



Corinium Pet

Insurance



CORINIUM PET INSURANCE
POLICY WORDING

Welcome to Corinium Pet Insurance!

LIFETIME REINSTATEMENT COVER POLICY WORDING

Thank you for choosing us for **Your** Pet Insurance.

Your Corinium Pet Insurance **Policy** is made up of this Policy Wording and **Your Certificate of Insurance**.

The **Certificate of Insurance** confirms the sections of cover **You** have chosen and the level of cover **You** have chosen. Put them somewhere safe, so that **You** can refer to them if **You** ever need to claim.

Please carefully check the details in your **Certificate of Insurance** and this Policy Wording to make sure the cover **You** have chosen meets **Your** needs.

If there is anything **You** are unsure of, please contact the **Administrator** and they will be happy to assist you or if **You** need to make any changes or if **You** have any queries regarding **Your Policy**, please contact the **Administrator** using the contact details below:

-  **Telephone: 01285 626032**
 -  **Email: admin@coriniuminsuranceservices.co.uk**
 -  **Write to Corinium Insurance Services at:
Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD**
- 

LIFETIME POLICIES

It's important **You** understand what **We** mean by Lifetime. **We** know this can be quite confusing, which is why **We** want to explain exactly how our Lifetime **Policy** works.

This Lifetime **Policy** does not guarantee that we will be able to provide cover for **Your Pets'** entire life.

Our Lifetime **Policy** is a 12-month annual contract which is subject to terms, conditions, and underwriting criteria. This 12-month period is known as the **Period of Insurance**.

We will pay for **Veterinary Fees** for the treatment of new **Illnesses** or **Injuries** that arise within the **Period of Insurance**. **You** will be covered for **Veterinary Fees** up to the **Policy Limit** **You** chose each year and this will be reinstated each year providing cover is made available to **You** and **You** continue to renew **Your Policy** with **Us**.

At the end of each **Period of Insurance** if **We** invite **You** to renew **Your** cover and **You** decide to accept by continuing to pay **Your Premium** (either monthly or annually) the **Policy** will be renewed. Occasionally, **We** may find as part of **Our** annual review that **We** cannot offer to cover **Your Pet** the following **Period of Insurance**. This can be for a variety of reasons as underwriting criteria and terms can change from time to time. If this ever happens, **We** will be sure to notify **You** as soon as possible to give **You** time to find alternative cover before **Your Period of Insurance** ends.



CORINIUM PET HELPLINE: WEBCHAT, PHONE AND VIDEO SUPPORT

The Corinium Pet Helpline is a 24-hour helpline service available to all of **Our** policyholders. It offers **You** peace of mind, with support from Royal College of Veterinary Surgeons (RCVS) registered veterinary nurses for any pet-related questions and unlimited consultations via phone, web chat or video call.

24/7/365 PHONE LINE



The phone lines go directly to Royal College of Veterinary Surgeons (RCVS) registered veterinary nurses and vets who offer appropriate advice for any pet-related questions **You** may have, from what to feed **Your** new puppy or kitten, to emergency care and helping **You** find an out-of-hours veterinary practice.

If **You** need to use this service call: **0333 332 0530**

LIVE WEB CHAT



We offer this service as a convenient option for policyholders. The Royal College of Veterinary Surgeons (RCVS) registered veterinary nurses and vets will answer any questions **You** may have about **Your** pet's wellbeing and health in an accessible text-based format.

If **You** need to use this service please access the link on our website:

<https://www.coriniuminsuranceservices.co.uk/pet-insurance/covers.php>

VIDEO CONSULTATIONS



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



ABOUT YOUR PET INSURANCE

Please take a little time to read and understand what is covered and what is not covered by **Your** insurance **Policy**, along with what **You** should do in the event of a claim to avoid any frustration or disappointment.

This document, together with **Your Certificate of Insurance**, explains the detailed terms of **Your Policy** coverage. **We** have tried to make this insurance **Policy** easily understood by **You**, the customer, in an effort to avoid unrealistic expectations in the event of a claim.

At the same time let **Us** assure **You** that if a claim arises, **We** will try **Our** best to provide **You** with a high level of timely and courteous service.

If **You** would like more information or if **You** feel that the coverage offered does not meet **Your** needs, please contact **Us** as soon as possible on 01285 626032, or by email at admin@coriniuminsuranceservices.co.uk or write to Corinium Insurance Services at: Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD.

IMPORTANT INFORMATION

In deciding to accept this **Policy** and in setting the terms including **Premium** **We** have relied on the information which **You** have provided to **Us**. **You** must take care when answering any questions **We** ask by ensuring that any information provided is accurate and complete.

If **We** establish that **You** deliberately or recklessly provided **Us** with untrue or misleading information **We** will have the right to:

- a) treat this policy as if it never existed;
- b) decline all claims; and
- c) retain the **Premium**.

If **We** establish that **You** carelessly provided **Us** with untrue or misleading information **We** will have the right to:

- i) treat this policy as if it never existed, refuse to pay any claim and return the premium **You** have paid, if **We** would not have provided **You** with cover;
- ii) treat this policy as if it had been entered into on different terms from those agreed, if **We**

would have provided **You** with cover on different terms;

- iii) reduce the amount **We** pay on any claim in the proportion that the premium **You** have paid bears to the premium **We** would have charged **You**, if **We** would have charged **You** more.

We will notify **You** in writing if (i), (ii) and/or (iii) apply.

If there are no outstanding claims and (ii) and/or (iii) apply, **We** will have the right to:

- 1) give **You** thirty (30) days' notice that **We** are terminating this policy; or
- 2) give **You** notice that **We** will treat this policy and any future claim in accordance with (ii) and/or (iii), in which case **You** may then give **Us** thirty (30) days' notice that **You** are terminating this policy.
- 3) If this policy is terminated in accordance with (1) or (2), **We** will refund any premium due to **You** in respect of the balance of the **Period of Insurance**.

