

Petplan 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 free cover for a period of four weeks for the cost of veterinary treatment, with cover starting for injuries straight away and for illnesses after the first 14 days.

Voucher - 4 weeks free cover

Your insurance policy Terms and Conditions

Effective 1st August 2020

Written in Plain English

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

This is a free four week policy which provides the following 3 sections of cover - Veterinary Fees, Advertising and Reward and Boarding Fees.

Important information about your Veterinary Fees section of cover

Your Veterinary Fees cover is limited to injury only for the first 14 days. This means:

- **Injuries** are covered for the full four weeks of cover.
- **Illnesses** are not covered for the full four weeks of cover.
- The first 14 days of this four week policy do not provide cover for any **illnesses** and any **illness** that shows **clinical signs** during this time will not be covered.

If an **injury** or **illness** is covered by this four week policy and **you** want **us** to continue to provide cover for it after this insurance ends, **you** need to start an annual policy with **us** before this free cover ends, ensuring there is no break in cover. *Further information can be found in General Conditions, point 4 'Your pet's cover after this free period ends'.*

Definitions

These definitions apply throughout the Terms and Conditions. Where **we** explain what a word means, that word appears in bold print and wherever used it has the meaning stated in this section.

- Clinical sign(s):** A change(s) in **your pet's** normal healthy state, bodily functions or behaviour.
- Family:**
- **Your** partner, who is **your** husband, wife, civil partner, girlfriend, boyfriend or other life partner, and/or
 - **Your**, or **your** partner's, child and/or step-child, and
 - **Your**, or **your** partner's, parent, grandparent, grandson, granddaughter, brother and/or sister (including any step-sibling).

Illness, illnesses:	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 his/her parents.
Illness which starts in the first 14 days of cover:	<ul style="list-style-type: none"> • Any illness that showed clinical signs in the first 14 days of your pet's cover. • Any illness that has the same diagnosis or clinical signs, as an illness that showed clinical signs, in the first 14 days of your pet's cover. • Any illness that is caused by, relates to, or results from, a clinical sign that was noticed in the first 14 days of your pet's cover. • Any illness that is caused by, relates to, or results from an illness that showed clinical signs in the first 14 days of your pet's cover. <p>This applies in all cases regardless of whether the clinical signs present 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.
Maximum benefit:	The most we will pay during the period of cover as shown on the Certificate of Insurance.
Member of a veterinary practice:	Any person legally employed by a veterinary practice under a contract of employment.
Period of cover:	The time during which we give cover as shown on your Certificate of Insurance.
Personal circumstances:	Circumstances about you , your family or your pet which you have limited or no control over. Examples of personal circumstances are (but not limited to) a lack of transport, your pet's size or behaviour, your home environment, your or your family's working hours, your child-care arrangements, your family's other commitments etc.
Pre-existing condition:	<ul style="list-style-type: none"> • An 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 as an injury, illness or clinical sign your pet had before your pet's cover started. • Any injury or illness that has the same clinical signs as an injury, illness or clinical sign your pet had before your pet's 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 your pet's 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 parts of your pet's body. - You knew, when starting cover for your pet, that you would need to make a claim for the clinical sign/injury/illness.
Therapist:	Any person who is a member of one of the associations/organisations listed in the ' <i>Who needs to carry out treatment?</i> ' section.
UK:	The United Kingdom, the Isle of Man and the Channel Islands.
Vet:	A Veterinary Surgeon who is registered with the RCVS (Royal College of Veterinary Surgeons).
Veterinary treatment:	<p>The cost of the following when required to treat injury and illness:</p> <ul style="list-style-type: none"> • Any examination, consultation, advice, 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.
We, us, our:	Allianz Insurance plc.
You, your:	The person named on your Certificate of Insurance.
Your pet:	The dog, cat or rabbit named on your Certificate of Insurance.

General conditions that apply to all sections of your policy

You must keep to these 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

Throughout the **period of cover** **you** must take all reasonable steps to:

- Maintain **your pet's** health, and
- Provide a secure and safe environment for **your pet** to prevent **injury, illness** and theft or straying.

If **we** state that **you** have not taken reasonable steps and **you** disagree, **we** can appoint an independent national welfare organisation or **vet**, mutually agreed upon for their opinion. If **you** ask for this to be done, **you** agree to accept the independent opinion and **we** will also do the same. **We** will pay any costs relating to this.

2. Providing routine care – what you need to do

You must make sure the following care is provided for **your pet**:

- **Preventative actions** – **you** must take any actions normally recommended by a **vet** to prevent or reduce the risk of **injury/illness**. Examples of this are (but not limited to) regular worming and flea treatments and providing a healthy diet.
- **Vaccinations** – **your pet** must be kept vaccinated against:
 - For dogs - Distemper, hepatitis, leptospirosis and parvovirus.
 - For cats - Feline infectious enteritis, feline leukaemia and cat flu.
 - For rabbits - Myxomatosis and viral haemorrhagic disease.

If not, **we** will not cover any amount for the **illness** which has not been vaccinated against.

