

## Voucher

### Your insurance policy Terms and Conditions - Effective from 1st May 2013

#### 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, together with these Terms and Conditions.

#### Definitions

If **we** explain what a word means, that word has the same meaning wherever it appears in these Terms and Conditions. For ease, you'll see that these words appear in bold throughout.

<b>Behaviour modification programme:</b>	A programme written by a <b>member of a veterinary practice</b> or one of <b>our</b> approved behaviourists detailing specific techniques to be used and action to be taken with the aim of permanently changing <b>your pet's</b> behaviour.
<b>Clinical sign(s):</b>	A change(s) in <b>your pet's</b> normal healthy state, its bodily functions or behaviour.
<b>Elective treatment, diagnostic or procedure:</b>	Any treatment, diagnostic or procedure <b>you</b> request, which the <b>vet</b> confirms is not necessary.
<b>Excess:</b>	The amount shown on <b>your</b> Certificate of Insurance. This is the amount <b>you</b> must pay towards the cost of treatment for each <b>injury/illness</b> that is not related to any other <b>injury/illness</b> treated during the <b>period of cover</b> . This amount will be deducted from the first claim(s) for each <b>injury/illness</b> .
<b>Family:</b>	<b>Your</b> husband, wife, civil partner, partner, parents, grandparents, brothers, sisters, sons, daughters, grandsons and granddaughters.
<b>Illness:</b>	Any change(s) to a normal healthy state, sickness, disease, defects and abnormalities, including defects and abnormalities <b>your pet</b> was born with or were passed on by its parents.
<b>Illness which starts in the first 14 days of cover:</b>	An <b>illness</b> that: <ol style="list-style-type: none"> <li>Shown <b>clinical signs</b>,</li> <li>Has the same diagnosis or <b>clinical signs</b> as an <b>illness</b> that showed <b>clinical signs</b>,</li> <li>Is caused by, relates to, or results from, a <b>clinical sign</b> that was noticed, or an <b>illness</b> that showed <b>clinical signs</b>.</li> </ol> <p>In the first 14 days of <b>your pet's</b> cover. No matter where the <b>illness</b> or <b>clinical signs</b> are noticed or happen in, or on, <b>your pet's</b> body.</p>
<b>Injury:</b>	Physical damage or trauma caused immediately by an accident. Not any physical damage or trauma that happens over a period of time.
<b>Maximum benefit:</b>	The most <b>we</b> will pay during the <b>period of cover</b> as shown on the Certificate of Insurance.
<b>Member of a veterinary practice:</b>	Any person legally employed by a veterinary practice under a contract of employment.
<b>Period of cover:</b>	The time during which <b>we</b> give cover as shown on <b>your</b> Certificate of Insurance.
<b>Physiotherapy:</b>	Physiotherapy (not including hydrotherapy) carried out by a <b>member of a veterinary practice</b> or a qualified animal physiotherapist who is a member of the following organisations: <ul style="list-style-type: none"> <li>Association of Chartered Physiotherapists in Animal Therapy (ACPAT)</li> <li>Institute of Registered Veterinary and Animal Physiotherapists (IRVAP)</li> <li>International Association of Animal Therapists (IAAT)</li> <li>National Association of Veterinary Physiotherapists (NAVAP)</li> </ul>
<b>Pre-existing condition:</b>	An <b>injury</b> or <b>illness</b> that: <ol style="list-style-type: none"> <li>Happened or first showed <b>clinical signs</b>,</li> <li>Has the same diagnosis or <b>clinical signs</b> as an <b>injury, illness</b> or <b>clinical sign</b> <b>your pet</b> had,</li> <li>Is caused by, relates to, or results from, an <b>injury, illness</b> or <b>clinical sign</b> <b>your pet</b> had, before <b>your pet's</b> cover started.</li> </ol> <p>No matter where the <b>injury, illness</b> or <b>clinical signs</b> are noticed or happen in, or on, <b>your pet's</b> body.</p>
<b>Select breeds:</b>	All Mastiff breeds, Bernese Mountain Dog, Beauceron, Bulldog, Deerhound, Estrela Mountain Dog, Dogue de Bordeaux, Great Dane, Irish Wolfhound, Leonberger, Newfoundland, Old English Sheep Dog, Pyrenean Mountain Dog, Rottweiler, Shar Pei and St Bernard.
<b>Therapist:</b>	A Certified Clinical Animal Behaviourist (CCAB) or a member of one of the following associations: <ul style="list-style-type: none"> <li>Association of Chartered Physiotherapists in Animal Therapy (ACPAT)</li> <li>Association of Pet Behaviour Counsellors (APBC)</li> <li>Canine and Feline Behaviour Association (CFBA)</li> <li>Institute of Registered Veterinary and Animal Physiotherapists (IRVAP)</li> <li>International Association of Animal Therapists (IAAT)</li> <li>National Association of Veterinary Physiotherapists (NAVAP)</li> </ul>
<b>Treatment of a behavioural illness:</b>	The treatment of a change(s) to <b>your pet's</b> normal behaviour that is caused by a mental or emotional disorder which could not have been prevented by training and/or spaying/castration. Treatment must be carried out by a <b>member of a veterinary practice</b> , a Certified Clinical Animal Behaviourist (CCAB) or a member of the following organisations: <ul style="list-style-type: none"> <li>Association of Pet Behaviour Counsellors (APBC)</li> <li>Canine and Feline Behaviour Association (CFBA)</li> </ul>