If **You** become aware that the information **You** have given **Us** is inaccurate, **You** must inform the **Administrator** as soon as possible; on 01285 626032, or by email at admin@coriniuminsuranceservices.co.uk or write to Corinium Insurance Services at: Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD.

PET INSURANCE

Your Pet Insurance **Policy** is underwritten by Cranbrook Underwriting Services, a division of Chesterfield Insurance Brokers Limited (CUS), for and on behalf of SCOR UK Company Limited. CUS is authorised and regulated by the Financial Conduct Authority (FCA). **Our** FCA Firm Reference Number is 309345. Registered office 1 Minster Court, 5th Floor F, Mincing Lane, London EC3R 7AA.

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

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



STATEMENT OF DEMANDS AND NEEDS

This **Policy** meets the demands and needs of a customer who requires cover for **Veterinary Fees** incurred due to the treatment of their cat or dog for **Injury** or **Illness**.

We do not make personal recommendations as to the suitability of the **Policy** to individual circumstances.

EVIDENCE OF COVER

You should read this document and **Your Certificate of Insurance** carefully. Together, they give **You** full details of what is and is not covered and the conditions of the coverage.

AMENDING COVER

You cannot upgrade or increase **Your** cover limits in the middle of **Your Period of Insurance**. **You** may only apply for an increase in cover once **Your Policy** reaches **Your** annual renewal/review date by contacting the **Administrator**.

Upgrade cover – If **You** request to change **Your Policy** to an additional or higher **Policy** cover limit, the additional or higher **Policy** limits will not apply if an **Accident** or **Illness** occurred, or the **Clinical Signs** of a **Condition** started before the date **You** requested the upgrade.

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

If **You** request to change **Your Pet Policy** to a **Policy** with lower **Policy** limits, the previous **Policy** limits will no longer apply to any ongoing claims.

CANCELLATION PERIOD

This section explains **Your** rights in respect of cancelling **Your Policy**. This section also sets out **Our** rights in respect of cancelling **Your Policy**.

Your Right to Cancel:

You have the statutory right to cancel **Your Policy** coverage within 14 days of the start date of **Your Policy**. If **You** decide to cancel **Your Policy** within 14 days of the date of receiving this document, contact the **Administrator** for a full refund of **Premium** provided **You** have not made or intend to make a claim against **Your Policy**.

To cancel **Your Policy**, contact the **Administrator** either by telephone on 01285 626032, or by email at admin@coriniuminsuranceservices.co.uk or write to Corinium Insurance Services at: Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD.

At any other time during the **Period of Insurance**, **You** may cancel **Your Policy**. **We** will refund any **Premium You** have paid for the remainder of the **Period of Insurance**, as long as **You** have not made or intend to make a claim against **Your Policy**.

If **You** pay for **Your Policy** in one annual amount and **Your Pet** passes away, **We** may refund the remaining amount **You** have paid for the remainder of the **Period of Insurance**, as long as **You** have not made a claim.

You cannot make a claim for medical treatment which occurred after the date the **Policy** was cancelled, but cancelling the **Policy** will not affect **Your** right to claim for **Veterinary Treatment** which occurred before the date the **Policy** was cancelled.

Our Right to Cancel:

We can cancel this **Policy** by giving **You** 30 days' written notice. If **We** cancel the **Policy** during this time, **We** will refund any amount **You** have paid for the rest of the **Period of Insurance**, as long as **You** have not made a claim except for the following reasons. Valid reasons may include, but are not limited to:

- If **We** suspect fraudulent activity;
- If **You** are not complying with the terms and conditions of the **Policy** in a material way.
- If **You** or anyone acting on **Your** behalf use threatening or abusive behaviour towards **Our** staff, the staff employed by **Our Administrator**, the staff employed by **Our Claims Handlers** or any other suppliers **We** have engaged to administrate **Your Policy**;
- If **You** have demonstrated negligence or have not provided proper care for **Your Pet**;

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



ELIGIBILITY

The eligibility section of **Your Policy** outlines the criteria that must be met for **Your Pet** to be covered:

- 1) **Your Pet** must be aged between 8 weeks old and 8 years of age on the **Policy** start date stated on **Your Certificate of Insurance**.
- 2) **Your Pet** must not be used for commercial purposes, i.e. breeding, guarding, track racing, coursing or used in connection with shooting, i.e. as a gun dog or retriever.
- 3) **Your dog** must not be of a breed or type required to be registered under the Dangerous Dogs Act 1991, Dangerous Dogs (amendment) Act 1997, Dangerous Dogs Order (Northern Ireland) 1991 or any further amendments to this Act, or any dog that is, or whose parentage is a mix or cross with any dog of a breed or type that must be registered under this legislation.

In addition, dogs of the following types or breeds (including any dog whose parentage is a mix or cross with any of these types or breeds) are excluded from cover under any section of this **Policy**:

Akita, Alapaha Blue Blood Bulldog, American Bandogge Mastiff, American Bulldog, American Bully, American Bull Mastiff, American Mancon, American Pit Bull Terrier, American Staffordshire Terrier, Anatolian Shepherd Dog (Karabash), Argentinian Mastiff, Australian Dingo, Bandog, Bandogge Mastiff, Boar Hounds, Boerboel, Bully Kutta, Canary Dog (Perro de Presa Canario), Cane Corso, Cao Fila, Cirneco Dell Etna, Classic Bully, Coton de Tulear, Czechoslovakian Wolfdog/Czechoslovakian Vlack, Danish Mastiff, Dingo, Dogue Brasileiro, Dogue de Bordeaux, English Mastiff, Extreme Bully, Foxhound, French Mastiff, Grand Bleu de Gascogne, Irish Staffordshire Bull Terrier, Italian Mastiff (Cane Corso), Korean Jindo, Laponian Herder, Leonberger, Mastiff, Majorcan Mastiff, Mastweiler, Mexican Hairless, Neapolitan Mastiff, Northern Inuit, Pit Bull Mastiff, Pocket Bully, Portuguese Mastiff, Portuguese Podengo, Pyrenean Mastiff, Racing Greyhound, Saarloos Wolfdog, Segugios Italiano, Shar Pei, Shetland Sheepdog, Spanish Mastiff, Standard Bully, Tamaskan, Tibetan Mastiff, Timber Dog, Utonagan or Fox Hound, Wolf Dog and Wolf Hybrid.

