

Pets at Home does not provide advice or any personal recommendation about the insurance products offered.

Demands and Needs – who is this product suitable for?

This product meets the demands and needs of a pet owner who wants cover for the ongoing costs of veterinary treatment, for illnesses and injuries, over the life of their pet.

Terms and Conditions

Effective from 17th May 2018

The details of your pet insurance policy are outlined in these Terms and Conditions. These state what is covered, what is not covered and any conditions that apply and they are the basis on which all claims will be assessed. There are sections of cover detailed in this document which may not be included in your pet's cover due to his/her age. A section is only included in cover if it's shown on your Certificate of Insurance.

These Terms and Conditions are part of **your** insurance contract. The other parts are **your** Certificates of Insurance and **your** application. To understand exactly what **your** insurance contract covers **you** must read **your** Certificates of Insurance, together with these Terms and Conditions.

Definitions

The definitions apply throughout these Terms and Conditions. Where **we** explain what a word means that word will appear highlighted in bold print and have the same meaning wherever it is used.

Clinical sign/signs	A change(s) in your pet's normal healthy state, its bodily functions or behaviour.
Complementary treatment(s)	Any of the following: <ul style="list-style-type: none"> Acupuncture and homeopathy carried out by a vet. Herbal medicine prescribed by a member of a veterinary practice. Chiropractic manipulation carried out by a member of a veterinary practice or a qualified animal chiropractor who is a member of one of the following organisations: <ul style="list-style-type: none"> McTimoney Chiropractic Association McTimoney Animal Association International Association of Animal Therapists (IAAT) International Veterinary Chiropractic Association (IVCA) Osteopathy carried out by a member of a veterinary practice or a qualified animal osteopath who is a member of the International Association of Animal Therapists (IAAT). Physiotherapy carried out by a member of a veterinary practice or a qualified animal physiotherapist who is a member of one of the following associations. Physiotherapy does not include any type of hydrotherapy. <ul style="list-style-type: none"> Association of Chartered Physiotherapists in Animal Therapy (ACPAT) Institute of Registered Veterinary and Animal Physiotherapist (IRVAP) National Association of Veterinary Physiotherapists (NAVP)

Elective treatment, diagnostic or procedure	Any treatment , diagnostic or procedure you request, which the vet confirms is not necessary.
Family	Your partner (husband, wife, civil partner, girlfriend, boyfriend or other partner) and your or your partner's child, step child, parent, grandparent, grandson, granddaughter, brother or sister (including step siblings). The place in the UK where you and your pet usually live.
Home Hydrotherapy	The treatment of illness or injury with, or in, water, including swimming in a pool and the use of a water treadmill.
Illness	Any change(s) 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 partner (husband, wife, civil partner, girlfriend, boyfriend or other partner) and your or your partner's child, step child or parent.
Injury or illness which started in the first 14 days of cover	<ul style="list-style-type: none"> Any injury that happened, or any illness that showed clinical signs, in the first 14 days of your pet's first policy year. Any injury or illness that has the same diagnosis or clinical signs, as an injury that happened or an illness that showed clinical signs in the first 14 days of your pet's first policy year. Any injury or illness that is caused by, relates to, or results from, an injury that happened or an illness or clinical sign that was noticed in the first 14 days of your pet's first policy year. <p>This applies in all cases regardless of whether the injury or illness presents in the same or different parts of your pet's body.</p>
Injury/injured/ injuries	Physical damage or trauma caused immediately by an accident. Not any physical damage or trauma that happens over a period of time.
Market value	The price generally paid for a rabbit of the same age, breed, pedigree, gender and breeding ability at the time you took ownership of your pet .
Maximum benefit	The most we will pay during the policy year as shown on your Certificate of Insurance.
Member of a veterinary practice Policy year	Any person legally employed by a veterinary practice under a contract of employment. The time during which we provide cover; this is shown on your Certificate of Insurance. This is normally 12 months but may be less if your pet has been added to, or cancelled from, your insurance.
Pet/pet's	The rabbit owned by you which is named on the Certificate of Insurance.
Pre-existing condition	<ul style="list-style-type: none"> Any injury or illness that happened or first showed clinical signs before your pet's cover started. Any injury or illness that has the same diagnosis or clinical signs as an injury, illness or clinical sign your pet had before its cover started. Any injury or illness that is caused by, relates to, or results from, an injury, illness or clinical sign your pet had before its cover started. <p>This applies in all cases regardless of whether:</p> <ul style="list-style-type: none"> The injury or illness presents in the same, or different part of your pet's body, and/or We do, or do not, place any exclusion(s) for the injury/ illness.