<b>UK:</b>	The United Kingdom, the Isle of Man and the Channel Islands.
<b>Vet:</b>	Registered Veterinary Surgeon.
<b>Veterinary fees:</b>	The amount vets in general and referral practices usually charge.
<b>Veterinary treatment:</b>	The cost of the following when required to treat an <b>injury</b> and <b>illness</b> : <ol style="list-style-type: none"> <li>Any examination, consultation, advice, test, x-ray, diagnostic procedure, surgery and nursing carried out by a <b>vet</b>, a veterinary nurse or another <b>member of a veterinary practice</b> under the supervision of a <b>vet</b>, and</li> <li>Any medication legally prescribed by a <b>vet</b>.</li> </ol>
<b>We, us, our:</b>	Allianz Insurance plc.
<b>You, your:</b>	The person named on the Certificate of Insurance.
<b>Your pet:</b>	The dog, cat or rabbit named on the Certificate of Insurance.

#### General Conditions

- Conditions of the policy:**  
**You** must keep to the General Conditions and Special 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.
- Caring for your pet:**
  - Throughout the **period of cover** **you** must take all reasonable steps to maintain **your pet's** health and to prevent **injury, illness** or loss. If there is a disagreement between **you** and **us** as to what reasonable steps are, the details will be referred to an independent national welfare body or an independent **vet** mutually agreed upon.
  - You** must arrange and pay for **your pet** to have any **treatment** normally recommended by a **vet** to prevent **injury** or **illness**. If **you** do not keep to this condition, any claims which relate to it will not be covered under the policy.
  - You** must keep **your pet** vaccinated against the following:  
*Dogs* - Distemper, hepatitis, leptospirosis and parvovirus.  
*Cats* - Feline infectious enteritis, feline leukaemia and cat flu.  
*Rabbits* - Myxomatosis and viral haemorrhagic disease.  
 If **you** do not keep **your pet** vaccinated, **we** will not pay any claims that result from any of the above **illnesses**.
  - 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**, and follow any advice they give. If **you** do not follow the **vet's** advice **we** will not pay any claims relating to that **injury** or **illness**.
- Your pet's cover after this free period ends:**
  - If **you** start a full policy for **your pet** before this four week cover ends any **injury/illness** which is covered under this four week policy, will continue to be covered on **your** full policy.
  - If **you** do not start a full policy for **your pet** before this four week cover ends, once this four week cover ends all cover for **your pet** stops. This means that if **your pet** requires **treatment** for any **injury/illness** after this four week cover note ends, the costs will not be covered by this insurance regardless of whether the **injury/illness** occurred during this four week cover or not.
- Claiming:**
  - We** will not guarantee on the phone if **we** will pay a claim. **You** must send **us** a claim form that has been fully completed and **we** will then write to **you** with our decision.
  - When **you** claim **you** agree to give **us** any information **we** may reasonably ask for.
  - 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.
  - 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.
- Veterinary information:**  
**You** agree that any **vet** or **therapist** has **your** permission to release any information **we** ask for about **your pet**. If the **vet** or **therapist** makes a charge for this, **you** must pay the charge.
- Pre-existing conditions:**  
 Any **injury** or **illness** which occurred before **your pet's** cover started is a **pre-existing condition** and something which will never be covered by **your** insurance.
- Jurisdiction:**
  - English law applies to this insurance contract.
  - Unless **we** agree otherwise, the language of the policy and all communications relating to it will be in English.
- Your residence:**
  - You** and **your pet** must live in UK.
  - If **your** address, or the address of **your pet**, changes **you** must advise **us** as soon as possible as this may affect the insurance cover provided.
- Transferring cover:**  
 This insurance cover cannot be transferred from the person named on the Certificate of Insurance.