- 4) **Your dog** must not have been the subject of any complaint to the police.
- 5) The coverage under **Your Policy** is only available to **You** if **You** and **Your Pet** are permanently resident at the address listed in **Your Certificate of Insurance** in the **United Kingdom**.
- 6) **Your Pet** must be microchipped.
- 7) **Your Pet** must be registered at a **United Kingdom** Veterinary Practice on or before the **Policy** start date.

If **You** feel that the coverage offered does not meet **Your** needs, please contact the **Administrator** as soon as possible on 01285 626032, or by email at admin@coriniuminsuranceservices.co.uk or write to Corinium Insurance Services at: Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD.

HOW TO CLAIM

In the unfortunate event that **Your Pet** suffers from an **Illness** or **Injury**, **You** can make a claim by:

1. Using the online claim form link which can be found on the Corinium Pet Insurance website: <https://www.coriniuminsuranceservices.co.uk/pet-insurance/claims/make-claim.php>
2. If **You** need a claim form to be emailed to **You** or **You** would like it posted:
 - Telephone: 01285 626032;
 - Email: admin@coriniuminsuranceservices.co.ukThe **Claims Handler** is available Monday - Friday, 9am - 5pm (excluding bank holidays)

When submitting **Your** claim form, the following applies;

- **You** will need to have **Your Policy** number, **Pet** name and **Your** details ready.
- **You** will need to know if **Your** Veterinary Practice or Specialist has agreed for the claim payment to be made directly to them. If this is the case, bank details will need to be supplied.
- **You** will need to know the details of the Practice that treated **Your Pet**, including their email address.
- **Your Vet** or Specialist will need to complete a section on the claim form.
- **Your Pet's** full clinical history and invoice detailing the cost for each individual treatment will need to be provided.

Please note, if **You** need to claim following an incident with a Third Party or **You** would like to claim for repeat medication, please contact the **Claims Handler** to request a claim form by calling or emailing them.



WHEN TO CLAIM

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

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

CLAIMS CONDITIONS

General Claims Conditions:

Failure to adhere to the claims conditions listed here may result in **Us** refusing to process **Your** claim.

- **You** must arrange for a **Vet** to examine and treat **Your Pet** as soon as possible after it shows **Clinical Signs** of an **Injury** or an **Illness**.
- **You** or **Your Vet** should submit **Your** claim form to the **Claims Handler** no later than 90 days from the last date **Your Pet** received treatment or at the end of the **Period of Insurance** if the treatment has not finished by this time (whichever is the sooner).
- The **Claims Handler** will not provide pre-authorisations or guarantee on the phone to pay a claim. **You** must send them a claim form that has been fully completed and they will then write to **You** with their decision.
- Following the acceptance of a claim, **We** and the **Claims Handler** have the right to act in **Your** name and pursue any necessary actions against third parties to recover any payments **We** made under this **Policy**, for **Our** own benefit and at **Our** own expense.
- If, when **You** claim, there is another insurance under which **You** are entitled to an indemnity, **We** will only pay **Our** share of the claim. **You** must tell the **Claims Handler** name and address of the other insurance company and **Your Policy** number.
- Unless **We** agree otherwise the language of the **Policy** and all communications relating to it will be in English. **You** agree to pay translation costs for any claim documentation not written in English.

Claims For Veterinary Fees:

- **You** agree that any **Vet** has **Your** permission to release information **We** and/or the **Claims Handler** ask for regarding **Your Pet**. If the **Vet** makes a charge for this, **You** must pay the charge.

- When **You** claim **You** agree to give the **Claims Handler** any information they may reasonably ask for.
- **You** are responsible for ensuring that **Vets** or specialists are paid within their specified terms of business. **We** will not cover any additional charges added to **Your** bill for late payment or any credit charges.
- **We** do not cover the cost of obtaining a second opinion regarding **Your Pet's** condition. **We** reserve the right to obtain a second opinion from **Our** veterinary advisor if the total **Veterinary Fees** charged for the investigation of **Clinical Signs**, or **Veterinary Treatment** of an **Injury** or **Illness** in **Our** opinion are unreasonable.
- If any dispute arises between **You** and **Us** about the amount to be paid under **Your Policy**, it may be remitted to an arbitrator who will be appointed by the parties in accordance with the legal provisions in force at that time.

LEVELS OF COVER

Your Certificate of Insurance will show **You** the level of cover **You** have purchased.

Your Policy provides cover only for the cover level as shown on **Your Certificate of Insurance**. The **Policy** option that **You** have chosen is shown on **Your Certificate of Insurance**.

Once the cover level has been reached, claims for treatment costs for that **Illness** or **Injury** will no longer be paid in that **Policy** year.

You can choose between:

LIFETIME REINSTATEMENT LEVEL 1: VETERINARY FEES £1,500

We will pay for **Veterinary Fees** for the treatment of new **Illnesses** or **Injuries** that arise within the **Period of Insurance**. **You** will be covered for **Veterinary Fees** up to the **Policy limit** each year if **You** have chosen Level 1, and this will be reinstated each year providing cover is made available to **You** and **You** continue to renew **Your Policy** with **Us**.

The maximum amount **We** will pay for **Veterinary Fees** incurred in the treatment of covered **Injuries** or **Illnesses** in any one **Period of Insurance** is £1,500, which is also inclusive of any **Complementary Treatment Your Pet** may receive.