Therapist	A member of one of the following organisations: <ul style="list-style-type: none"> Association of Chartered Physiotherapists in Animal Therapy (ACPAT) Institute of Registered Veterinary and Animal Physiotherapists (IRVAP) International Association of Animal Therapists (IAAT) International Veterinary Chiropractic Association (IVCA) McTimoney Chiropractic Association McTimoney Animal Association National Association of Veterinary Physiotherapists (NAVP) <p>The cost of the following when required to treat injury and illness:</p> <ul style="list-style-type: none"> Any examination, consultation, advice, test, x-ray, diagnostic procedure, surgery and nursing carried out by a vet, a veterinary nurse or another member of a veterinary practice under the supervision of a vet, and Any medication legally prescribed by a vet. <p>The United Kingdom which is made up of England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands.</p>
Treatment/ treatments	A Veterinary Surgeon who is registered with the RCVS (Royal College of Veterinary Surgeons). Allianz Insurance plc. The person named as the policyholder in the Certificate of Insurance.
UK	
Vet	
We/us/our You/your	

General conditions that apply to the all sections of the policy

You must comply with the following conditions to have the full protection of **your** policy. If **you** do not, and the condition **you** have not kept to relates to a claim, **we** may refuse the claim.

1. Precautions

- a) Throughout the **policy year** **you** must take all reasonable steps to prevent the **injury, illness, death, loss, theft or straying of your pet**. If there is a disagreement between **you** and **us** as to what reasonable steps are, an independent animal welfare organisation, relevant animal specialist or **vet** mutually agreed upon can be appointed. Both parties agree to accept the organisations/persons opinion. **We** will pay any costs relating to this.
- b) **You** must arrange and pay for **your pet** to:
- Have an annual dental examination carried out by a **vet**. Any treatment recommended as a result of the dental examination must be carried out within the timescales recommended by the **vet**.
 - Have any treatment normally recommended by a **vet** to prevent or reduce the risk of **injury or illness**.
- c) **You** must keep **your pet** vaccinated against myxomatosis and viral haemorrhagic disease. **We** will not pay any claim that results from, or is worsened by, any **illness** stated above if **your pet** is not vaccinated against it.

2. Ownership

- a) **You** must be a **UK** resident and **you** and **your pet** must live at the address stated on **your** Certificate of Insurance.
- b) **You** must be the owner of **your pet**. **Your** cover will stop immediately if ownership is transferred to another person or organisation.

3. Providing information

You agree that:

- Any **vet** or **therapist** has **your** permission to release any information **we** ask for about **your pet**.
- When **you** claim **you** will provide **us** with any information and any documents that **we** ask for.

If a charge is made for this information, **you** must pay the charge.

4. Renewing your policy

If **you** pay **your** premium by Direct Debit instalment, when **your** policy is due for renewal **we** will renew it for **you** automatically. **We** will write to **you** before the policy expires with full details of **your** premium and policy conditions for the next **policy year**. If **you** do not want to renew this policy just let **us** know before **your** renewal date.

5. Changes at renewal

When **we** offer further periods of insurance, **we** may change the premium, excesses and Terms and Conditions.

6. Keeping us informed of certain information

Throughout the policy **you** must keep **us** informed of certain information. The information **we** need is stated in **your** policy documents; this can change so make sure **you** check any new documents **we** send **you**. If **you** don't provide the full and accurate information it can result in a claim not being paid or can affect the cover **we** provide.

7. Changes during the policy year

Changes will only be made to **your** policy at renewal; **we** will not change the cover **we** provide during the **policy year**, unless:

- **You** did not tell **us** about something when **we** previously asked.
- **You** provided **us** with inaccurate information when previously asked, regardless of whether or not **you** thought it was accurate at the time.

8. Cancellation

- a) If **your** policy is cancelled or comes to an end for any reason all cover for **your pet** will stop on the date the policy is cancelled/ends and no further claims will be paid.
- b) **You** can cancel **your** policy at any time. If **you** cancel this policy in the first 14 days after **your** renewal date, **we** will provide a full refund for any premium **you** have already paid for the cover after the renewal date. If **you** cancel after this timeframe **we** will provide a refund of any money **you** have paid for cover after the cancellation date.

- c) **We** may cancel **your** policy at any time if **you** have been dishonest or fraudulent in any dealings with **us** or **your vet** has advised that **you** have been negligent towards **your pet**. **We** will give **you** 7 days' notice in writing to the last address **you** have given **us** and **we** will give **you** a refund of any money **you** have paid for cover after the cancellation date.