3. Providing timely veterinary attention

If **your pet** is unwell and shows signs of an **injury/illness** **you** must arrange for a **vet** to examine and treat **your pet** as soon as possible. **You** must follow any advice the **vet** gives; if **you** do not, any claim relating to that **injury/illness** will not be covered by the policy.

If there is a delay in arranging **veterinary treatment** and **we** believe this resulted in additional costs, **we** will not pay the additional costs. If **we** state the delay resulted in additional costs and **you** disagree, **we** can appoint an independent **vet**, mutually agreed upon for their opinion. If **you** ask for this to be done, **you** agree to accept the independent opinion and **we** will also do the same. **We** will pay any costs relating to this.

4. Your pet's cover after this free period ends

If an **injury** or **illness** is covered by this four week policy and **you** want **us** to continue to provide cover for it after this insurance ends, **you** need to start an annual policy with **us** before this free cover ends, ensuring there is no break in cover. If **you** do not, once this four week cover ends, all cover stops and if **your pet** needs any further treatment, the costs

will not be covered by **us**. This applies in all cases, including where the treatment is for an **illness/ injury** which had been covered under this four week policy.

5. Ownership of your pet

You must be the owner of **your pet**. If ownership of **your pet** is transferred to another person or organisation then:

- This insurance cannot be transferred with **your pet**, and
- All cover for **your pet** will stop immediately on the date that ownership is transferred.

6. If your pet is a part of a litter awaiting sale

This policy does not provide any cover if **your pet** is part of a litter awaiting sale.

7. Your residence

You and **your pet** must live in **UK**. If **your** address, or the address of **your pet**, changes **you** must tell **us** as soon as possible as this can affect the cover **we** provide.

8. If your pet was unwell before your cover started

Your policy will never cover any **injury** that happened, or any **illness** that showed **clinical signs**, before **your period of cover**. This is regardless of whether **you** knew at the time of taking cover that **you** would need to make a claim for the **clinical sign, injury** or **illness**. *For further details, please read the definition 'pre-existing condition'.*

9. If your pet shows signs of an illness within 14 days of your cover starting

Your policy does not cover any **illness** that shows **clinical signs** in the first 14 days of **your** cover starting. *For further details please read the definition 'illness which starts in the first 14 days of cover'.*

10. If your pet is missing when the policy is taken

If **your pet** is missing when **you** first take **your** policy, the cover under this policy will not start until **you** are reunited with **your pet** and any incident, **injury** or **illness** which occurs before you are reunited will not be covered by **your** policy.

11. Providing information

You agree:

- To give **us** any information and documents **we** ask for to administer your policy and deal with **your** claim.
- That any **vet** or **therapist** has **your** permission to give **us** any information **we** ask for about **your pet**.

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

12. If you are a member of veterinary staff

If **you** are a **vet**, **you** can treat **your pet** but another **vet** must countersign the claim form. If **you** are a veterinary nurse **you** cannot complete the veterinary practice part of **your** own claim form.

13. Claims decisions over the telephone

We will not guarantee on the phone if **we** will pay a claim. Once **we** have received a fully completed claim form and all the supporting information, **we** will assess **your** claim and only then will **we** be able to let **you** know if **we** will pay the claim. *Information about making a claim can be found in the 'How to make a claim' section.*

14. Other insurances

We will not make any payment for any claim that results from an incident which is 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.

15. Legal rights against another person

If **you** have any legal rights against another person in relation to **your** claim, **we** can take legal action against them in **your** name at **our** expense. **You** must give **us** all the help **you** can and provide any documents related to the claim **we** ask for.

16. Jurisdiction

- The Laws of England and Wales apply to this insurance contract.
- Unless **we** agree otherwise, the language of the policy and all communications relating to it will be in English.

17. Cancelling your policy

- You** can cancel the free cover at any time.
- We** may cancel **your** policy at any time if **you** have been dishonest or fraudulent in any dealings with **us** or if **your vet** or a welfare organisation advises **us** 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**.

18. Cover following cancellation of a policy

If **your policy** is cancelled or comes to an end for any reason all cover for **your pet** will stop from the date the policy is cancelled/ends and no further claims will be paid. To understand when **we** will continue to provide cover for an **illness/injury**, please refer to point 4 of this section, '*Your pet's cover after this free period ends*'.

Cover

At Petplan, we're proud of the insurance **we** provide for pets – in fact, **our** reputation for first class cover is one of the reasons we're trusted by more pet owners to insure their pets than any other provider. **We** will provide cover in the following sections while **your pet** is in the **UK**.

Veterinary Fees

Your cover is in force for four weeks and it is important to be aware that your Veterinary Fees cover is limited to injury only for the first 14 days.

- Injuries** are covered for the full four weeks of cover.
- Illnesses** are not covered for the full four weeks of cover.
- The first 14 days of this four week policy do not provide any cover for **illnesses** and any **illness** that shows **clinical signs** during this time will not be covered.

What we will pay in the first 14 days of your policy

The cost of **veterinary treatment your pet** has received to treat an **injury**. **We** will also cover the cost of physiotherapy* needed to treat an **injury**.

What we will pay AFTER the first 14 days of your policy

The cost of **veterinary treatment your pet** has received to treat **injury** and/or **illness**. **We** will also cover the treatment of a behavioural illness and physiotherapy* needed to treat **injury** and **illness**.