LIFETIME REINSTATEMENT LEVEL 2: VETERINARY FEES £3,500

We will pay for **Veterinary Fees** for the treatment of new **Illnesses** or **Injuries** that arise within the **Period of Insurance**. You will be covered for **Veterinary Fees** up to the **Policy limit** each year if You have chosen Level 2, and this will be reinstated each year providing cover is made available to You and You continue to renew **Your Policy** with Us.

The maximum amount We will pay for **Veterinary Fees** incurred in the treatment of covered **Injuries** or **Illnesses** in any one **Period of Insurance** is £3,500, which is also inclusive of any **Complementary Treatment Your Pet** may receive.

LIFETIME REINSTATEMENT LEVEL 3: VETERINARY FEES £5,000

We will pay for **Veterinary Fees** for the treatment of **Illnesses** or **Injuries** that arise within the **Period of Insurance**. You will be covered for **Veterinary Fees** up to the **Policy limit** each year if You have chosen Level 3, and this will be reinstated each year providing cover is made available to You and You continue to renew **Your Policy** with Us.

The maximum amount We will pay for **Veterinary Fees** incurred in the treatment of covered **Injuries** or **Illnesses** in any one **Period of Insurance** is £5,000, which is also inclusive of any **Complementary Treatment Your Pet** may receive.

COMPLAINTS

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

Any complaints about this **Policy** or related services should, in the first instance, be made to:

The Complaints Manager, Corinium Insurance Services, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD, Tel: +44(0)1285 626032.

The **Administrator** will contact You within three days of receiving Your complaint to inform You of what action We are taking. We will try to resolve the problem and provide Our response within four weeks. If it will take Us longer than four weeks We will explain the current position and let You know when You can expect Our response.

In the event that You are unhappy with Our response to Your complaint, or You have not received Our response within 8 weeks of the date We received Your complaint, You may be eligible to refer Your case to the Financial Ombudsman Service, who can review complaints from 'eligible complainants', but You must do so within 6 months of receiving Our final response. Further information can be found at: www.financial-ombudsman.org.uk

The Financial Ombudsman Service exists to help resolve complaints when We have not been able to resolve matters to Your satisfaction and the service they provide is free and impartial. Their contact details are as follows:

Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London, E14 9SR

Telephone: 0800 023 4567 (calls to this number are free on mobile phones and landline) or 0300 123 9123 (Calls to this number cost no more than calls to 01 and 02 numbers.)

Email: complaint.info@financial-ombudsman.org.uk

This complaints procedure does not affect Your legal rights.



DEFINITIONS – WORDS WE USE

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

Accident - A sudden and unexpected event which happens during the **Policy Period of Insurance**, resulting in bodily **Injury** to **Your Pet**.

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

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

Bilateral Condition - Where an **Accident, Illness** or **Injury** is affecting one body part of which **Your Pet** has two (e.g. ears, eyes, knees, cruciate ligaments) this will be considered a **Bilateral Condition** and when applying the **Policy Limit** or an exclusion, a **Bilateral Condition** is considered to be one condition.

Certificate of Insurance - The validation of **Your** insurance coverage issued by **Us** which forms part of this **Policy**. The certificate confirms the name of the policyholder, the covered **Pet's** details, as well as the limits and details of the cover provided by this **Policy**.

Chronic Condition - An **Injury, Illness** or **Clinical Sign** that continues indefinitely, or cannot be cured or eradicated and that may recur or require ongoing treatment.

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

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

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

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

0 Years up to 6 Years:

15% will be deducted from the claims settlement after the **Excess**;

7 Years +:

20% will be deducted from the claims settlement after the **Excess**;

10 Years +:

30% will be deducted from the claims settlement after the **Excess**.

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

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

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

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

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

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



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

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

Excess - This is the first amount of each claim for each separate new **Accident, Illness** or **Injury** which you will need to pay. This amount is stated on **Your Certificate of Insurance**.

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

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

Immediate Family - **Your** spouse or domestic partner, and **Your** or **Your** spouse or domestic partner's children (including fostered, adopted or step-children, even if they do not live with **You**, and **Your** or **Your** spouse or domestic partner's parents, grandparents, brothers or sisters, and any other person permanently residing at **Your** address, including any person employed by **You**.

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

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

Policy – **Your Certificate of Insurance**, this **Policy** document and any endorsements.

Policy Limit - The most **We** will pay during any one **Period of Insurance** as detailed in **Your Certificate of Insurance**.

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

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

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

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

Vet - A current, qualified member of the Royal College of Veterinary Surgeons practising within the **United Kingdom**.

Veterinary Fees - The amount **Vets** in general or referral practice usually charge for the provision of **Veterinary Treatment**.

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

We, Us, Our, Insurer – Means Corinium Insurance Services and/or Cranbrook Underwriting Services, a division of Chesterfield Insurance Brokers Limited, for and on behalf of SCOR UK Company Limited .

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

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



SECTIONS OF COVER

Your Policy provides cover only for the cover level You have chosen as shown on Your Certificate of Insurance.

SECTION 1 VETERINARY FEES

WHAT WE COVER:

We will pay up to the limit shown on Your Certificate of Insurance for the cost of Veterinary Fees for Veterinary Treatment Your Pet has received for an Injury or Illness that occurred or began during the Period of Insurance.