9. Non-payment of premiums

- a) **Your pet** is only covered under this policy if **you** pay the premium. If **you** pay the yearly premium in Direct Debit instalments and **you** miss an instalment, **you** must pay the outstanding amount within 10 days of the date the instalment was due to be paid. If **we** do not receive **your** payment within 10 days of the date the premium was due, **your** insurance will automatically stop and **we** will make no further claim payments.
- b) When **we** settle **your** claim, if there is any premium overdue **we** will deduct the outstanding amount from the claim payment.

10. The law applicable to this policy

The laws of England and Wales apply to this insurance contract.

11. The language used in this policy

Unless **we** agree otherwise the language of the policy and all communications relating to it will be in English.

Claims conditions

You must comply with the following conditions to have the full protection of **your** policy. If **you** do not, and the condition **you** have not kept to relates to a claim, **we** can refuse the claim.

1. How to claim

The details of how to claim and what **you** need to send **us** and when are explained at the end of each section in these Terms and Conditions.

2. Claim form completion

- a) **We** will not guarantee payment of a claim over the telephone. If **you** want to make a claim **you** need to send **us** a completed claim form along with any claim documentation listed in the section under which **you** are claiming.
- b) **Your** insurance does not cover any charges made for the completion of claim forms or the cost of any claim documentation.
- c) All claims documentation must be in English and any translation costs must be paid by **you**.

3. Delayed treatment

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 illness**. If there has been any delay in arranging veterinary **treatment** and **we** believe the delay has resulted in additional costs, **we** will not pay the additional costs. If there is a disagreement between **you** and **us** as to whether the delay has caused additional costs a **vet**, mutually agreed upon, can be appointed. Both parties agree to accept the **vets** opinion. **We** will pay any costs relating to this.

4. Transferring of rights

We are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party. **You** must give **us** any help **you** can and provide any documents **we** ask for.

5. Other insurances

We will not make any payment for any claim that results from an incident covered by any other insurance. If there is any other insurance under which **you** are entitled to make a claim **you** must report the incident to that insurance company and tell **us** their name and address and **your** policy and claim number with them.

6. Veterinary Staff

If **you** are a **vet** **you** can treat **your** own pet but another **vet** must countersign the claim form confirming the **treatment** has gone ahead. If **you** are a veterinary nurse **you** cannot complete **your** own claim form.

7. Fraud

Fraud increases **your** premium and the premiums of all policyholders. If **you**:

- Provide **us** with false information,
- Make a false or exaggerated claim with **us**, or
- Make any claim with **us** which involves **your** dishonesty,

We will not pay **your** claim and **we** may void **your** policy and inform the relevant authorities. If **we** pay a claim and subsequently find the claim was fraudulent, **you** must repay **us** the full amount.

'Void **your policy**' means **we** will cancel **your** policy from the date the fraud occurred. If **we** take this action **you** must:

- a) Repay **us** any claim payments **we** have made from the date the fraud occurred; this is regardless of whether or not all of the claims were fraudulent.
- b) Tell any other insurer that **we** have void **your** policy; failure to do this could invalidate any future insurance policy.

General exclusions that apply to all sections of the policy

This policy does not cover:

1. War risks, terrorism, civil commotion and radioactive contamination

- a) Any loss or damage caused by, or resulting from, war of any nature, including but not limited to war, invasion, acts of foreign enemies, hostilities and warlike actions (whether war be declared or not) and civil war.
- b) Any loss or damage caused by, or resulting from, 'rebellion, riot, revolution, nationalisation, confiscation, expropriation, deprivation, requisition, insurrection, civil commotion assuming to proportion of or amounting to an uprising and military or usurped power.
- c) Any loss or damage caused by, or resulting from, any act of terrorism. An act of terrorism is any act of persons acting on behalf of, or in connection with, any organisation which carries out activities directed towards the overthrowing or influencing, by force or violence, of Her Majesty's government in the United Kingdom or any other government de jure or de facto.
- d) Any loss or damage caused by, or resulting from, ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.

2. Notifiable diseases

Any amount for any notifiable disease as named in the Animal Health Act 1981 or an Order made under that Act, for example but not limited to rabies. A notifiable disease is any disease that is required by law to be reported to the government or authorities.

3. Your pet's use

Any amount if **your pet** is being used for breeding or used in connection with any business, trade, profession or occupation.