* For the purpose of this insurance, physiotherapy does not include any form of hydrotherapy.

If an **injury** or **illness** is covered by this four week policy and **you** want **us** to continue to provide cover for it after this insurance ends, **you** need to start an annual policy with **us** before this free cover ends, ensuring there is no break in cover. *Further information can be found in General Conditions, point 4 'Your pet's cover after this free period ends'*

What you pay

The **excess** shown on **your** Certificate of Insurance. This is the amount **you** pay towards the cost of **veterinary treatment** for each **injury/illness** that is not related to any other **injury/illness** treated during the **period of cover**. This amount will be deducted from the first claim(s) for each **injury/illness**.

To be covered under the policy, the treatment must be carried out by a person holding certain qualifications or membership of certain organisations. Full details can be found in the 'Who needs to carry out treatment?' section.

What we will not pay under Veterinary Fees

1. The cost of any treatment for a **pre-existing condition**.
2. The cost of any treatment for an **illness which starts in the first 14 days of cover**.
3. The cost of any treatment to prevent **injury or illness** (for example but not limited to vaccinations, routine worming, etc.).
4. The cost of any treatment, diagnostic or procedure that **you** choose to have carried out, which:
 - The **vet** confirms is not necessary, or
 - Is not related to an **injury or illness**.**We** will also not pay any complications that arise from these treatments/procedures.
5. The cost of killing and controlling fleas and the cost of general health improvers.
6. The cost of any treatment in connection with breeding, pregnancy or giving birth.
7. The cost of treating any **injury or illness** deliberately caused by **you** or anyone living with **you**.
8. The cost of any charges made for the completion of claim forms or the cost of any supporting documentation needed as part of **your** claim.
9. The cost of surgical items that can be used more than once.
10. The cost of a post-mortem examination and/or report.
11. The cost of transplant surgery, including any pre- and post- operative care.
12. The cost of any joint replacement(s) or prosthesis (also known as artificial body part) and any veterinary treatment needed to fit the joint replacement/prosthesis.
13. The cost of transporting **your pet**, including any costs to get **your pet** to, or from, any veterinary practice.
14. Any costs for treating an **injury or illness** after the last day of the **period of cover**.

It's important that you also read 'Conditions for Veterinary Fees' and 'Who needs to carry out treatment?'. These sections also explain limitations and areas the policy does not cover.

Conditions for Veterinary Fees

You must keep to these 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** can refuse the claim.

1. Timescales for making a claim

You must send **us** **your** claim within 12 months of **your pet** receiving treatment. Any claims **we** get after this time will not be covered by the policy.

2. The costs relating to putting your pet to sleep

Your policy does not cover the cost of putting **your pet** to sleep. **We** will not cover the cost of veterinary consultations/visits or prescribed medications needed to carry out the procedure or the cost of

having **your pet** cremated, buried or disposed of.

3. The maximum benefit that we will pay

The most **we** will pay for the cost of treatment is the **maximum benefit** detailed on **your** Certificate of Insurance. This amount is available for the combined treatment costs of all **injuries** and **illnesses** during the **period of cover**. **We** will only cover the cost of any medicines or materials which have been prescribed or supplied to be used during the **period of cover**.

4. Any injury which happened before your policy started

If **your pet** suffered from an **injury**, before **your** policy started, any costs relating to that **injury** will never be covered by **your** policy.

5. Any illness which was first noticed before your policy started

If **your pet** suffered from an **illness**, before **your** policy started, any costs relating to that **illness** will never be covered by your policy. If, at a later time (days or weeks) an **illness** with the same diagnosis presents in the same or different parts of **your pet's** body, **we** will not cover any costs to treat that **illness**. This is regardless of whether **your vet** confirms the past and current **illnesses** are, or are not, linked. For example (but not limited to), if **your pet** develops a cataract in his/her left eye before **your** policy started, that cataract is not covered and the policy will also not cover any other cataracts which develop in either the left or right eye.

6. Any illness which was noticed in the first 14 days of cover

If **your pet** suffered from an **illness**, in the first 14 days of **your pet's** **period of cover** any costs relating to that **illness** will never be covered by **your** policy. If, at a later time (days or weeks) an **illness** with the same diagnosis presents in the same or different parts of **your pet's** body, **we** will not cover any costs to treat that **illness**. This is regardless of whether **your vet** confirms the past and current **illnesses** are, or are not, linked. For example (but not limited to), if **your pet** develops a cataract in his/her left eye in the first 14 days of the policy, that cataract is not covered and the policy will also not cover any other cataracts which develop in either the left or right eye.

7. Another vet reviewing your pet's details

We can 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**. **We** will pay any costs for this.

8. If you want a second opinion

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, the costs relating to the second opinion will not be covered by **us**. 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.

9. The cost of house visits

We will cover a house visit if this is needed for the treatment of a behavioural illness. In all other cases, **we** will only cover a house visit, if this is by a **vet** and:

- **Your pet** was suffering from a life-threatening **injury** or **illness**, and
- That moving **your pet** was likely to have resulted in his/her death or significantly worsened the life-threatening **injury** or **illness**.