WHAT WE DO NOT COVER:

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

1. The **Excess** as shown in Your Certificate of Insurance.
2. The **Co-Payment** amount of 15% where Your Pet is 0 years of age up to 6 years of age.
3. The **Co-Payment** amount of 20% where Your Pet is 7 years of age up to 10 years of age.
4. The **Co-Payment** amount of 30% where Your Pet is 10 years of age or older, even if Your Pet turns 7 years of age or 10 years of age part way through a treatment period.
5. More than the **Policy Limit** for the combined **Veterinary Fees** charged for the total cost of treatment for all **Illnesses** and **Injuries** incurred within the **Period of Insurance** including **Complementary Therapy**.
6. Any cost for **Veterinary Treatment** of a **Pre-existing Condition**.
7. Any cost for **Veterinary Treatment** of a **Chronic Condition** that first occurred or showed **Clinical Signs** before the **Policy** start date shown in **Your Certificate of Insurance**.
8. The cost of treatment for:
 - a. An **Accident** that occurs within the first 5 days of the **Policy** start date shown in **Your Certificate of Insurance** (not applicable to renewing policies).
 - b. An **Illness** that first occurred or showed **Clinical Signs**, within the first 14 days of the **Policy** start date shown in **Your Certificate of Insurance** (not applicable to renewing policies).
 - c. Any claim for cruciate ligament issues that occur within 14 days of the commencement date of **Your Policy** will be treated as an **Illness** and not an **Accident**.
9. The cost of any routine or preventive procedure carried out to prevent **Injury** or **Illness**, such as the vaccination schedule recommended by **Your Vet**, claw clipping, grooming, scale and polish, cosmetic dentistry and cosmetic surgery.
10. The cost of any procedure or complications arising from a procedure that **You** choose to have carried out not directly related to an **Injury** or **Illness**, including but not limited to elective dew claw removal or umbilical hernia repair.
11. The cost of deworming or flea control.
12. The cost of any food (including food prescribed by a **Vet**).
13. The cost of pheromone products unless prescribed by **Your Vet** as part of a structured behaviour modification programme. If **Your Vet** prescribes a pheromone product, then coverage of the product is limited to a maximum period of 6 months.
14. The cost of neutering (including chemical castration) or spaying (including spaying to prevent mammary tumours or false pregnancy).
15. Any costs associated with breeding, pregnancy or giving birth (including the **Veterinary Fees** for a caesarean section).
16. Any costs associated with having **Your Pet** put to sleep, including, but not limited to, veterinary consultations, prescribed medications specifically needed to carry out the procedure, cremation costs, or post mortem costs.
17. The cost of house calls unless the **Vet** confirms that moving **Your Pet** would further damage their health, regardless of **Your** personal circumstances.
18. Extra costs for treating **Your Pet** outside usual surgery hours, unless the **Vet** confirms that the condition is an **Emergency**.
19. The cost of hospitalisation and any associated **Veterinary Treatment**, unless the **Vet** confirms it is essential that **Your Pet** is hospitalised, regardless of **Your** personal circumstance.
20. The cost of surgical items that can be used more than once.
21. The cost of treatment for or in connection with aggression if **Your Pet** has been aggressive towards people or other animals prior to **Your Policy** start date as shown on the **Certificate of Insurance**, or the cost of treatment for **behavioural Illness** if **Your Pet's** behaviour is caused by **You** failing to provide proper care or adequate training.
22. The cost of any form of housing, including cages, whether hired or purchased.
23. The cost of bathing, grooming or de-matting **Your Pet** unless: **You** have taken all reasonable steps to maintain **Your Pet's** health, and **Your Vet** confirms that only a **Vet** or a member of a veterinary practice can carry out these activities, regardless of **Your** personal circumstances.
24. The cost of any prosthesis, including any **Veterinary Treatment** needed to fit the prosthesis, other than the cost of hip, knee and/or elbow replacement(s).
25. The cost of any claim caused by **Your** negligence (including the treatment of obese **Pets** and symptoms incidental to obesity).



26. Any costs relating to dental or gum treatment unless as a direct result of an **Accident** and providing **Your Pet** had a dental examination by a **Vet** within 12 months prior to the **Accident**.
27. More than one claim for a **Dietary Indiscretion** during any one **Period of Insurance**. **We** will only pay the first and earliest occurrence of a **Dietary Indiscretion**.
28. **Veterinary Fees** for **Veterinary Treatment** of **Your own Pet**, and or **Veterinary Fees** for pets belonging to veterinary practice staff unless claimed at cost price If **You**, the policyholder are the **Vet**.
29. The cost of any treatment in connection with retained testicles.
30. Any cost associated with routine or investigative laboratory tests or procedures unless **Clinical Signs** exist and the tests and procedures are to diagnose the suspected condition indicated by those **Clinical Signs**, or if the tests or procedures assist with the ongoing maintenance of a diagnosed condition. This includes pre-operative blood tests unless **Your Pet's** medical history indicates a life threatening risk during surgery.
31. Any administrative costs incurred by completing a claim form, **Vet** referral letters, postage and packing fees and clinical waste fees.
32. The cost of obtaining a second opinion regarding **Your Pet's** condition.
33. Any claim notified 90 days after the end date of the **Veterinary Treatment** for the condition, **Injury** or **Illness**.
34. Costs resulting from any transportation associated with the claim.
35. Any costs for the treatment of **Your Pet** that relate to organ transplantation.
36. Expenses not supported by a receipt or invoice showing all the details of the costs incurred.
37. Costs for treatment that are not incurred during the **Period of Insurance**.
38. Anything mentioned in the 'General Exclusions' section.

SECTION 1.1 – COMPLEMENTARY TREATMENT

WHAT WE COVER:

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

WHAT WE DO NOT COVER:

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

39. **Complementary Therapy** Fees for treatment to **Your own Pet**, and **Complementary Therapy** fees for **Pets** belonging to **Complementary Therapy** practice staff unless claimed at cost price If **You** the policyholder are the **Complementary Therapist**.

SECTION 2 - PUBLIC LIABILITY

WHAT WE COVER:

Third Party Liability Cover under this section applies to the dog identified on the **Certificate of Insurance** only. There is no cover for cat(s) under this section.

*Important: The coverage under this section does not apply to claims or incidents which occur anywhere outside of the **United Kingdom**.*

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

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

1. Compensation and claimant’s costs and expenses, and
2. Legal costs and expenses for defending a claim against **You**.
3. Public Liability Limit of Indemnity up to £1,000,000 for all incidents occurring in total within any one **Period of Insurance**.