#### 10. Cancellation rights:

- Whilst no statutory cancellation rights apply to this policy **you** can of course 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 **your vet** has advised that **you** have been negligent towards **your pet**. **We** will give **you** 7 days' notice in writing to the last address **you** have given **us**.
- 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.

#### 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.

#### Section 1 - Veterinary Fees

##### What we will pay

The cost of **veterinary fees** for the **veterinary treatment** **your pet** has received during the **period of cover** to treat **injury** and **illness**.

##### What you pay

The **excess** shown on **your** Certificate of Insurance.

##### What we will not pay - applying to Veterinary Fees

- More than the **maximum benefit** for the combined treatment costs of all **injuries** and **illnesses** during the **period of cover**.
- The cost of any treatment for a **pre-existing condition**.
- The cost of any treatment for an **illness** which starts in the first 14 days of cover.
- The cost of any treatment to prevent **injury** or **illness**.
- The cost of any **elective treatment, diagnostic or procedure** or any treatment that **you** choose to have carried out that is not directly related to an **injury** or **illness**, including any complications that arise.
- The cost of killing and controlling fleas and the cost of general health improvers.
- The cost of any treatment in connection with breeding, pregnancy or giving birth.
- The cost of any food (including food prescribed by a **vet**) unless it is:  
  - Used to dissolve existing bladder stones and crystals in urine, which is limited to a maximum of 40% of the cost of food. A diagnostic test must be carried out to confirm the presence of the stones/crystals.
  - Liquid food, used for up to 5 days while **your pet** is hospitalised at a veterinary practice, providing the **vet** confirms the use of the liquid food is essential to keep **your pet** alive.
- The cost of pheromone products, including DAP diffusers and Feliway unless used as part of a structured **behaviour modification programme**.
- The cost of any vaccination, other than the cost of treating any complications that arise from this procedure.
- The cost of spaying or castration for the **treatment of a behavioural illness**.
- The cost of spaying (including spaying following a false pregnancy) or castration, unless:  
  - The procedure is carried out when **your pet** is suffering from an **injury** or **illness** and is essential to treat the **injury** or **illness**, or
  - The costs claimed are for the treatment of complications arising from this procedure.
- The cost of any treatment in connection with a retained testicle(s) if **your pet** was over the age of 12 weeks when cover started.
- The cost of trimming, burring or rasping rabbits' teeth.
- The cost of treating any **injury** or **illness** deliberately caused by **you** or anyone living with **you**.
- The costs of having **your pet**:  
  - Put to sleep, including any veterinary consultation/visit or prescribed medication specifically needed to carry out the procedure, or
  - Cremated, buried or otherwise disposed of.
- The cost of any additional veterinary attention required because **you** are unable to administer medication due to **your pet's** behaviour or **your** personal circumstances.
- The cost of a house call unless the **vet** or **therapist** confirms that **your pet** is suffering from a serious **injury** or **illness** and that moving **your pet** would either endanger its life or significantly worsen the serious **injury/illness**.
- Extra costs for treating **your pet** outside usual surgery hours, unless the **vet** or **therapist** confirms an emergency consultation is essential, regardless of **your** personal circumstances.
- The cost of hospitalisation and any associated **veterinary treatment**, unless the **vet** or **therapist** confirms **your pet** must be hospitalised for essential **veterinary treatment**, regardless of **your** personal circumstances.
- The cost of buying or hiring equipment or machinery or any form of housing, including cages.
- The cost of surgical items that can be used more than once.
- The cost of hydrotherapy, acupuncture, homeopathy, chiropractic manipulation, osteopathy or any other complementary or alternative treatment. This includes any **veterinary treatment** specifically needed to carry out the particular complementary or alternative treatment.
- The cost of grooming, de-matting or bathing **your pet**, other than bathing when a substance is being used which, according to manufacturers guidelines, can only be administered by a **member of a veterinary practice**.
- The cost of dental treatment unless **your pet** had a dental examination carried out by a **vet** in the 12 months before the **clinical signs** of the **injury** or **illness** were first noted.
- The cost of a post-mortem examination.
- The cost of transplant surgery, including any pre- and post-operative care.
- The cost of any prosthesis, including any **veterinary treatment** needed to fit the prosthesis.

- The cost of any treatment if a claim has not been submitted within 60 days of **your pet** receiving treatment.
- Any costs for treating an **injury** or **illness** after the last day of the **period of cover**.