We will not cover any costs if the house visit was needed because of **your personal circumstances**. The attending **vet** needs to confirm all of the above when **you** claim.

10. The cost of out of hours treatment and hospitalisation

We will only cover the cost of **your pet** being:

- Treated outside of the veterinary practice usual opening hours, and/or
- Admitted into the care of a veterinary practice (also known as hospitalisation),

If there was no option but to take this action as any alternative would have seriously endangered **your pet's** life. **We** will not cover any costs if this action was needed because of **your personal circumstances**. The attending **vet** needs to confirm all of the above when **you** claim.

11. The cost of procedures you can carry out

There can be times when a **member of a veterinary practice** or a **therapist** asks **you** to provide treatment for **your pet**. For example (but not limited to) giving tablets, applying ear drops, taking a urine sample, carrying out physiotherapy etc. If **you** are not able to carry out the treatment due to **your personal circumstances**, **we** will not cover the cost of any other person or professional carrying out the treatment.

12. The cost of dental treatment

- **We** will cover the treatment of a dental **injury** or **illness** if **your pet** had a dental examination by a **vet** in the 12 months before the first **clinical signs of the injury** or **illness** were seen.
- **We** will not cover the cost of trimming, burring or rasping **your** rabbit's teeth.

13. The cost of feeding your pet

We will only cover the cost of food for the below two reasons:

- If a diagnostic test shows **your pet** has stones and/or crystals in urine **we** will pay for the cost of food to dissolve these. **We** will cover 40% of the cost of the food used during **your period of cover**.
- If **your pet** needs liquid food while hospitalised at a veterinary practice, **we** will cover the cost of this for 5 days providing the **vet** confirms it is essential to keep **your pet** alive.

We will not cover the cost of any other food and this is regardless of whether or not the food was prescribed by a **vet**.

14. The cost to neuter your pet

The only time **we** will cover the cost of neutering

your pet is if it is carried out when **your pet** is suffering from an **injury** or **illness** and neutering is essential to treat that **injury** or **illness**. **We** will not cover the cost of spaying following a false pregnancy or neutering to treat a behavioural illness. Regardless of why **your pet** is neutered, if he/she suffers from complications during or after the procedure, **we** will cover the cost of treatment needed to deal with the complications.

15. The cost to vaccinate your pet

We will not cover the cost of any vaccinations; however, if **your pet** suffers complications during or after a vaccination, **we** will cover the cost of treatment needed to deal with the complications. *This does not apply if **your pet** must be vaccinated against an **illness** as part of a compulsory mass vaccination programme, for details of this please see General Exclusions point 2b).*

16. The cost of bathing and grooming your pet

We will only cover the cost of bathing **your pet** if it is done by a **member of a veterinary practice** and the substance being used, according to manufacturer's guidelines, can only be administered by a **member of a veterinary practice**. **We** will not cover bathing if this is needed because of **your personal circumstances**. **We** will never cover the cost of grooming and/or de-matting **your pet**.

17. The cost of treating a behavioural illness

We will cover the cost of treating a behavioural illness, which for the purpose of this insurance, is a change to **your pet's** normal behaviour that is caused by a mental or emotional disorder. **We** will not cover any behavioural illness which could have been prevented by training and/or neutering. The treatment must be carried out by a person who fulfils the requirements in 'Who needs to carry out treatment?' in the 'Treatment of a behavioural illness' section.

18. Pheromone products and other products used to calm an de-stress your pet

Products can be used to try to calm and/or de-stress **your pet**. **We** will only cover products used for this purpose which are pheromone based. **We** will not cover any other products which do this.

The cost of pheromone products are then only covered when used as part of a structured behaviour modification programme which is in place to treat a behavioural illness. For the purpose of this insurance, a behavioural modification programme is a programme written by a behaviourist detailing specific techniques to be used and action to be taken with the aim of permanently changing **your pet's** behaviour. This programme must be written by a person who fulfils the requirements in 'Who needs to carry out treatment?' in the 'Treatment of a behavioural illness' section.

19. The cost of equipment or machinery

We will not cover the cost of buying or hiring any type of equipment, machinery, animal housing

or cages. These costs are never covered by the policy and this is regardless of whether:

- A **vet** advises the item is required as part of treatment for an **illness** or **injury**, or
- The item is required due to **your personal circumstances**.

Examples of equipment and machinery are (but not limited to) home glucose monitors, sharps bins, paw protectors, heat pads etc.

20. The cost of treating retained testicles

We will cover the cost of treating a retained testicle(s) if **your pet** was aged 12 weeks or under when his cover started. There is no cover for this if **your pet's** cover started when he was any older.

21. Paying for treatment within required time frames

It is **your** responsibility to ensure the veterinary practice or **therapist** is paid within the required time frame:

- 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 a discount is provided for paying the costs within a certain time frame, **you** must provide payment within this time frame. If **you** do not, **we** will deduct the discount, which would have been provided, from the claim settlement.

22. Dealing with your veterinary practice

a) If a veterinary practice asks **us** for information about **your** insurance cover and **we** agree to provide it, **we** will only do this if the veterinary practice confirms they:

- Recently provided treatment for **your pet**, or
- Have spoken with **you** about providing treatment for **your pet** in the near future.