EXCESS AMOUNT APPLYING TO THIS SECTION OF COVER:

The **Excess** applicable to this section is the first £250 of any compensation **You** are found to be legally responsible to pay.



WHAT WE DO NOT COVER:

1. Any loss, damage or liability that is covered under another policy of insurance, unless the limits of that coverage are exhausted.
2. More than the maximum limit of indemnity for each incident, or for all incidents combined.
3. Any costs or expenses for defending **You** which **We** have not agreed beforehand.
4. Any compensation, costs or expenses for an incident which involves **Your** profession, occupation or business.
5. Any compensation, costs or expenses if **You** are legally responsible only because of a contract **You** have entered into.
6. Any compensation, costs or expenses if the injured person lives with **You**, is a member of **Your Immediate Family** or is employed by **You**.
7. Any compensation, costs or expenses if the property damaged belongs to **You**, any person who lives with **You**, a member of **Your Immediate Family** or a person who is employed by **You**.
8. Any compensation, costs or expenses if **You**, a member of **Your Immediate Family** or any person who lives with **You** or is employed by **You** is responsible for, or looking after, the property that is damaged.
9. Any compensation, costs or expenses that result from an incident if **You** have not followed instructions or advice given to **You** by **Your Vet**, **Your Pet's** previous owners or a re-homing organisation about the behaviour of **Your Pet**.
10. Any compensation, costs or expenses if **You** are deemed responsible under the laws of any country, other than the **United Kingdom**.
11. Any compensation, costs or expenses if **You** are found to be responsible for air, water or soil pollution, unless it can be proven that the pollution took place immediately after and as a result of an **Accident** involving **Your Pet**.
12. Any compensation, costs or expenses resulting from an incident that happens where **You** work.
13. Any compensation, costs or expenses if **Your Pet** is kept or lives on premises which sell alcohol.
14. Costs resulting from any incident specified as excluded on **Your Certificate of Insurance** or is generally not covered within the Terms and Conditions in this **Policy** wording.
15. Any compensation, costs or expenses if **Your** dog is of a type or breed specified in Section 1 of the Dangerous Dogs Act 1991 (or designated for the purposes of that Section by an order of the Secretary of State) or in the Dangerous Dogs (Northern Ireland) Order 1991, and any amendments thereto, or if **Your** dog is of a mixed or crossbreed with one or more of these animals.

16. Any fines, penalties for breach of quarantine restrictions or import or export regulations.
17. Any loss, damage or liability for any incident that did not occur during the **Period of Insurance**.

SPECIAL CONDITIONS THAT APPLY TO THIS SECTION:

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

GENERAL CONDITIONS

These general conditions apply to **Your** whole **Policy**. Certain sections of cover have additional conditions specific to that section of cover. These are the conditions of the insurance that **You** need to meet as **Your** part of this contract. If **You** do not meet these conditions, **We** may need to reject a claim payment or a claim payment could be reduced. In some circumstances **Your Policy** may not be valid.

1. Throughout the **Period of Insurance**, **You** must take all reasonable steps to maintain **Your Pet** in good health and to prevent **Accidents, Injuries, or Illnesses**.
2. **You** must keep **Your Pet's** vaccinations and boosters up to date in line with **Your Vet's** recommendations. If **You** do not vaccinate **Your Pet** as **Your Vet** recommends, **We** will not pay any claims that result from any **illnesses** that might have been prevented or their severity lessened by the recommended vaccinations.
3. **Your Pet** must have an annual check-up by a UK qualified **Vet**.
4. If, when **You** claim, there is another insurance under which **You** are entitled to an indemnity, **We** will only pay **Our** share of the claim. **You** must tell **Us** the name and address of the other insurance company and **Your Policy** number.
5. If **You** have any legal rights against another person in relation to **Your** claim, **We** may take legal action against them in **Your** name at **Our** expense. **You** must