4. Laws and regulations:

- a) Any amount if **you** break the **UK** or Republic of Ireland laws or regulations, including those relating to animal health or importation.
- b) Any amount if the Department for Environment, Food and Rural Affairs (DEFRA) have put any restrictions on **your pet**.
- c) Any legal expenses, fines and penalties connected with, or resulting from, a Criminal Court Case or an Act of Parliament.

5. Deliberate acts

Any amount resulting from a deliberate act by **you** or any person looking after, or handling **your pet**, with **your** permission.

6. Disease transfer

Any amount resulting from a disease transmitted from animals to humans.

Section 1 - Veterinary fees

Cover in this section only applies in the UK

What is covered

Section A

We will pay the cost of veterinary **treatment your pet** has received in the **policy year** to treat **injury** and **illness**.

Your policy provides an amount of money in each **policy year** for **you** to claim for all **illnesses** and **injuries**. This is called the **maximum benefit**. The amount of money **you** can claim in each policy year for all **illnesses** and **injuries** is shown on **your** Certificate of Insurance. When **your** policy renews, the **maximum benefit** is replenished and **you** will again have the full amount to claim from in the next **policy year**. **We** will provide ongoing cover for **illnesses** and **injuries**, year after year, providing **you** keep this policy in force and renew

your policy each year, without any break in cover. If **your** cover is cancelled or stops for any reason, all cover for **your pet** will end and no further claims will be paid.

Section B

The following are covered in the veterinary fees section but have restricted monetary limits. The amounts **you** can claim for these elements of cover are shown on **your** Certificate of Insurance. These amounts form part of the overall veterinary fees **maximum benefit**; they are not in addition to it.

We will cover:

1. **Dental treatment** required to treat **injury** and **illness**.
2. **Complementary treatments** required to treat **injury** and **illness**. **Your vet** must refer **your pet** for the **treatment** and confirm it is required.
3. **The cost of euthanasia** when required to alleviate incurable and inhumane suffering.

What you pay - your excesses

The excesses are the amounts **you** pay when **you** make a claim and these will be deducted from **your** claim settlement(s). **You** will pay a fixed amount (the fixed excess) for each unrelated **illness** or **injury** when **you** claim under this section of cover and once this amount has been deducted **you** will then pay a percentage (the percentage excess) of all costs on all claims submitted. The fixed and the percentage excesses **you** will pay are shown on **your** Certificate of Insurance.

Your policy provides an amount of money in each **policy year** for **you** to claim for all **illnesses** and **injuries**. As the amount **you** can claim is replenished at each renewal, **you** will pay a fixed excess for each unrelated **illnesses** and **injury** in each **policy year**. This means that if **your pet's treatment** dates span two or more policy years **you** will pay the fixed excess in each **policy year** for each **illness/injury** and once this has been deducted **you** will then pay the percentage excess of all costs on all claims.

What is not covered

1. The amount of the excesses.
2. The cost of any **treatment** for a **pre-existing condition**.
3. The cost of any **treatment** for any **injury** or **illness** which started in the **first 14 days of cover**.
4. More than the veterinary fees **maximum benefit** for the combined **treatment** costs of all **injuries** and **illnesses** in the **policy year**.
5. The cost of any **treatment** received by **your pet** after the date the policy is cancelled or comes to an end (for any reason).
6. The cost of any **treatment** to prevent **injury** or **illness**.
7. The cost of any **elective treatment, diagnostic or procedure** or any **treatment** that **you** choose to have carried out that is not directly related to an **injury** or **illness**, including any complications that arise.
8. The costs of killing and controlling fleas and the cost of general health improvers.
9. The cost of any **treatment** for a retained testicle(s).
10. The cost of trimming, burring or rasping rabbits teeth.
11. The cost of any **treatment** in connection with breeding, pregnancy and giving birth.
12. The cost of spaying (including spaying following false pregnancy) or castration unless the procedure is carried out when **your pet** is suffering from an **injury** or **illness** and is essential to treat the **injury** or **illness**.
13. The cost of dental **treatment** unless:
 - The **treatment** relates to an **injury** or **illness**, and
 - **Your pet** had a dental examination carried out by a **vet** in the 12 months before the **clinical signs** of the **illness** or **injury** were first noticed.
14. The cost of any **treatment** which is connected in any way with **your pet's** behaviour, including the cost of any behavioural therapy or training.
15. The cost of any food, including any food prescribed by a **vet**, any special diet foods or the normal costs of feeding **your pet**.
16. The cost of any **complementary treatments** which are carried out without the referral of a **vet** and confirmation from a **vet** that they are needed to treat an **injury** or **illness**.
17. The cost of a house call unless the **vet** or **therapist** confirms that, without taking **your** personal circumstances into consideration, **your pet** is

suffering from a serious **injury** or **illness** and that moving **your pet** would either endanger its life or significantly worsen the serious **injury/illness**.

