay any fines or penalties imposed on **you** from criminal proceedings including 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
- **We** will not pay for any claim or other proceedings against **you** or **your** immediate family in a court of law outside the **UK** or where the incident which resulted in the claim occurred outside the **UK**.
- **We** will not pay for any bodily injury to, or loss or damage to property in the ownership, custody or control of, **you** or members of your immediate family or household, or any person employed by **you** or members of **your** household, or who were looking after your insured dog with your permission.
- **We** will not pay for any claim for damage to property or bodily injury (fatal or non-fatal) to any person who has contact with **your** insured dog for professional purposes, such as a vet, or any person employed in a veterinary practice, a dog walker or trainer, a dog-sitter or kennels employee or a person employed by or working in a grooming parlour.
- **We** will not pay any claim which is in any way connected to **your**, or **your** immediate family's work, employment or profession, or place of work.
- **We** will not pay any claim which occurs in a place which is licensed to sell alcohol if this is where **your** dog normally lives or is kept.
- **We** will not pay any claim which is insured under another insurance policy, such as **your** household insurance policy, which covers the same loss unless that insurance cover has been exhausted.
- **We** will not pay for any claim whilst **your** pet is competing in any type of competition, including but not limited to field trials, dog shows and/or breeders' competitions.
- If **your** insured dog is an assistance dog we are unable to provide cover under this section unless they have been trained, or are in the process of being trained, in strict accordance with the guidance of a member organisation of Assistance Dogs **UK** and **you** can provide evidence of this upon **our** request.

How to claim:

- **You** must notify us as soon as possible after an event has arisen that may give rise to a claim or you become aware there is a claim against **you**.
- **You** must not admit or accept liability, negotiate or make a payment or promise of payment to any person without **our** written consent. Do not respond to any letters from people who are looking to claim against **you** or people acting on their behalf, **you** should forward them unanswered to **our** claims team.
- **You** are required to provide us with any information which we may reasonably require in order to assess or defend the claim against **you**.
- **We** will have the sole conduct and control of any claim and the associated legal proceedings including the right to prosecute in your name for **our** benefit, for any claim, damages or liability.
- Do not incur any legal costs relating to a claim under this section - where appropriate **we** will arrange for legal representation.

Cancellation

Statutory Cancellation Rights

You may cancel this **policy** within 14 days from the start of this **policy** (new **policy**) or from the renewal date by emailing or calling **us**, please refer to **your policy schedule** for details, during the **cancellation period**. A full refund less any non-refundable admin fees will be issued.

Cancellation by You

You may cancel this **policy** at any time by emailing or calling **us** with the details shown on **your policy schedule** during the **period of insurance you** have been on cover.

- If **you** had no claims and paid **your** premium in full **we** will retain an amount of premium in proportion to the time **you** have been on cover and return the balance to **you** less any non-refundable admin fees.
- If **you** had no claims and **you** are paying **your** premium monthly **we** will not take any further monthly payments and **your** cover will end on the date you cancel. No refunds will be issued.

If another premium is taken e.g. **you** notify **us** of intent to cancel in the **period of insurance** but **we** cannot stop a further payment being taken, **we** will refund this premium.

- However if **you** have incurred eligible claims (except any eligible claims where **your** pet has died) **we** will not be able to return **your** premium if **you** have paid in full, or **you** will either have to continue with the instalment payments until the **policy** renewal date, pay the remaining premium due, or **we** may, at **our** discretion, deduct the outstanding instalments due from any claim payment made.

Cancellation by Us

We reserve the right to cancel this **policy** after 7 days written notice if there are serious grounds to do so, examples of which are:

- In the event of non-payment of the premium or default if **you** are paying monthly.
- Cover will end from the start of **your policy** if no payment was made or **your** cover will end after the last day covered by **your** previous payment.
- If **you** have been neglectful or failed to provide care for **your** pet.
- If **you** have been fraudulent or dishonest at any time or **you** have used threatening or abusive language to **our** staff.

Complaints Procedure

We are committed to giving **you** a first class service at all times and will make every effort to meet the high standards **we** have set. If **you** feel **we** have not attained the standard of service **you** would expect or **you** are dissatisfied in any other way, then this is the procedure that **you** should follow:

Initiating Your Complaint

For complaints about the way your policy was sold or has been administered. **You** should contact **us** at Insure Your Paws by emailing complaints@blueinsurance.co.uk, by calling **us** on 0377 273 2777 or in writing to: Insure Your Paws, 1 Neptune Court, Vanguard Way, Cardiff, CF24 5PJ.

If **your** complaint is about a claim other than Third Party Liability, please contact Covea Insurance PLC by calling 0330 134 8112 or writing to: 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX.

For complaints about a claim under section 3, Third Party Liability.

Please contact Ageas Insurance Ltd by calling 0345 415 0495, emailing commercialclaims.eastleighteam@ageas.co.uk or writing to Commercial Claims Team, Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire SO53 3YA.

We will confirm receipt of **your** complaint by telephone or email by the next working day, and do our best to resolve the problem within 3 working days from the date **we** receive **your** complaint.

If **we** are unable to resolve **your** complaint within 3 working days, **we** will send **you** a communication, either verbally, by email or in the post (depending on the method of communication **you** prefer) explaining why **we** have been unable to resolve **your** complaint, and the steps **we** intend to take to resolve the issue as rapidly as possible.

We aim to conclude **our** enquiries and provide a Final Response Letter to **you** within 8 weeks from the date **your** complaint was received. **We** will keep **you** regularly informed of **our** progress towards resolving **your** complaint, and may need to contact **you** during this time to request or verify information relating to **your** complaint.

Financial Ombudsman Service

If the differences between **us** remain unresolved, or **you** have not received a Final Response Letter from **us** within 8 weeks from the date **your** complaint was received, **you** may refer **your** complaint to the Financial Ombudsman Service. **You** can ask them to review **your** complaint if for any reason **you** are still dissatisfied with **our** Final Response, or if a Final Response Letter has not been issued within 8 weeks from the date of **your** complaint.

Details for contacting the Financial Ombudsman Service are:

The Financial Ombudsman Service Exchange Tower
Harbour Exchange Square London E14 9SR
Tel: 0800 023 4567 from a landline
or 0300 123 9123 from a mobile
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

Please note that **you** have six months from the date **you** receive **our** Final Response Letter in which to refer **your** complaint to the Financial Ombudsman Service. The Financial Ombudsman Service is an independent body that arbitrates on complaints about general insurance products.

The Financial Ombudsman Service will only consider complaints after **we** have issued a Final Response, or if a Final Response Letter has not been issued to **you** within 8 weeks from the date of **your** complaint. Following this procedure will not affect **your** legal rights.

Please quote **your** policy number in any communication.

Financial Ombudsman Service UK - Eligible Complainant

You can use the Financial Ombudsman Service as a recourse in the event of dissatisfaction if **you** are:

- A private individual acting outside **your** trade, business or profession
- "Micro-enterprises", i.e. smaller business that have a turnover or annual balance sheet of not more than EUR 2m and fewer than 10 people employed
- A charity with less than GBP 6.5m annual income
- A trustee of a trust with net asset value of less than GBP 5m
- A small business i.e. not a micro-enterprise that has an annual turnover of less than GBP 6.5m, has a balance sheet less than GBP 5m and employs fewer than 50 persons

Or alternatively, **you** can use the Online Dispute Resolution platform (ODR) by visiting the page <http://ec.europa.eu/consumers/odr>.

However this service will refer your complaint onto the Financial Ombudsman Service, so you may wish to contact them directly.

Legal

Data Privacy

Covea Insurance plc will also be a data controller in respect of any data it processes in relation to the underwriting of the policy and Claims Handling. Full details of how Covea Insurance plc will process data and **your** data protection rights is available at www.coveainsurance.co.uk/dataprotection.

You can contact the Data Protection Officer at Covea Insurance plc by writing to Data Protection Officer, Covea Insurance plc, Norman Place, Reading, Berkshire RG1 8DA or email: dataprotection@coveainsurance.co.uk

Ageas Insurance Limited is part of the Ageas Group of Companies. Ageas will also be a data controller in respect of any data it processes in relation to the Underwriting and Claims Handling for Third Party Liability only. Full details of how Ageas Insurance Limited will process **your** data and **your** data protection rights is available at www.ageas.co.uk.

You can contact the Data Protection Officer at Ageas Insurance Limited by writing to Data Protection Officer, Ageas Insurance Limited, Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire SO53 3YA or by emailing: thedpo@ageas.co.uk.

Fraud

You must not act in a fraudulent manner. If **you** or anyone acting for **you** make a claim under the **policy** knowing the claim to be false or fraudulently exaggerated in any respect or make a statement in support of a claim knowing the statement to be false in any respect or submit a document in support of a claim knowing the document to be forged or false in any respect or make a claim in respect of any loss or damage caused by **your** wilful act or with **your** involvement.

Then:

- **We** shall not pay the claim.
- **We** shall not pay any other claim, which has been or will be made under the **policy**.
- **We** may at **our** discretion declare the **policy** void.
- **We** shall be entitled to recover from **you** the amount of any claim already paid under the **policy** since the last renewal date.
- **We** shall not make any return of the premium.
- **We** have the right to inform the police and other appropriate authorities or share this information with the Insurance Fraud Investigators Group (IFIG) or other Fraud authorities.

In order to prevent fraud, **we** may share **your** information with credit reference agencies and other insurance companies either directly or through anti-fraud databases which they may have access to.

Financial Services Compensation Scheme

We are members of the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from this scheme, if you reside in the **UK**, if **we** cannot meet **our** obligations, depending on the type of insurance and the circumstances of **your** claim.

Further information about the is available from the FSCS website www.fscs.org.uk, or write to the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.



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