- give **Us** all the help **You** can and provide any documents **We** ask for.
6. If **You** have provided false information, or make a false or exaggerated claim, or any claim involves **Your** dishonesty or the dishonesty of anyone acting on **Your** behalf, this **Policy** will end and **Our Claims Handler** will not make any further claim payments.
 7. **Your Pet** is only covered under this **Policy** if **You** pay the **Premium**. If **You** miss a **Premium** instalment **We** will notify **You** of the missed **Premium** and attempt to re-collect the **Premium** 7 days later. If the recollection is not successful **We** will notify **You**, and **You** must pay the outstanding **Premium** amount within 1 month of **Your** original collection date. If **We** have still not received **Your** outstanding **Premium** amount at this point, **Your Policy** will be automatically cancelled and **We** will make no further claim payments.
 8. **You** agree that any **Vet** has **Your** permission to release information **We** ask for regarding **Your Pet**. If the **Vet** makes a charge for this, **You** must pay the charge.
 9. **You** will be required to pay the **Excess** and **Co-Payment** to **Your Vet**. If the **Vet** who has treated **Your Pet** or is about to treat **Your Pet**, asks for information about **Your** insurance that relates to a claim, the **Claims Handler** will tell the **Vet** what the insurance covers, what they will not pay for, how the amount they pay is calculated and if the **Premiums** are paid to date.
 10. When **We** offer further periods of insurance **We** will change the amount of the **Premium** and may also change the **Policy** terms and conditions.
 11. The **Claims Handler** will not provide pre-authorisations or guarantee on the phone to pay a claim. **You** must send them a claim form that has been fully completed and they will then write to **You** with their decision.
 12. When **You** claim **You** agree to give the **Claims Handler** any information they may reasonably ask for.
 13. **You** and **We** are free to choose the laws applicable to the **Policy**. **We** propose to apply the Laws of England and Wales with exclusive jurisdiction to the Courts of England, and by purchasing this **Policy**, **You** have agreed to this.
 14. Unless **We** agree otherwise the language of the **Policy** and all communications relating to it will be in English.
 15. **You** must arrange for a **Vet** to examine and treat **Your Pet** as soon as possible after it shows **Clinical Signs** of an **Injury** or an **Illness**.
 16. **You** agree to pay translation costs for any claim documentation not written in English.
 17. **We** will write to **You** before **Your Policy** expires with full details of **Your** next year's **Premium** and **Policy** conditions. If **You** pay **Your Premium** by monthly/annual Direct Debit, **Your Policy** will automatically renew and **Premium** payments will continue to be taken via this method. If **You** pay **Your Premium** by annual debit card, **Your Policy** will automatically renew, but **You** will need to contact **Us** in order to make the annual **Premium** payment. If **You** do not want to renew **Your Policy** all **You** need to do is contact the **Administrator** on 01285 626032 or Email: admin@coriniuminsuranceservices.co.uk
 18. If **We** are no longer able to offer **You** cover, **We** will write to **You** at least 21 days before **Your** next renewal date explaining why.
 19. As per pet Section 27 of the Road Traffic Act 1988: "A person who causes or permits a dog to be on a designated road without the dog being held on a lead is guilty of an offence. It also states, in this section, "designated road" means a length of road specified by an order in that behalf of the local authority in whose area the length of road is situated - For further details see The Road Traffic Act 1988. With this in mind, a dog on a designated road must be on a collar and lead under control.
 20. When walking **Your Pet** in an area other than a designated road, **You** must ensure that **Your Pet** remains under **Your** control and reasonable steps must be taken to prevent **Your Pet** escaping onto a designated road. When nearing a road **You** must ensure **Your Pet** is on a lead.
 21. **You** must ensure that any lead, collar and/or harness is in good condition and fits **Your Pet** to prevent escape. **You** must also ensure that any lead is used in such a way as to prevent the same slipping out of **Your** grasp should **Your Pet** suddenly pull away from **You**.
 22. **You** must ensure **Your Pet** cannot escape or stray from **Your** property and any area in which a dog is kept must be secure and appropriately fenced or otherwise secured and all reasonable steps must be taken to prevent escape. When loading **Your Pet** into or out of **Your** vehicle, **You** must ensure that the area is either secure or **Your Pet** is on a lead.
 23. **We** may at **Our** option decide to supply pharmaceuticals, drugs, prescriptions or medications prescribed by **Your Vet** for the treatment of an **Injury** or **Illness** directly from the supplier of **Our** choice.
 24. **We** reserve the right to obtain a second opinion from **Our** veterinary advisor if the total **Veterinary Fees** charged for the investigation of **Clinical Signs**, or **Veterinary Treatment** of an **Injury** or **Illness** in **Our** opinion are unreasonable.
 25. At **Our** discretion, **We** may deduct the **Excess** cost of any medication from a claim that **We** deem to be excessive or to exceed the usual market value.
 26. Where a condition is affecting one body part of which **Your Pet** has two, one each side of the body (e.g. ears, eyes, knees, cruciate ligaments) this will be considered to be a **Bilateral Condition**, and, when applying the **Policy Limit** or an exclusion, **Bilateral Conditions** are considered to be one condition.



27. If **You** obtain regular medication for **Your Pet** via an online Pet medication prescription service this may result in lower costs for **You** and **Us**.
28. **We** will not accept responsibility for any claim until a detailed veterinary account, a complete medical history and other information reasonably requested by the **Claims Handler** is received on our behalf.
29. When **We** resolve **Your** claim, **We** will deduct from the claim any amount due to **Us**.
30. **You** must observe and comply with all the terms, conditions and support of the **Policy** wording otherwise **We** will not accept liability for any claims.
31. If any dispute arises between **You** and **Us** about the amount to be paid under **Your Policy**, it may be remitted to an arbitrator who will be appointed by the parties in accordance with the legal provisions in force at that time.
32. The **Claims Handler** will only make claim payments to **Your Vet** or to **You**. The **Claims Handler** will not make payments to any other person(s).
33. **You** must tell **Us** if **You** change address or **You** no longer own **Your Pet** or **You** transfer ownership of the **Pet** to another person. When **You** inform **Us** of a change, **We** will tell **You** if this affects **Your Policy**; for example whether **We** are able to accept the change, whether cover can continue and if so, whether the change will result in revised terms and/or **Premium** being applied to the **Policy**. If **You** do not inform us about a change it may affect any claim **You** make. **You** must be able to supply the **Pet's** full clinical history and failure to notify **Us** of a ownership transfer will result in the ceasing of all active claims.
34. Following **Our** acceptance of a claim, **We** and the **Claims Handler** have the right to act in **Your** name and pursue any necessary actions against third parties to recover any payments **We** made under this **Policy**, for **Our** own benefit and at **Our** own expense.
35. **You** are responsible for ensuring that **Vets** or specialists are paid within their specified terms of business. **We** will not cover any additional charges added to **Your** bill for late payment or any credit charges.
36. If **You**, or any one acting for **You**, make a fraudulent claim under this insurance contract, **We**:
 - (a) Are not liable to pay the claim; and
 - (b) May recover from **You** any sums paid by **Us** to **You** in respect of the claim; and
 - (c) May by notice to **You** treat the contract as having been terminated with effect from the time of the fraudulent act.
 1. If **We** exercise **Our** rights under clause 1) c) above:
 - a) **We** shall not be liable to **You** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **Our** liability under the insurance contract (such as the occurrence of a loss, the

making of a claim, or the notification of a potential claim); and
 b) **We** need not return any of the premiums paid.