18. The cost of hospitalisation and associated **treatment** unless the **vet** or **therapist** confirms that, without taking **your** personal circumstances into consideration, there is no option but to hospitalise **your pet** as any alternative would seriously endanger his/her health.
19. The cost of any additional veterinary attention required because **you** are unable to administer medication due to **your pet's** behaviour or **your** personal circumstances.
20. Any extra costs for treating **your pet** outside usual surgery hours, unless the **vet** or **therapist** confirms that without taking **your** personal circumstances into consideration, an emergency consultation is essential.
21. The costs of treating any **illness** or **injury** specifically excluded in the Certificate of Insurance.
22. The cost of treating any **injury** or **illness** deliberately caused by **you**, anyone living with **you**, or anyone else looking after or handling **your pet** with **your** permission.
23. The cost of surgical items that can be used more than once.
24. The cost of buying or hiring equipment or machinery or any form of bedding or housing, including cages.
25. The cost of grooming, de-matting or bathing **your pet**, other than bathing when a substance is being used which, according to manufacturer's guidelines, can only be administered by a **member of a veterinary practice**.
26. The cost of any prosthesis including any **treatment** needed to fit the prostheses.
27. The cost of transplant surgery, including pre- and post-operative care.
28. The cost of removing of dew claws, unless they are damaged or infected at the time the removal is carried out.
29. The cost of pheromone products, including but not limited to Feliway and Adaptil products.
30. The cost of a post-mortem examination and/or report.
31. The cost of euthanasia, unless it is carried out to alleviate incurable and inhumane suffering.
32. The cost of euthanasia if **your pet** is put to sleep due to aggression.
33. The cost of having **your pet's** body cremated, buried or disposed of in any other way (see section 6 for this cover).
34. The cost of any fees for dispensing medication, providing prescriptions and completing claim forms and for the administration of a referral to another veterinary practice or hospital.

Conditions applying to veterinary fees

You must comply with the following conditions to have the full protection under this section. If **you** do not, and the condition **you** have not kept to relates to a claim, **we** may refuse the claim.

1. Before **your pet** is treated **you** need to check that **your vet** is willing to complete the claim form and supply **us** with the supporting invoices. **We** will not pay for any charges from the **vet** for the supply or completion of any documentation.
2. The claim form and invoices must be sent to **us** within one year of **your pet** receiving the **treatment**. Any claims received after this time will not be covered by **your policy**. Please make sure that the form is signed by both **you** and **your vet** and that **you** confirm who **we** should provide payment to.
3. If **you** have asked **us** to pay **your vet**, and **we** agree to, **we** will send payment directly to the veterinary practice and if there is any amount other than the excess that **we** cannot pay because the costs are not covered **we** will tell **you** in writing.
4. If **your claim** involves **complementary treatment** the claim form must be signed by **your vet** and the **therapist** must provide invoices showing the costs involved.
5. If **we** receive a request to pay the claim settlement direct to a veterinary practice, **we** have the right to decline this request.
6. **We** may refer **your pet's** case history to a **vet** that **we** choose and if **we** request, **you** must arrange for **your pet** to be examined by this **vet**.
7. If **you** decide to take **your pet** to a different **vet** or **therapist** for a second

opinion because **you** are unhappy with the diagnosis or **treatment** provided, **you** must tell **us** before **you** arrange an appointment with them. If **you** do not, **we** will not pay any costs relating to the second opinion. If **we** request, **you** must use a **vet** or **therapist** **we** choose. If **we** decide the diagnosis or **treatment** currently being provided is correct, **we** will not cover any costs relating to the second opinion.

8. It is **your** responsibility to ensure the veterinary practice or **therapist** is paid within the required timeframe:
 - If an additional charge is added to the cost of **treatment** due to the late payment of fees, **we** will deduct this charge from the claim settlement.
 - If the veterinary practice or **therapist** provides a discount for paying the cost of **treatment** within a certain timeframe, **you** must provide payment within this timeframe. If **you** do not, **we** will deduct the discount, which would have been provided, from the claim settlement.