In these cases, **we** will only tell the veterinary practice if **you** have an active insurance policy with **us** for **your pet**, and if **you** do – the date cover started, the type of cover in place, the monetary limits of **your** policy and the excesses **you** pay.

b) If **you** have a valid claim, **we** can usually pay the veterinary practice directly; however, if **you** ask **us** to do this, **we** have the right to decline the request.

23. Complementary and alternative treatments

We will not pay for acupuncture, chiropractic manipulation, herbal medicine, homeopathy, hydrotherapy, osteopathy or any other complementary or alternative treatments. **We** will also not cover any **veterinary treatment** specifically needed to carry out these treatments.

Who needs to carry out treatment?

This section explains who needs to carry out the different elements within the *Veterinary Fees* section of cover. If these requirements are not met, the treatment will not be covered by the policy. For everything other than veterinary treatment, if the treatment is not carried out by a **vet**, a **vet** must refer **your pet** for the treatment and confirm to **us** when **you** claim that it is required to treat the **injury** or **illness**.

Veterinary treatment:

A **vet**, a veterinary nurse or another **member of a veterinary practice** under the supervision of a **vet**.

Physiotherapy:

A **member of a veterinary practice** or a qualified animal physiotherapist who is a member of one of the following organisations:

- Association of Chartered Physiotherapists in Animal Therapy (ACPAT)
- Institute of Registered Veterinary and Animal Physiotherapists (IRVAP)
- International Association of Animal Therapists (IAAT)
- National Association of Veterinary Physiotherapists (NAVVP)
- Register of Animal Musculoskeletal Practitioners (RAMP)

Treatment of a behavioural illness:

A **member of a veterinary practice**, a person who holds the CCAB qualification (Certified Clinical Animal Behaviourist) or a member of one of the following organisations:

- Association of Pet Behaviour Counsellors (APBC)
- Canine and Feline Behaviour Association (CFBA)
- Animal Behaviour and Training Council (ABTC) – the person must be a Veterinary Behaviourist or Clinical Animal Behaviourists within the Practitioner Organisation.

Advertising and Reward

What we will pay

If **your pet** is stolen or goes missing during the **period of cover**, **we** will pay:

- The cost of advertising, and
- The reward **you** have offered and paid to get **your pet** back.

What we will not pay under Advertising and Reward

1. More than the **maximum benefit** shown on **your** Certificate of Insurance for all incidents during the **period of cover**.
2. Any reward paid to any person who:
 - Is a member of **your** family
 - Lives with **you**
 - Is employed by **you**

- Was caring for **your pet** when he/she was lost or stolen
- Stole **your pet**
- Is in collusion with the person who stole **your pet**.

Conditions for Advertising and Reward

You must keep to these 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** can refuse the claim.

1. Timescales for making a claim

You must send **us your claim** within 12 months of **your pet** going missing. Any claims received after this time will not be covered by the policy.

2. Actions you must take when you find out your pet is missing

You must take the following steps and when **you** claim **you** need to send **us** evidence of this:

- Within 24 hours of finding out **your pet** is missing, **you** must tell the appropriate authority and get written confirmation of **your** report. Depending on where **you** live the appropriate authority may be **your** local authority or the police. The only time **you** do not need to do this is if **your pet** is a cat or rabbit and **you** do not believe he/she has been stolen.
- Within 5 days of discovering **your pet** is missing:
 - If **your pet** is microchipped, **you** must notify **your** microchip provider.
 - If **your pet** is not microchipped, **you** must tell at least one veterinary practice in the area where he/she was last seen.

3. Providing a reward

- You** must have **our** approval before advertising a reward; if not, the cost of a reward will not be covered.
- You** can provide a reward by giving the person who found **your pet**:
 - Money (for example, but not limited to, cash or a bank transfer). If **you** do this, the most **we** will pay is 50% of the **maximum benefit** shown on **your** Certificate of Insurance.
 - A gift (for example, but not limited to, a hamper, a bunch of flowers etc). If **you** do this, the most **we** will pay for the gift is £50.
- When **you** provide a reward (either by way of money or a gift), **you** must get a receipt giving the full name, address, telephone number, email address and the signature of, the person who found **your pet**. This must be submitted with **your** claim.

4. Making your own posters and advertising material

If **you** or **your family** make the posters and/or advertising material **we** will pay up to £50 in the **period of cover** for materials for this purpose. For example (but not limited to), paper, a printer cartridge, weatherproof folders, tape to display the posters etc. When **you** claim **you** need to provide a copy of the poster, tell **us** how many were made and submit receipts showing the costs **you** are claiming.

5. Using the services of another party to find your pet

We will cover the cost of another party producing missing posters and leaflets and advertising the loss of **your pet** on the internet and social media.

We will not cover any costs for any other services provided by another party (such as a person, company, organisation or pet detective). For example (but not limited to), **we** will not cover any costs for another party to:

- Search for **your pet** (either on foot, with search dogs or equipment etc)
- To produce anything other than posters and leaflets
- To communicate with people about the loss or to report **your pet** missing to other people/organisations (other than to advertise on the internet and social media)
- To distribute/display advertising materials.

Boarding Fees

In this section '**you**' means **you** or **your** partner who is **your** husband, wife, civil partner, girlfriend, boyfriend or other life partner.

What we will pay

The cost of boarding **your pet** at a licensed boarding establishment or £15 a day towards the cost of someone looking after **your pet** while **you** are hospitalised during the **period of cover** for 4 or more consecutive days.

What we will not pay under Boarding Fees

- More than the **maximum benefit** shown on **your** Certificate of Insurance for all hospitalisation during the **period of cover**.
- Any amount if the person looking after **your pet** lives with **you** or is a member of **your family**.
- Any costs resulting from care in a nursing home or from convalescence care that **you** do not receive in a hospital.

Conditions for Boarding Fees

You must keep to these 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** can refuse the claim.

1. Timescales for making a claim

You must send **us your claim** within 12 months of **your** stay in hospital. Any claims received after this time will not be covered by the policy.

2. The reason you went into hospital

We will only provide cover in this section if **you** went into hospital because **you** were injured or ill and the injury happened or the illness first showed symptoms after **your pet's** cover started.

We will not cover any costs if **your** stay in hospital was due to:

- Pregnancy or giving birth.
- Alcoholism, drug abuse or drug addiction.

General exclusions that apply to all sections of your policy

1. There is no cover under this policy if:

- a) **Your pet** is less than 6 weeks old (or less than 8 weeks old if sold by a licensed breeder) at the start of cover.
- b) **Your pet** has another Petplan insurance at the start of cover.
- c) **Your dog** is used for security, guarding, track racing or coursing.
- d) **Your dog** is, or is crossed with, a Pit Bull Terrier, Dogo Argentino, Japanese Tosa, Fila Brasileiro, Czechoslovakian Wolfdog, Saarloos Wolfhound/Wolfdog or any wolf hybrid.
- e) **Your dog** must be registered under the Dangerous Dogs Act 1991, the Dangerous Dogs (Amendment) Act 1997 or any further amendments to this Act.

2. Laws and regulations – all sections of your policy do not cover:

- a) Any amount if **you** break the **UK** laws or regulations, including those relating to animal health or importation.
- b) Any amount if a government or another official body orders that **your pet** must be vaccinated against an **illness** as part of a compulsory mass vaccination programme. **We** will not pay any costs relating to the vaccination itself or any complications that happen due to the procedure taking place. For the purpose of this insurance, 'a mass vaccination programme' means a programme of the compulsory vaccination of a species, or a selected group within a species, with the aim of protecting that group, people or other animals from an **illness** or another risk.
- c) 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.

- d) Any costs caused because the Department for Environment, Food and Rural Affairs (DEFRA) has put restrictions on **your pet**.
- e) Any amount connected with, or resulting from, a Criminal Court Case or an Act of Parliament.

3. War, terrorism, civil commotion and radioactive contamination – all sections of your policy do not cover:

- 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, nationalization, 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.

4. All sections of your policy do not cover any amount resulting from a disease transmitted from animals to humans.

Fraud

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** can void **your** policy and inform the relevant authorities/other organisations and record the details on anti-fraud databases. 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 repay **us** any payments that **we** have made from the date the fraud occurred; this is regardless of whether or not all of the claims were fraudulent. If any other insurer asks if **you** have had a policy void, **you** need to tell them that **your** policy with **us** was void. If **you** do not this can invalidate any future insurance policy **you** hold with any insurer who asks.

Claiming

It's distressing when a much loved pet is ill or injured so **we** do all **we** can to make the claims process as quick and easy as possible. There's lots of useful information on **our** website petplan.co.uk/claims where **you** can download a claim form or track the progress of an existing claim at **your** convenience.

This section tells **you** what **you** will need to send **us** if **you** claim. Don't forget, if **you** have a valid claim under the *Veterinary Fees* section, **we** can usually pay the veterinary practice direct.

Getting a claim form:

- Most claim forms can be downloaded from **our** website petplan.co.uk/claims.
- Most veterinary practices will have a supply of Veterinary Fees claim forms and some are able to submit them electronically.
- If **you** would like **us** to send **you** a claim form please contact **us**.

When you need to send us your Veterinary Fees claims

You must send **us your Veterinary Fees** claims within 12 months of **your pet** receiving treatment. Any claims received after this time will not be covered by the policy. For all other sections of cover, **you** can find out when **you** need to submit a claim by reading the 'Conditions' part of that section.

How to make a claim

It's easy to make a claim with Petplan. Simply send **us your** completed claim form along with the supporting documentation listed below. Please make sure **your** claim form is fully completed by both **you** and if applicable **your vet**, as **we** need this information in order to process **your** claim. If any information is missing, **we** will return the claim form to **you** which will unfortunately delay **your** claim. **Your** insurance does not cover any charges made for the completion of claim forms or the cost of any supporting documentation needed as part of **your** claim.

The supporting documentation you need to send with your claim form

Veterinary Fees:

The veterinary practice must complete the relevant section of the claim form.

Please send us:

- The invoices from the veterinary practice or **therapist** which show what **you** are claiming for.
- *If it's the first claim you are making for **your pet*** - his/her full clinical history. This a record of all visits **your pet** has made to a **vet** and can be obtained from each veterinary practice **your pet** has attended. **We** can also require this if **you** submit claims for certain conditions but will let **you** know if this is needed once we have received **your** claim form.

Advertising and Reward:

You must phone us on 0345 074 4406 for the approval of any reward before you advertise it
Please send us evidence showing:

- The advertising carried out to try and find **your pet**.
- The relevant authority being notified within 24 hrs of **your pet** going missing (only needed for a cat or rabbit if **you** believe he/she was stolen)
- The relevant party being notified within 5 days of **your pet** going missing. If **your pet** is microchipped, this is the microchip provider. If **your pet** is not microchipped, this is at least one veterinary practice in the area where he/she went missing.
- The invoices and receipts to show the costs **you** are claiming for.
- *If a reward has been given* – a receipt giving the full name, address, telephone number, email address and signature of, the person who found **your pet**.

Boarding Fees:

Your doctor/consultant and the owner of the boarding establishment (if one has been used) must complete the relevant section(s) of the claim form.

Please send us:

- The invoice from the boarding establishment or written confirmation from the person looking after **your pet** showing the dates and daily cost of boarding.

Making a complaint

Our aim is to get it right, first time every time. If **we** make a mistake **we** will try to put it right 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 4 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:

Customer Satisfaction Manager
Petplan, Great West House (GW2),
Great West Road, Brentford,
Middlesex TW8 9DX United Kingdom.
Email petplan.csm@allianz.co.uk
Phone 0345 026 1985

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: petplan.csm@allianz.co.uk

Alternatively, **you** can contact the Financial Ombudsman Service directly.

Using **our** complaints procedure or contacting the Financial Ombudsman Service does not affect **your** legal rights.

Financial Services Compensation Scheme

If Allianz are 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.

How to contact us

BY TELEPHONE

0345 071 8000

BY EMAIL

info@petplan.co.uk

IN WRITING

Petplan Customer Centre,
Great West House (GW2),
Great West Road, Brentford,
Middlesex TW8 9DX,
United Kingdom.

WEBSITE

petplan.co.uk

Download a claim form

petplan.co.uk/claims

Track your claim

petplan.co.uk/claims

My Petplan area

petplan.co.uk/mypetplan

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

Petplan is a trading name of Pet Plan Limited who administer the cover and Allianz Insurance plc who provide and underwrite the cover. Pet Plan Limited (Registered in England No. 1282939) is a subsidiary of Allianz Insurance plc (Registered in England No. 84638). Registered office address: 57 Ladymead, Guildford, Surrey GU1 1DB.

Pet Plan Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 311969. 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.

In the Fair Processing Notice below you'll see that Allianz is mentioned. Petplan is a subsidiary of Allianz Insurance plc and where we refer to 'we' 'us' and 'our' it means Petplan and Allianz Insurance plc.

Fair Processing Notice – how we use personal information

1. Who we are

When **we** refer to "**we**", "**us**" and "**our**" in this notice it means Allianz Insurance plc. When **we** say "**you**" and "**your**" in this notice, **we** mean anyone whose personal information **we** may collect, including:

- anyone seeking an insurance quote from **us** or whose details are provided during the quotation process
- policyholders and anyone named on or covered by the policy
- anyone who may benefit from or be directly involved in the policy or a claim, including claimants and witnesses.

2. How we use personal information

We use personal information in the following ways:

- to provide quotes, administer policies and policyholder claims to fulfil **our** contract
- to administer third party claims, deal with complaints and prevent financial crime to meet **our** legal obligations
- to manage **our** business and conduct market research to meet the legitimate needs of **our** business
- to send marketing information if **we** have received **your** specific consent.

You are not obliged to provide **us** with personal information, but **we** cannot provide **our** products and services without it.

You have the right to object to us using your personal information.

You can do this at any time by telling us and we will consider your request and either stop using your information or explain why we are not able to. Further details can be found below.

3. Marketing

We use **your** personal information to market products and services to **you**.

Our marketing activities may include:

- providing information to **you** about products and services by telephone, post, email and SMS, **we** will either do this ourselves or use third party partners to do it for **us**
- working with selected partners to display relevant online advertisements to **you**, and to **our** other customers, on third party websites and social media platforms. To do this, **we** may provide **our** partners with some of **your** personal information in an encrypted format, which they use only to identify the appropriate audiences for **our** advertisements. **We** ensure that **our** partners delete this information once the advertisement audiences have been identified, and do not use the information for their own purposes.

If you do not wish to receive marketing information about our products and services you can tell us at any time by using the contact details found in section 10, "Know your rights".

4. Automated decision making, including profiling

We may use automated decision making, including profiling, to assess insurance risks, detect fraud, and administer **your** policy. This helps **us** decide whether to offer insurance, determine prices and validate claims. If **you** disagree with the outcome of an automated decision please contact **us** using the details in section 10.

5. The personal information we collect

We collect the following types of personal information about **you** so **we** can complete the activities in section 2, "How **we** use personal information":

- basic personal details such as name, age, address and gender
- family, lifestyle and social circumstances, such as marital status, dependants and employment type
- financial details such as direct debit or payment card information
- photographs and/or video to help **us** manage policies and assess claims
- tracking and location information if it is relevant to **your** policy or claim
- identification checks and background insurance risk details including previous claims information
- medical information if it is relevant to **your** policy or claim
- criminal convictions if it is relevant to **your** policy or claim
- accessibility details if **we** need to make reasonable adjustments to help
- business activities if it is relevant to **your** policy or claim.

6. Where we collect personal information

From **you**, **your** representatives or from information **you** have made public, for example on social media.

From other persons or organisations, for example:

- credit reference and/or fraud prevention agencies
- emergency services, law enforcement agencies, medical and legal practices
- veterinary practices, animal charities and breeders
- insurance industry registers and databases used to detect and prevent insurance fraud, for example the Motor Insurance Database (MID), the Motor Insurers Anti-Fraud and Theft Register (MIAFTR) and the Claims and Underwriting Exchange (CUE)
- insurance investigators and claims service providers
- other insurers or service providers who underwrite the insurance or provide services for **our** products
- other involved parties, for example claimants or witnesses.

7. Sharing personal information

We may share **your** personal information with:

- other companies within the global Allianz Group www.allianz.com
- credit reference, fraud prevention and other agencies that carry out certain activities on **our** behalf, for example the Motor Insurance Database (MID), the Insurance Fraud Bureau (IFB) and marketing agencies if agreed
- **our** approved suppliers to help deal with claims or provide **our** benefit services, for example vehicle repairers, veterinary advisors, legal advisors and loss adjusters
- other insurers, third party underwriters, reinsurers, insurance intermediaries, regulators, law enforcement and the Financial Ombudsman Service (FOS) and other companies that provide services to **us** or **you**, for example the Claims and Underwriting Exchange (CUE)
- prospective buyers in the event **we** wish to sell all or part of **our** business.

8. Transferring personal information outside the UK

We use servers located in the European Union (EU) to store **your** personal information where it is protected by laws equivalent to those in the UK.

We may transfer **your** personal information to other members of the global Allianz Group to manage **your** insurance policy or claim; this could be inside or outside the EU. **We** have Binding Corporate Rules (BCRs) which are **our** commitment to the same high level of protection for personal information regardless of where it is processed. These rules align with those required by the European Information Protection authorities. If **you** would like more information about the BCRs please contact **our** Data Protection Officer. Some of **our** suppliers have servers outside the EU. **Our** contracts with these suppliers require them to provide equivalent levels of protection for **your** personal information.

9. How long we keep personal information

We keep information only for as long as **we** need it to administer the policy, manage **our** business or as required by law or contract.

10. Know your rights

You have the right to:

- object to **us** using **your** personal information. **We** will either agree to stop using it or explain why **we** are unable to (the right to object)
- ask for a copy of the personal information **we** hold about **you**, subject to certain exemptions (data subject access request)
- ask **us** to update or correct **your** personal information to ensure its accuracy (the right of rectification)
- ask **us** to delete **your** personal information from **our** records if it is no longer needed for the original purpose (the right to be forgotten)
- ask **us** to restrict the use of **your** personal information in certain circumstances (the right of restriction)
- ask for a copy of the personal information **you**

provided to **us**, so **you** can use it for **your** own purposes (the right to data portability)

- complain if **you** feel **your** personal information has been mishandled.

We encourage **you** to come to **us** in the first instance but **you** are entitled to complain directly to the Information Commissioner's Office (ICO) at www.ico.org.uk

- ask **us**, at any time, to stop using **your** personal information, if using it based only on **your** consent (the right to withdraw your consent).

If you wish to exercise any of these rights you can do so by contacting our Customer Satisfaction Manager:

Address: Allianz Insurance plc,
2530 The Quadrant, Aztec West,
Almondsbury, Bristol BS32 4AW
Email: allianzretailcomplaints@allianz.co.uk
Phone: 0330 102 1781

For pet and equine products only:

Address: Allianz Insurance plc,
Great West House (GW2),
Great West Road, Brentford,
Middlesex TW8 9EY
Email: ahd.csm@allianz.co.uk
Phone: 0345 026 1985

For Allianz Musical Insurance only:

Address: Allianz Musical Insurance,
Great West House (GW2),
Great West Road, Brentford,
Middlesex TW8 9DX
Email: csm@allianz.co.uk
Phone: 0344 391 4037

For Allianz Legal Protection products only:

Address: Allianz Legal Protection,
2530 The Quadrant, Aztec West,
Almondsbury, Bristol BS32 4AW
Email: alpcomplaints@allianz.co.uk
Phone: 0345 0700 886

11. Data Protection Officer Contact details

If **you** have any queries about how **we** use your personal information,

please contact **our** Data Protection Officer:

Address: Data Protection Officer,
Allianz, 57 Ladymead,
Guildford, Surrey GU1 1DB
Email: dataprotectionofficer@allianz.co.uk
Phone: 0330 102 1837

Changes to our Fair Processing Notice

Occasionally it may be necessary to make changes to this notice. When that happens **we** will provide **you** with an updated version at the earliest opportunity.

The most recent version will always be available on **our** website www.allianz.co.uk.