#### Special Conditions - applying to Veterinary Fees

- If **we** agree for a claim settlement to be paid directly to **your vet** and **you** allow this, then 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, **we** will tell the **vet** what the insurance covers, what **we** will not pay for and how the amount **we** pay is calculated.
- If **we** receive a request to pay the claim settlement directly to a veterinary practice, **we** reserve the right to decline this request.
- We** may refer **your pet's** case history to a **vet** that **we** choose and if **we** request, **you** must arrange for **your pet** to be examined by this **vet**.
- 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 the **new vet** or **therapist**. If **you** do not, **we** will not pay any costs relating to the second opinion. If **we** request, **you** must use a **vet** or **therapist** **we** choose. If **we** decide the diagnosis or treatment currently being provided is correct, **we** will not cover any costs relating to the second opinion.
- 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 the veterinary practice or **therapist** provides a discount for paying the cost of treatment 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.

#### Section 2 - 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 - applying to Advertising and Reward

- More than the **maximum benefit** for all incidents during the **period of cover**.
- More than 50% of the **maximum benefit** towards the cost of a reward.
- More than 10% of the **maximum benefit** towards sundries to make **your** own posters and advertising materials.
- Any reward that **we** have not agreed before **you** advertised it.
- Any reward not supported by a signed receipt giving the full name, address and telephone number of the person who found **your pet**.
- Any reward paid to:
  - A member of **your** family or any person living with **you** or employed by **you**.
  - The person who was caring for **your pet** when it was lost or stolen.
  - The person who stole **your pet** or any person who is in collusion with the person who stole **your pet**.
- Any amount if the claim has not been submitted within 60 days of **your pet** going missing.

#### Special Conditions - applying to Advertising and Reward

- You** must take the following steps:
  - As soon as **you** discover **your** dog is stolen/missing, or that **your** cat may have been stolen, **you** must tell the appropriate authority and obtain written confirmation of **your** report. Depending on where **you** live the appropriate authority may be **your** local authority or the police.
  - For all missing pets, within 5 days of discovering **your pet** is missing **you** must tell at least one veterinary practice in the area where he/she was last seen.

There are other actions **you** can take, which although are not requirements of this insurance, may help to improve the chances of **your pet** returning home. This includes notifying local rescue centres, distributing flyers and searching the local area; **we** are happy to share useful tips with **you** if **you** contact **us**.

- You** must obtain **our** approval before advertising a reward; if not, the cost of a reward will not be covered by this insurance.
- You** must provide **us** with a receipt(s) for any amount which **you** are claiming for. Any costs not supported by a receipt will not be covered by this insurance.

#### Section 3 - Boarding Fees

In this section 'you' means **you** and **your** husband, wife, civil partner or partner.

##### What we will pay

The cost of boarding **your pet** at a licensed boarding establishment or £5 a day towards the cost of someone looking after **your pet** while **you** are in hospital during the **period of cover**.

##### What we will not pay - applying to Boarding Fees

- More than the **maximum benefit** for all hospitalisation during the **period of cover**.
- Any amount if **you** are in hospital for less than 4 consecutive days during each hospital stay.
- Any amount if the person looking after **your pet** lives with **you** or is a member of **your family**.
- Any costs resulting from **you** going into a hospital because of an injury or illness first occurring or showing symptoms before **your pet** was covered.
- Any costs resulting from **you** being pregnant, giving birth or any treatment that is not related to an injury or illness.
- Any costs resulting from **you** going into a hospital for the treatment for alcoholism, drug abuse, drug addiction, attempted suicide or a self-inflicted injury.
- Any costs resulting from care in a nursing home or from convalescence care that **you** do not receive in a hospital.
- Any costs if a claim has not been submitted within 60 days of the stay in hospital.

#### General Exclusions

The following exclusions apply to all sections of the policy:

- Your pet's age:**
  - Any pet less than 6 weeks old at the start of cover.
  - Any dog over the age of 8 years, (5 years for **select breeds**), any cat over the age of 10 years or any rabbit over the age of 5 years, at the start of cover.
- Other insurance:**  
Any pet which has another Petplan insurance at the start of cover.
- Litters awaiting sale:**  
Any amount for a pet that is part of a litter awaiting sale.

- Your pet's use:**  
Dogs used for security, guarding, track racing or coursing.
- Your pet's breed:**  
Any dog that is, or is crossed with, a Pit Bull Terrier, Dogo Argentino, Perro De Presa Canario, Dogo Canario, Japanese Tosa, Fila Brasileiro, Czechoslovakian Wolfdog, Saarloos Wolfhound/Wolfdog or any wolf hybrid.
- Laws and regulations:**
  - Any dog that must be registered under the Dangerous Dogs Act 1991 and the Dangerous Dogs (Amendment) Act 1997 or any further amendments to this Act.
  - Any amount if **you** break the United Kingdom laws or regulations, including those relating to animal health or importation.
  - Any amount if **your pet** is confiscated or destroyed by government or public authorities or under the Animals Act 1971 because it was worrying livestock. This includes any further amendments to this Act.
  - Any costs caused because the Department for Environment, Food and Rural Affairs (DEFRA) has put restrictions on **your pet**.
  - Legal expenses, fines and penalties connected with or resulting from a Criminal Court Case or Act of Parliament.
- Miscellaneous:**
  - Any loss that results from 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.
  - Any amount caused by radiation, nuclear explosion, nuclear fallout or contamination by radioactivity.
  - Any amount resulting from a disease transmitted from animals to humans.

#### 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](http://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** need to make a claim. Don't forget, if **you** have a valid claim for Veterinary Fees **we** can usually pay the veterinary practice direct which means the only amount **you** will need to pay them is the **excess** which applies for **your pet**.

**Notifying us of a potential claim** - In all cases, other than Veterinary Fees claims, **you** must let **us** know of any circumstances which are likely to lead to a claim.

##### Requesting a claim form:

- Most claim forms can be downloaded from **our** website [petplan.co.uk/claims](http://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 to claim under Veterinary Fees** - Claims must be sent to **us** no later than 60 days after the treatment start date.

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

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

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

"Void **your** policy" means **we** will cancel **your** policy from the date the fraud occurred. If **we** take this action **you** must tell any other insurer that **we** have voided **your** policy and failure to do this could invalidate any future insurance policy.

##### How to claim

It's easy to make a claim with Petplan. Simply send **us** **your** completed claim form along with the supporting documentation listed in this section. 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. It is important to be aware that **your** insurance does not cover any charges made for the completion of claim forms or the cost of any supporting documentation.

#### Supporting documentation

##### Veterinary Fees:

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

##### Advertising and Reward:

- You** must phone **us** on 0345 074 4406 for the approval of any reward before **you** advertise it.
- Please send **us** the invoices and receipts to show the costs involved, including a receipt for any reward paid.

##### 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**.

##### How we use your data

- Please be aware telephone calls may be recorded for **your** and **our** protection, and for monitoring and training purposes.
- Your** details will be stored on **our** computer system to administer **your** policy but will not be kept longer than necessary.
- You** have the right to request a copy of all personal data **we** hold about you. A small charge may apply.
- We** can only discuss **your** personal details with **you**. If **you** would like anyone else to act on **your** behalf please let **us** know.
- Unless **you** advise otherwise, **we** may use **your** details to support the development of **our** business by including them in customer surveys. If **you** do not want this to happen please just let **us** know.
- We** may share **your** details with other insurance companies, directly or through a number of databases. This allows **us** to check information **you** give **us** and also helps **us** prevent fraud.
- Your** personal details may be transferred to countries outside the EEA. They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law.

- We** may pass **your** information to **our** veterinary advisors and/or to loss adjusters outside the Allianz Group for the purpose of administering **your** claim and/or underwriting **your** policy.

#### 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 promptly. **We** will always confirm to **you** the receipt of **your** complaint within five working days and do **our** best to resolve the problem within four weeks. If **we** cannot **we** will let **you** know when an answer can be expected. If **we** have not sorted out the situation within eight weeks **we** will provide **you** with information about the Financial Ombudsman Service. If **you** have a complaint please contact **our** Customer Satisfaction Manager at:

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

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

#### Financial Services Compensation Scheme

If **we** are unable to meet **our** 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](http://www.fscs.org.uk), by emailing [enquiries@fscs.org.uk](mailto: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](mailto:info@petplan.co.uk)

##### IN WRITING

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

##### WEBSITE

[Download a claim form](http://petplan.co.uk/claims)

[Track your claim](http://petplan.co.uk/claims)

[My Petplan area](http://petplan.co.uk/mypetplan)

[petplan.co.uk](http://petplan.co.uk)  
[petplan.co.uk/claims](http://petplan.co.uk/claims)  
[petplan.co.uk/claims](http://petplan.co.uk/claims)  
[petplan.co.uk/mypetplan](http://petplan.co.uk/mypetplan)

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