How to claim for veterinary fees

Claims forms can be obtained by calling 0344 391 1087 or emailing petsathome.customerservice@allianz.co.uk and some veterinary practices will have a supply of veterinary fees claim forms. If **you** would like a claim form sent to **you** please contact **us**.

To make a claim under this section send **us** the completed claim form, along with the documentation below. **You** must submit **your** claim to **us** no later than one year after the **treatment** takes place. If **you** are submitting a claim for an ongoing condition **your vet** must still complete a claim form and supply **us** with the supporting invoices.

- The invoices from the veterinary practice or **therapist** which show what **you** are claiming for.
- The first claim submitted for **your pet** must include his/her full clinical history. The full clinical history is a record of all visits **your pet** has made to a **vet** and this information can be obtained from each veterinary practice **your pet** has attended. In addition, **we** may require the full clinical history when **you** submit claims for certain conditions but will let **you** know if this is needed once **we** have received **your** claim form.

Your insurance does not cover any charges made for the completion of claim forms or the cost of any supporting documentation.

Section 4 - Death from injury

Cover in this section only applies in the UK

What is covered

We will pay the price **you** paid for **your pet** if it either dies or has to be put to sleep by a **vet** as a result of an **injury**. If a purchase receipt cannot be provided as proof of purchase, **we** will pay the **market value** or the purchase price, whichever is less. If **you** did not pay for **your pet** **we** will pay the **market value**.

What is not covered

1. Any amount if the death is caused by an **illness**.
2. More than the **maximum benefit** shown on **your** Certificate of Insurance.
3. Any amount if the death results from an **injury** which happened before **your pet's** cover started.
4. Any amount if the death results from an **injury** which happened in the first 14 days of **your pet's** first **policy year**.
5. Any amount unless **your vet** confirms it was not humane to keep **your pet** alive because it was suffering from an **injury** that could not be treated.
6. Any amount if a claim has not been submitted within one year of **your pet's** death.

The details of how to claim under this section are shown below on page 4

Section 5 - Death from illness

Cover in this section only applies in the UK

What is covered

We will pay the price **you** paid for **your pet** if it either dies or has to be put to sleep by a **vet** as a result of an **illness**. If a purchase receipt cannot be provided as proof of purchase, **we** will pay the **market value** or the purchase price, whichever is less. If **you** did not pay for **your pet** **we** will pay the **market value**.

Cover is only provided up to the age of 5 years.

What is not covered

1. Any amount if the death is caused by an **injury**.
2. More than the **maximum benefit** shown on **your** Certificate of Insurance.
3. Any amount if **your pet's** death results from a **pre-existing condition**.
4. Any amount if **your pet's** death results from an **injury** or **illness which started in the first 14 days of cover**.
5. Any amount unless **your vet** confirms it was not humane to keep **your pet** alive because it was suffering from an incurable **illness**.
6. Any amount if **your pet's** death results from breeding, pregnancy or giving birth.
7. Any amount if **your pet** was aged 5 years or over.
8. Any amount if a claim has not been submitted within one year of **your pet's** death.

How to claim for death from injury or illness

Claims forms can be obtained by calling 0344 391 1087 or emailing petsathome.customerservice@allianz.co.uk. If **you** would like a claim form sent to **you** please contact **us**. To make a claim under this section send **us** the completed claim form, along with the documentation below. **You** must submit **your** claim to **us** no later than one year after **your pet's** death.

- The death certificate from **your vet**,
- The purchase receipt from when **you** bought **your pet**, and
- If **your pet** is a pedigree, a copy of the pedigree certificate.

Your insurance does not cover any charges made for the completion of claim forms or the cost of any supporting documentation.

Section 7 - Advertising and reward costs

Cover in this section only applies in the UK

What is covered

If **your pet** goes missing or is stolen, **we** will pay for the cost of advertising in a local newspaper and for the reward **you** have offered and paid for the recovery of **your pet**. **You** can claim up to the **maximum benefit** shown on **your** Certificate of Insurance for all incidents in each **policy year**.

What is not covered

1. Any reward paid to any person who:
 - Is a member of **your family**, lives with **you** or is employed by **you**.
 - Was caring for **your pet** when it was lost or stolen.
 - Stole **your pet**, or any person who is in collusion with the person who stole **your pet**.
2. Any reward that **we** have not agreed to before **you** advertised it.
3. Any reward not supported by a signed receipt giving the full name, address and telephone number of the person who found **your pet**.
4. Any amount if a claim has not been submitted within one year of **your pet** going missing.