GENERAL EXCLUSIONS

These exclusions apply to all sections of cover of the whole **Policy** in addition to the exclusions listed under "what **You** are not covered for", **We** will not pay any claim for:

1. Any animal less than 8 weeks old or over 8 years old at the date cover started as shown on **Your Certificate of Insurance**.
2. Any claim for an **Injury** that occurs, or an **Illness** that begins, or for **Veterinary Treatment** not carried out within the **Territorial Limits**.
3. Any claim for animals that are used for breeding, working, guarding, track racing, coursing or used in connection with shooting i.e. gundogs.
 Any dog that must be registered under the Dangerous Dogs Act 1991, Dangerous Dogs (amendment) Act 1997, Dangerous Dogs Order (Northern Ireland) 1991 or any further amendments to this Act, or any dog that is, or is mixed or crossed with a Pit Bull Terrier, Dogo Argentino, Perro De Presa Canario (Dogo Canario), Japanese Tosa or a Fila Brasileiro. In addition, the following types/breeds (including any dog mixed or crossed with these dogs) are excluded from cover under any section of this **Policy**: Akita, Alapaha Blue Blood Bulldog, American Bandogge Mastiff, American Bulldog, American Bully, American Bull Mastiff, American Mancon, American Pit Bull Terrier, American Staffordshire Terrier, Anatolian Shepherd Dog (Karabash), Argentinian Mastiff, Australian Dingo, Bandog, Bandogge Mastiff, Boar Hounds, Boerboel, Bully Kutta, Canary Dog (Perro de Presa Canario), Cane Corso, Cao Fila, Cirneco Dell Etna, Classic Bully, Coton de Tulear, Czechoslovakian Wolfhound/Czechoslovakian Vlack, Danish Mastiff, Dingo, Dogue Brasileiro, Dogue de Bordeaux, English Mastiff, Extreme Bully, Foxhound, French Mastiff, Grand Bleu de Gascogne, Irish Staffordshire Bull Terrier, Italian Mastiff (Cane Corso), Korean Jindo, Lapponian Herder, Leonberger, Mastiff, Majorcan Mastiff, Mastweiler, Mexican Hairless, Neapolitan Mastiff, Northern Inuit, Pit Bull Mastiff, Pocket Bully, Portuguese Mastiff, Portuguese Podengo, Pyrenean Mastiff, Racing Greyhound, Saarloos Wolfhound, Segugios Italiano, Shar Pei, Shetland Sheepdog, Spanish Mastiff, Standard Bully, Tamaskan, Tibetan Mastiff, Timber Dog, Utonagan or Fox Hound, Wolf Dog and Wolf Hybrid.
4. Any amount if **You** break the **United Kingdom** laws or regulations, including those relating to animal health or importation.
5. Any amount if **Your Pet** is confiscated or destroyed



by government or public authorities or under the Animals Act 1971 **United Kingdom** because it was worrying livestock. This includes any further amendments to this Act.

6. Any costs caused because the Department for Environment, Food and Rural Affairs (DEFRA) have put restrictions on **Your Pet**.
7. Any loss that arises as a result of an epidemic or pandemic outbreak or any reportable disease (actual or perceived).
8. Any loss as a result of an act of force or violence for political, religious or ideological reasons, war, riot, revolution or any similar event, including any chemical or biological terrorism.
9. Any amount caused by radiation, nuclear explosion and / or precipitation or contamination by radioactivity.
10. Any legal expenses, fines and penalties connected with or resulting from a Criminal Court Case or an Act of Parliament.
11. Any amount resulting from a disease transmitted from animals to humans or visa versa.
12. Any amount if **You** or **Your Pet** live outside the **United Kingdom**.
13. Any costs caused by **You** taking **Your Pet** on a journey against a **Vet's** advice.
14. Any claim for a **Pet** that is not microchipped in accordance with current **United Kingdom** microchipping legislation.
15. Any claims of any kind that are caused by **Your Pet** straying, escaping, damaging property, or attacking persons or pets if **Your Pet** has carried out this act before.
16. Any loss, damage or liability that is covered under another policy of insurance.
17. The **Claims Handler** will only make claim payments to the **Vet** or **You**. The **Claims Handler** will not make any payments to any other person(s).
18. Any loss, **Injury**, damage, **Illness**, death or legal liability directly or indirectly caused by, happening through, in consequence of or contributed to by:
 - An epidemic, pandemic or other such health warning, and declared as such by the Ministry of Health, The Department for Health and Social Care, a chief veterinary officer, Defra and/or the World Health Organisation;
 - Arising from any fear or threat (whether actual or perceived) of such epidemic or pandemic being declared or occurring;
 - Any action taking in controlling, preventing, suppressing or in any way relating to any outbreak of such epidemic or pandemic.
19. Any **Pre-Existing Conditions**.
20. **Illnesses** in the first 14 days are not covered by **Your Policy**, regardless of where the **illness** or its symptoms appear, are noticed, or manifest in or on **Your Pet's** body (not applicable to renewal policies) or any **Accidents** which occurred within the first 5

(five) days of the **Policy** start date. (not applicable to renewal policies)

FRAUD

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

If **You**, or any one acting for **You**, make a fraudulent claim under this insurance contract, **We**:

- (a) Are not liable to pay the claim; and
- (b) May recover from **You** any sums paid by **Us** to **You** in respect of the claim; and
- (c) May by notice to **You** treat the contract as having been terminated with effect from the time of the fraudulent act.

1. If **We** exercise **Our** rights under clause 1) c) above:

- a) **We** shall not be liable to **You** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **Our** liability under the insurance contract (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and
- b) **We** need not return any of the premiums paid.

HOW WE USE YOUR DATA

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

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

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

What **We** process and share:

The personal data **You** have provided, **We** have collected from **You**, or **We** have received from third parties may include **Your**:

- Name; date of birth, residential address and address history.



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

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

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

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

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

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

Data Retention

We will hold **Your** details for up to 7 (seven) years after the expiry of **Your Policy**, complaint and/or claims settlement.

Your rights

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

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

You can request to see what data **We** hold on **You**. If

You have any questions about **Our** privacy policy or the information **We** hold about **You** please contact **Us**.

COMPENSATION SCHEME

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





WWW.CORINIUMINSURANCESERVICES.CO.UK