Conditions applying to advertising and reward costs

You must comply with the following conditions to have the full protection under this section. If **you** do not, and the condition **you** have not kept to relates to a claim, **we** may refuse the claim.

1. **You** must take the following steps:
 - a) If **you** believe **your pet** has been stolen, within 24 hours of discovering he/she is missing **you** must tell the police and obtain written confirmation of **your** report.
 - b) For all missing pets, within 5 days of discovering **your pet** is missing **you** must tell at least one veterinary practice in the area where he/she was last seen.
2. **You** must obtain **our** approval before advertising a reward; if not, the cost of the reward will not be covered by this insurance.
3. **You** must provide **us** with a receipt(s) for any amount which **you** are claiming for. Any costs not supported by a receipt will not be covered by this insurance.

How to claim for advertising and reward costs

Claims forms can be obtained by calling 0344 391 1087 or emailing petsathome.customerservice@allianz.co.uk. If **you** would like a claim form sent to **you** please contact **us**. To make a claim under this section send **us** the completed claim form, along with the documentation below. **You** must submit **your** claim to **us** no later than one year after **your pet** went missing.

- Copies of any advertisements placed and receipts or bills to show the costs being claimed, and
- A receipt for any reward **you** are claiming. This must be signed by the person who found **your pet**, and include their full name, address and telephone number.

Your insurance does not cover any charges made for the completion of claim forms or the cost of any supporting documentation.

Section 9 - Emergency boarding fees and daily minding

Cover in this section only applies in the UK

What is covered

We will pay the cost of boarding **your pet** in a boarding establishment or the cost of a person looking after **your pet** if:

1. **You**, or any member of **your family** permanently residing with **you**, require emergency hospitalisation as an in-patient for 4 or more consecutive days.
2. **Your home** is uninhabitable as a result of circumstances beyond **your** control, including but not limited to flood, fire, hurricane and/or enforced evacuation on the order of the emergency services.

You can claim up to the **maximum benefit** shown on **your** Certificate of Insurance for all incidents in each **policy year**.

What is not covered

In this section 'you' and 'your' mean you and any member of your family permanently residing with you.

1. Any amount if **you** are in hospital for less than 4 consecutive days during each hospital stay.
2. Any amount if the person looking after **your pet** lives with **you** or is a member of **your family**.
3. Any costs resulting from **you** going into a hospital because of an **injury** or **illness** first occurring or showing symptoms before **your pet** was covered.
4. Any costs resulting from **you** being pregnant, giving birth or any treatment that is not related to an injury or illness.
5. Any costs resulting from **you** going into a hospital for the treatment for alcoholism, solvent abuse, drug abuse, drug addiction, attempted suicide or self-inflicted injury or illness.
6. Any costs resulting from care in a nursing home or from convalescence care that **you** do not receive in a hospital.
7. Any costs if a claim has not been submitted within one year of the stay in hospital.

How to claim for emergency boarding fees and daily minding

Claims forms can be obtained by calling 0344 391 1087 or emailing petsathome.customerservice@allianz.co.uk. If **you** would like a claim form sent to **you** please contact **us**. To make a claim under this section send **us** the completed claim form, along with the documentation below. **You** must submit **your** claim to **us** no later than one year after the stay in hospital.

- Written confirmation from the kennels/cattery or the person looking after **your pet** showing the dates and daily cost of boarding, and
- A medical certificate or written confirmation from the treating doctor or hospital confirming the dates of admission to, and discharge from, the hospital.

Your insurance does not cover any charges made for the completion of claim forms or the cost of any supporting documentation.

Section 10 - Trip cancellation or return home

Cover in this section only applies when:

- **You** are either in the UK or overseas in an agreed country, and
- **Your pet** is in the UK.

An agreed country is a European Union member state or territory which is included in the Pet Travel Scheme.

What is covered

We will pay travel and accommodation expenses that **you** cannot recover, for **you** and **your immediate family**, if:

- a) Up to 7 days before **you** leave **you** have to cancel **your** trip, or
- b) While **you** are away on a trip **you** have to cut **your** trip short,

Because **your pet** needs immediate life-saving veterinary **treatment** due to an:

- **Injury**, or
- **Your pet** showing the first **clinical signs** of an **illness**.

You can claim up to the **maximum benefit** shown on **your** Certificate of Insurance for all trips in each **policy year**.

What is not covered

1. Any amount or expense resulting from a **pre-existing condition**.
2. Any amount or expense resulting from an **injury** or **illness which started in the first 14 days of cover**.
3. Any amount **you** can claim back from anywhere else.
4. The cost of food.
5. Any cost relating to anyone who is not **you** or a member of **your immediate family**.
6. Any costs or expenditure for any holiday booked less than 28 days prior to departure.
7. Any additional cancellation charges incurred because **you** did not tell the company providing **your** transport or accommodation, their agents or any person acting for **you**, as soon as **you** knew **you** had to cancel **your trip**.
8. Any amount if a claim has not been submitted within one year of **your trip** being cancelled.

How to claim for trip cancellation or return home

Claims forms can be obtained by calling 0344 391 1087 or emailing petsathome.customerservice@allianz.co.uk. If **you** would like a claim form sent to **you** please contact **us**. To make a claim under this section send **us** the completed claim form, along with the documentation below. **You** must submit **your** claim to **us** no later than one year after **your trip** was cancelled.

- Written confirmation of the **treatment** signed by a **vet**.
- Cancellation invoices from **your** travel agent, tour operator or other holiday sales organisation. The invoices must show the dates and total cost of **your** holiday, the date **you** decided to cancel or return **home** and any expenses that **you** cannot recover.

Your insurance does not cover any charges made for the completion of claim forms or the cost of any supporting documentation.

Helplines

Bereavement counselling

This service is run by the Blue Cross – **you** can get help by calling **0800 138 6533**.

Legal advice helpline

What we will provide - Access to Lawphone, a helpline that gives **you** legal advice on any personal legal issue that affects **you**. It is available 24 hours a day 365 days a year.

What we will not provide - Legal advice for business issues.

How to get the advice - Phone 0370 241 4140 and quote master policy number 36823. **You** will be asked about the problem and the details will be passed to an advisor who will call **you** back.

The advice **you** get from Lawphone will always be according to the laws of Great Britain and Northern Ireland. **We** may record the calls for **your** and **our** mutual protection and **our** training purposes. This service is provided by Allianz Legal Protection, a trading name of Allianz Insurance plc.

Making a complaint

Our aim is to get it right, first time every time. If **you** have a complaint **we** will try to resolve it straight away. If **we** are unable to, **we** will confirm **we** have received **your** complaint within five working days and do our best to resolve the problem within four weeks. If **we** cannot **we** will let **you** know when an answer may be expected. If **we** have not resolved the situation within eight weeks **we** will issue **you** with information about the Financial Ombudsman Service (FOS) which offers a free, independent complaint resolution service. If **you** have a complaint please contact our Customer Satisfaction Manager at:

Pets at Home Pet Insurance, Allianz Insurance plc, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX, United Kingdom
Telephone: 0344 391 1091
Email: petsathome.complaints@allianz.co.uk

You have the right to refer your complaint to the Financial Ombudsman, free of charge - but you must do so within six months of the date of the 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.

The Financial Ombudsman Service, Exchange Tower, London E14 9SR
Website: www.financial-ombudsman.org.uk
Telephone: 0800 0234567 or 0300 1239123
Email: complaint.info@financial-ombudsman.org.uk

The European Commission has an online dispute resolution service for consumers who have a complaint about a product or service bought online. If **you** choose to submit **your** complaint this way it will be forwarded to the Financial Ombudsman Service. Visit ec.europa.eu/odr to access the Online Dispute Resolution Service. Please quote our e-mail address: petsathome.complaints@allianz.co.uk. Alternatively, **you** can contact the Financial Ombudsman Service directly.

Using **our** complaints procedure or contacting the FOS does not affect **your** legal rights.

Financial Services Compensation Scheme

If Allianz is unable to meet its liabilities **you** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Further information about compensation scheme arrangements is available at www.fscs.org.uk, by emailing enquiries@fscs.org.uk or by phoning the FSCS on 0800 678 1100 or 0207 741 4100.

Contacting us

Our telephone number	0344 209 0786
Our email address	petsathome.customerservice@allianz.co.uk
Our address	Pets at Home Pet Insurance Allianz Insurance plc Great West House (GW2) Great West Road Brentford Middlesex TW8 9DX United Kingdom
To obtain a claim form	0344 391 1087
Bereavement Counselling Helpline	0800 138 6533
Legal Advice Helpline	0370 241 4140

Please contact us if you require a copy of these Terms and Conditions in large print or Braille.

Allianz Insurance plc, (Registered in England No. 84638). Registered office address: 57 Ladymead, Guildford, Surrey GU1 1DB, United Kingdom. Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No. 121849.

Trading address is: Allianz Insurance plc, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX