

POLICY BOOKLET IN PLAIN ENGLISH

for Agria Service Dogs Lifetime Lite, Lifetime and Lifetime Plus Insurance Customers

PLEASE KEEP THIS BOOKLET SAFE

In the event of a claim

Visit: www.agriapet.co.uk/how-to-claim/ or see the "How to Claim" section on page 6.

To discuss your policy

UK: **03330 30 83 80**

Outside UK: **+44 3330 30 83 80**

Agria Vet Guide

Available to download from your usual app store.

For free, 24/7 access to expert advice, via video call with a vet.

All documentation is also available in large print, Braille or audio file, please contact us if you require any of these.

CONTENTS

Key Features, Benefits and Significant exclusions	1
Policy Wording	1
Contract of Insurance	1
Definitions	2
Law Applicable to this Policy	2
Rights of Third Parties	2
SECTION 1. Veterinary Fees	2
SECTION 2. Travel and Accommodation	3
SECTION 3. Death from Illness or Injury	3
SECTION 4. Overseas Travel	4
SECTION 4a. Quarantine Costs	4
SECTION 4b. Repeat Worming Treatment	4
SECTION 4c. Loss of Animal Travel Documents	4
SECTION 4d. Emergency Expenses Abroad	4
SECTION 4e. Emergency Repatriation	4
SECTION 5. Global Emergency Veterinary Fees	5
General Exclusions	5
General Conditions	5
Territorial Limits	6
Claims Conditions	6
How to Claim	6
Fraud	6
Customer Service and Complaints	6
Regulatory Information	7
Remuneration Disclosure	7
Privacy Notice	7

KEY FEATURES, BENEFITS AND SIGNIFICANT EXCLUSIONS (See pages 1-8 for full details)

All policy sections have limits on the amount paid. Your Schedule of Insurance shows these amounts.

Section 1 - Veterinary Fees

Features

Cover is provided for veterinary treatment your dog receives for an illness or injury, including:

- Complementary treatment up to the amount specified on your Schedule of Insurance.
- 50% of the cost of a clinical diet up to £250.
- The cost of Platelet Rich Plasma therapies up to £750.
- Costs for cremation, burial and a house visit by a vet to put your dog to sleep up to £150.

Significant Exclusions

- The fixed and percentage amounts you pay towards the cost of treatment your dog receives for each illness or injury in each period of insurance.
- Illnesses and injuries that first showed signs before your policy started.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your dog had before your policy started. These include disorders that your dog can have in different eyes, ears, front and back legs and feet, knees, hips, shoulders and elbows. For example, cover for treatment of a ruptured cruciate ligament in the left leg is not available when your dog has had a ruptured cruciate ligament in the right leg before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.
- Costs for any behavioural disorders.
- The cost of any treatment to teeth and gums if your dog has not had regular dental checks and received any treatment recommended as a result of the checks.
- Costs to prevent an illness or injury, routine examinations, routine tests, routine treatment for your dog's general wellbeing, tests to investigate the general health of your dog, vaccinations, spaying, castration, caesarean section, pregnancy or giving birth.
- Vet's administration costs and other charges a vet makes for things that do not directly involve the vet's expertise in treating an illness or injury.

Section 2 - Travel and Accommodation

Features

The cost of travel and accommodation expenses if your usual vet refers your dog to another vet.

Significant Exclusions

- Any amount unless the cost of treatment is covered under policy Section 1 Veterinary Fees.

Sections 3, 4 and 5 are policy sections that you can choose to add to your policy

Section 3 - Death from Illness or Injury

Features

Cover towards the value of your dog if it dies or has to be put to sleep by a vet as a result of an illness or injury.

Significant Exclusions

- Any claim if your dog dies from an illness and is over the retirement age for this policy section shown on your Schedule of Insurance.
- Illnesses and injuries that first showed signs before your policy started.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your dog had before your policy started.
- Illnesses that show signs in the first 10 days after your policy started.
- If your dog dies or is put to sleep due to a behavioural disorder.
- If your dog dies as a result of extremes of temperature from being left unattended in a motor vehicle.

Sections 4a, 4b, 4c, 4d and 4e - Overseas Travel Features

Cover while you are abroad with your dog in a member country of the PETS Travel Scheme for:

- The cost of quarantine if your dog is ill and not allowed back into the UK.
- Repeat worming treatment costs if delays mean your dog's worming treatment is no longer valid.
- A replacement lost or stolen animal travel certificate or Pet Passport.
- Emergency expenses to stay and find a lost dog and travel home if the scheduled departure is missed.
- The cost to return your dog to the UK if it becomes ill, is injured or dies, or the cost of a cremation or burial overseas.

Significant Exclusions

- If you are overseas for more than 120 days in a period of insurance.
- Illnesses and injuries that first showed signs before your policy started or before you booked your travel.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your dog had before your policy started.
- Illnesses that show signs in the first 10 days after your policy started, or within the first 10 days of this section being added to your policy.

Section 5 - Global Emergency Veterinary Fees

Features

Cover is provided for emergency veterinary treatment while you are abroad with your dog in a country other than the UK.

Significant Exclusions

- If you are overseas for more than 120 days in a period of insurance.
- Illnesses and injuries that first showed signs before your policy started or before you booked your travel.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your dog had before your policy started.
- Illnesses that show signs in the first 10 days after your policy started, or within the first 10 days of this section being added to your policy.
- Anything that is not covered under Section 1 Veterinary Fees.

GENERAL SIGNIFICANT EXCLUSIONS

- Any dog under the age of eight weeks at the start of your policy.
- Any incident, illness, injury, death or other event occurring outside the UK unless either the Overseas Travel, or both the Overseas Travel and Global Emergency Veterinary Fees sections are shown in the Your Cover section on your Schedule of Insurance.
- Any dog which should be registered under the Dangerous Dogs Act 1991 or the Dangerous Dogs Act (Northern Ireland) Order 1991 or any subsequent amendments.
- The use of your dog for racing.
- Illnesses that dogs are usually vaccinated against if your dog has not been vaccinated.

GENERAL SIGNIFICANT CONDITIONS

- The policy is an annual contract of insurance and you must pay the full annual premium.
- If you miss a payment we may make an administration charge.
- If your bank tells us they cannot make your payment we will try to collect it again.

POLICY WORDING

CONTRACT OF INSURANCE

This is an annual insurance contract and to obtain the full benefit of the contract **you** must pay the full annual premium either in one payment or

monthly instalments. If **we** accept **your** application and premium and an **illness, injury** or loss happens in the **period of insurance**, we will provide the cover explained in the following pages and on **your Schedule of Insurance**. The cover provided, unless explained otherwise, is based on **your** financial loss which is the amount of money the **illness, injury** or loss has cost **you**. This **policy** booklet and **your Schedule of Insurance** make up **your** contract of insurance. **You** will need to read both to fully understand what is and what is not covered.

DEFINITIONS

Any word or expression that has a specific meaning is shown in bold and has the same meaning throughout this **policy**.

Animal Travel Documents

An Animal Health Certificate, an Export Health Certificate or the official **Pets Travel Scheme** Pet Passport issued by a **vet** who has been authorised by the Government to do so.

Behavioural Disorder(s)

Any change to **your dog's** normal behaviour that is caused by a mental or emotional disorder.

Bilateral Disorder

Means any medical disorder that can affect parts of **your dog's** body that it has one of on each side of its body, including ears, eyes, knees, front and back legs and feet, cruciate ligaments, hips, shoulders and elbows.

Clinical Diet

Food made by a pet food company for the purpose of a **vet** to prescribe to help with a specific **illness** or **injury**.

Clinical Sign(s)

Changes to **your dog's** normal healthy state, its physical appearance, its bodily functions or behaviour.

Complementary Treatment

Means:

- Physiotherapy (including Laser Therapy, Pulsed Magnetic Field Therapy and Shock Wave Therapy) carried out by a **vet** or a member of a veterinary practice supervised by a **vet**.
- Physiotherapy (including Laser Therapy, Pulsed Magnetic Field Therapy and Shock Wave Therapy), osteopathy, chiropractic treatment recommended by a **vet** and provided by a qualified animal physiotherapist, osteopath or chiropractor.
- Acupuncture carried out by a **vet**.
- Hydrotherapy recommended by a **vet** and provided by a member of a veterinary practice supervised by a **vet** or a qualified animal hydrotherapist who is a member of a **UK** registered professional animal physiotherapy or hydrotherapy organisation.
- Herbal medicine.
- Any consultation fee to administer any of the above.

Cooling Off Period

The 14 days after:

- the date **your policy** first started; or,
- the date **you** received **your first policy** booklet and **Schedule of Insurance** after **your policy** first started; or,
- the renewal date of **your policy**.

Emergency Veterinary Treatment

Means any **veterinary treatment** carried out in an emergency situation that is deemed essential by the veterinary surgeon in order for **your dog** to be declared fit to return to the **UK**.

Fixed Excess

The amount specified on **your Schedule of Insurance**.

This is the fixed amount **you** pay towards:

- **veterinary treatment**, received during each **period of insurance**.

The fixed amount applies to:

- all episodes of an **illness** with the same diagnosis or **clinical signs**; and,
- each **injury**.

your dog receives veterinary treatment for in each **period of insurance**. When **your dog** receives **veterinary treatment** and/or **complementary treatment** that carries on into the next **period of insurance** and any more periods of insurance, the fixed amount applies to the treatment and therapy **your dog** receives in each **period of insurance** and **you** must pay two or more fixed excess, one for **each period of insurance**.

Illness

Any change to **your dog's** normal healthy state;

sickness, disease, **bilateral disorder**, defects and abnormalities, including defects and abnormalities **your dog** was born with or which were passed on by its parents.

Illness in the First 10 Days

- An **illness** that first showed **clinical signs** in the first 10 days after **your policy** started; or,
- an **illness** that is the same as, or has the same diagnosis or **clinical signs** as an **illness** or **clinical sign your dog** had in the first 10 days after **your policy** started; or,
- an **illness** that is caused by, relates to, or results from, an **illness** or **clinical sign your dog** had in the first 10 days after **your policy** started; even if the **illness** or **clinical sign(s)** appear or happen in, or on, different parts of **your dog's** body.

Injury(ies)

Physical damage or trauma caused by an accident.

Insurer

Agria Försäkring which is the **UK** branch of Försäkringsaktiebolaget Agria (publ).

Maximum Benefit

The amount shown in the Your Cover section of **your Schedule of Insurance** as the most **we** will pay under each **policy** section for each incident or **period of insurance**.

Percentage Excess

The percentage shown on **your Schedule of Insurance**.

This is the percentage that **you** must pay towards the cost of;

- **veterinary treatment**,
 - **complementary treatment**,
- received during each **period of insurance**.

We calculate the percentage amount on the amount left after the **fixed excess** is deducted.

Period of Insurance

The time **your policy** lasts, as specified on **your Schedule of Insurance**.

PETS Travel Scheme

The Government scheme that allows **you** to take **your dog** abroad to certain countries and re-enter the **UK** without the need for **your dog** to go into quarantine.

Policy

Your policy booklet and **Schedule of Insurance** which make up **your** insurance contract.

Pre-existing Illness or Injury

- An **injury** that happened, or an **illness** that first showed **clinical signs** before **your policy** started; or,
- an **injury** or **illness** that is the same as, or has the same diagnosis or **clinical signs** as an **injury, illness** or **clinical sign your dog** had before **your policy** started; or,
- an **injury** or **illness** that is caused by, relates to, or results from, an **injury, illness** or **clinical sign your dog** had before **your policy** started; no matter where the **injury, illness** or **clinical sign(s)** are noticed or happen in, or on, **your dog's** body.

Prosthesis

An artificial body part or implant, other than rods, screws and plates.

Retirement Age

The age that **we** would normally expect the breed of **your dog** to cease from working.

Schedule of Insurance

The document showing **your** details and **your dog's** details, the cover **you** have chosen, the amount **you** pay towards a claim (the excess), the dates of **your policy** and anything extra not covered by **your policy**. This document is part of **your** insurance **policy**.

Sum Insured

The amount selected by **you** that **we** have accepted as the most **we** will pay, as shown on **your Schedule of Insurance**.

UK

Means England, Northern Ireland, Scotland, Wales, the Channel Islands and the Isle of Man.

Veterinary Treatment

Means any examinations, consultations, advice, tests, diagnostic tests or scans, prescribed medication, bandages, surgery, hospitalisation, nursing and care carried out by a **vet** or a member of a veterinary practice supervised by a **vet**.

Vet(s)/Vets

A person registered with the Royal College of Veterinary Surgeons.

We/Us/Our

Agria Pet Insurance Ltd acts as agents representing

the **insurer**.

You/Your

The policyholder named on your **Schedule of Insurance** and any secondary policyholder you choose to add to your **policy**. Or the named and authorised person if your **policy** is in the name of a company.

Your Dog(s)

The dog shown on **your Schedule of Insurance**.

LAW APPLICABLE TO THIS POLICY

Your policy is governed by English Law unless **you** and **we** have agreed otherwise.

RIGHTS OF THIRD PARTIES

You and **we** are the only parties to this insurance. No other person has any rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance, but this does not affect any right or remedy of a third party which exists or is available apart from this Act.

SECTION 1. VETERINARY FEES

We will pay

The cost of:

- **Veterinary treatment your dog** receives during the **period of insurance** for an **illness** or **injury**. Including:
 - 50% of the cost of a **clinical diet** up to £250 to treat the **illness** or **injury**, for each separate **illness** or **injury**.
 - Up to the amount specified on **your Schedule of Insurance** for **complementary treatment** for each separate **illness** or **injury**.
 - Up to 20 sessions of hydrotherapy for each separate **illness** or **injury**.
 - The cost to put **your dog** to sleep.
 - The cost of cremation, burial and a house visit by a **vet** to put **your dog** to sleep up to £150.
 - The cost of Platelet Rich Plasma therapies up to £750 for each separate **illness** or **injury**.
 - The cost of a Glucometer provided a **vet** has recommended both the type purchased and that **you** monitor and carry out **your dog's** blood glucose readings at home. **You** can only claim the cost of one Glucometer per **period of insurance**.

The amounts for cremation, burial and a house visit by a **vet** to put **your dog** to sleep, **clinical diet**, Platelet Rich Plasma therapies and **complementary treatment**, which includes the cost of up to 20 hydrotherapy sessions, are all included in the **maximum benefit** for this **policy** section. **You** can only claim up to these amounts once, per **illness** or **injury**, during the whole time **your dog** is insured with **us**.

We will not pay

1. The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance**. These excesses do not apply to the costs of cremation, burial or a house visit by a **vet** to put **your dog** to sleep.
2. Costs resulting from a **pre-existing illness** or **injury**.
3. Costs resulting from an **illness in the first 10 days of your policy** (this does not apply to the first 10 days of the second or subsequent consecutive **period of insurance**).
4. The cost of **veterinary treatment** received when the **policy** is not in force.
5. More than the **maximum benefit** for this **policy** section.
6. Any costs for **behavioural disorders**, including pheromone products.
7. Costs for and resulting from:
 - Preventive **veterinary treatment**, including spaying to prevent false pregnancy, mammary tumours and vaginal prolapse.
 - **Veterinary treatment you** choose to have carried out that does not treat an **illness** or **injury**.
 - Post mortem examinations.
 - Routine examinations, routine tests, routine treatment for **your dog's** general wellbeing and tests to investigate the general health of **your dog**.
 - Routine castration and routine spaying, other than the costs of **veterinary treatment** for complications arising from these procedures.
 - Vaccinations, other than the costs of **veterinary treatment** for adverse reactions arising from the vaccinations.
 - Grooming and dematting including syringing

and removing hair from ears when there is no infection present, nail clipping and removing dew claws that are not damaged.

- Removing retained testes or first teeth unless **your dog** was less than 16 weeks old when it was first insured with **us** and cover has continued in an unbroken series of periods of insurance.
 - Emptying anal glands when they are not infected or stenosed.
 - Routine blood tests and urine tests.
 - Heart screening, blood or urine tests before a general anaesthetic or sedation if **your dog's** age, medical history, or **clinical signs** immediately before this is carried out do not suggest it has an identifiable and significant risk from the general anaesthetic or sedation.
 - False pregnancy if **your dog** has already received **veterinary treatment** for two or more episodes of false pregnancy.
 - Products for killing or controlling fleas and intestinal worms, other than the costs of **veterinary treatment** for adverse reactions to these products.
 - Products for killing or controlling skin mites unless there is evidence **your dog** has a mite infestation.
 - Collars used to restrict **your dog's** access to its body, or surgical T-shirts and protective boots, unless they are used to directly cover a wound.
 - Harnesses or slings to aid mobility.
 - Sharps containers or bins.
8. Any costs for an **illness** or **injury your dog** suffers that:
- happened while engaged in, or
 - is related in any way to being engaged in, an activity that is not shown on **your Schedule of Insurance**.
9. The cost of **clinical diets** and medicines to help **your dog** lose weight or any routine post-operative recovery diet.
10. The cost of any hydrotherapy session if it is performed to help **your dog** lose weight.
11. Any costs for **complementary treatment** that are not recommended by a **vet** and are not carried out under the direction of a **vet**.
12. Any costs for:
- Matrix Energy Field Therapy
 - Reiki massage
 - Faith healing
 - Homeopathic medicine.
13. Any costs related to dental or gum **illness** if **your dog's** teeth and gums have not been examined by a **vet** in the 12 months prior to the **illness** being noted. Any **veterinary treatment** recommended at a health check must be carried out within three months of the recommendation.
14. Costs for or resulting from:
- Cosmetic dentistry.
 - De-scaling, polishing and cleaning **your dog's** teeth, other than when performed solely as treatment for an **illness** of the teeth or gums.
 - Crowns.
 - Root canal treatment;
 - That is being undertaken for purely cosmetic reasons.
 - That is on teeth other than the canine teeth.
 - That doesn't offer clear advantages over tooth removal in terms of safety.
 - In respect of a dog that is a stone chewer or similar.
 - For badly damaged teeth.
 - Where there is severe periodontal disease and the canine teeth are very loose.
15. Costs for or resulting from:
- Organ transplants.
 - The cost of any **prosthesis**, including any **veterinary treatment** needed to fit the **prosthesis**, other than the cost of hips, elbows, patella groove replacements or any eye lens implant.
 - Stem cell therapy.
 - Experimental **veterinary treatment**.
16. Any costs for or relating to the production of a 3D printed model which is used for the planning of **your dog's** surgery.
17. Any claim that has been caused by **your dog** not being on a short lead while near livestock of any kind, including horses, whether kept for leisure

or working purposes.

18. The cost of:
- House calls unless **your vet** confirms that to move **your dog** would seriously endanger its health, or significantly worsen the condition.
 - **Your dog's** stay at a veterinary practice unless its **veterinary treatment** can only be given by veterinary practice.
 - Bathing **your dog**, other than bathing with a medicated product that should only be administered by a **vet** or a member of a veterinary practice.
 - Transporting **your dog** to a veterinary practice, between veterinary practices and to move **your dog** within a veterinary practice.
 - **Your vet's** travel expenses.
 - House calls, moving, transporting, bathing, hospitalisation, boarding fees and travel expenses caused by or resulting from **your dog's** weight or **your** personal circumstances.
19. The cost of any additional **veterinary treatment** required because **you** are unable to administer medication due to **your dog's** behaviour or **your** personal circumstances.
20. The cost of prescribed medication purchased from an online retailer unless the online retailer is listed in the Veterinary Medicine Directorate's accredited internet retailer scheme.
21. Costs to put **your dog** to sleep, cremate or bury it if:
- A **vet** can treat it and it is humane to keep it alive.
 - It is put to sleep because it is aggressive.
22. The costs to:
- Fill in and send a claim form.
 - Refer **your dog** to another veterinary practice.
 - Admit **your dog** to a veterinary practice.
- and the cost of:
- Postage, packaging, importing medication and using a courier.
 - Obtaining urgent laboratory tests when **your dog** is not immediately at risk from a life-threatening **illness**.
23. The cost of out of hours fees unless an **illness** or **injury**:
- happens or shows the first **clinical signs**; or,
 - significantly deteriorates, after 6 pm and before 8 am, during a weekend or during a bank holiday.
24. Additional fees for fitting **your dog** into the working schedule of a veterinary practice.
25. **Vet's** administration costs and other charges a **vet** makes for things that do not directly involve the **vet's** expertise in treating an **illness** or **injury**.
26. Portage fees charged by a **vet** to convey **your dog** whilst in their care.
27. The cost of housing, including cages and bedding needed for the **veterinary treatment** or wellbeing of **your dog**.
28. Any costs for or resulting from a disease, including Rabies that the Department for Environment, Food and Rural Affairs (DEFRA) require notification of.
29. **Veterinary treatment** and/or **complementary treatment** received outside the **UK** if **you** have not chosen either the Overseas Travel or both the Overseas Travel and Global Emergency Veterinary Fees **policy** section(s) and they are shown in the Your Cover section of **your Schedule of Insurance**.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions on page 6.
2. Follow the instructions on the "Make A Claim" section of **our** website.
3. If it is more convenient, **your vet** agrees and **we** agree, **we** can make payments directly to **your vet**. **You** can ask **us** to do this when **you** make a claim.
4. Unless **you** tell **us** to pay someone else **we** will always make payments to **you**. **You** can tell **us** who to pay when **you** make a claim.
5. If **your dog** needs **veterinary treatment** while temporarily in the Republic of Ireland or a member country of the **PETS Travel Scheme** and **you** have cover under "Section 4, Overseas Travel", or in a country other than the **UK** and **you** also have cover under "Section 5, Global Emergency Veterinary Fees" shown on **your**

Schedule of Insurance:

- **You** must pay the veterinary surgeon at the time of treatment and obtain an itemised receipt with the name and address of the veterinary practice on it.
 - Send **us** an email or letter with **your** receipt explaining what was wrong with **your dog**, what treatment it had and the dates it received treatment.
 - Claim payments are made directly to **you** in pounds sterling at the current rate of exchange.
6. If **you** claim for medication bought on the internet, from a chemist or from a pharmacy **you** must provide a copy of the prescription from **your vet** and the purchase receipt.

SECTION 2. TRAVEL AND ACCOMMODATION

We will pay

If **your dog** has an **illness** or **injury** during the **period of insurance** and **your** usual **vet** refers **your dog** to another **vet** for **veterinary treatment**.

We will pay up to the **maximum benefit** for this **policy** section for:

- travel expenses of 25 pence a mile to and from the **vet your dog** is referred to;
- toll road charges,
- standard ferry fees; and,
- accommodation expenses,

during the **period of insurance**.

We will not pay

Any amount:

1. Unless the cost of **veterinary treatment** for the **illness** or **injury** is covered under "Section 1. Veterinary Fees".
2. For travel:
 - To or from **your dog's** usual veterinary practice.
 - To, from or in between any practice or branch practice of a group of veterinary practices **your** usual veterinary practice belongs to.
 - From the **UK** to a veterinary practice in another country, or from a veterinary practice in another country to the **UK**.
3. If the **veterinary treatment** the **vet** referred **your dog** for does not happen in the **period of insurance**.
4. For travel for **complementary treatment**.
5. For food and drink.
6. More than the amount **you** have paid for **your** travel and accommodation.

How to Claim

1. Please ensure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on page 6.
2. Follow the instructions on the "Make A Claim" section of **our** website, or send **us** an email or letter explaining the reasons for **your** travel and accommodation, where **you** travelled from and to, how many times **you** made the journey and how many days **you** stayed away from home. Send the email or letter to **us** with receipts for any travel and accommodation expenses.

SECTION 3. DEATH FROM ILLNESS OR INJURY

Section 3 only applies if **you** chose it and it is shown in the Your Cover section of **your Schedule of Insurance**.

We will pay

The **sum insured** up to the **maximum benefit** for this **policy** section if **your dog** dies or is put to sleep by a **vet** during the **period of insurance** as a result of an **illness** that first shows **clinical signs** or **injury** that happens during the **period of insurance**.

We will not pay

1. If **your dog** dies from an **illness** when it reaches or is over the **retirement age** shown on **your Schedule of Insurance**.
2. If **your dog** dies from a **pre-existing illness** or **injury**.
3. If **your dog** dies as a result of an **illness** in the **first 10 days of your policy** (this does not apply to the first 10 days of the second or subsequent consecutive **period of insurance**).
4. More than the **sum insured** for this **policy** section.
5. If **your dog** dies or is put to sleep due to a **behavioural disorder**.
6. If **your dog** dies from or as a result of pregnancy and giving birth.



7. If a **vet** can treat **your dog** and it is humane to keep it alive.
8. Any costs if **your dog** dies or has to be put to sleep as a result of an **illness** or **injury** that:
 - happened while engaged in, or
 - is related in any way to being engaged in, an activity that is not shown on **your Schedule of Insurance**.
9. If **your dog** is put to sleep because it is aggressive.
10. Any amount unless **your vet** certifies that **your dog** is dead.
11. If **your dog** dies as a result of extremes of temperature from being left unattended in a motor vehicle.

Conditions applicable to Death from Illness or Injury

1. **Sum Insured:**
 - a. **You** can increase the **sum insured** of **your dog** (up to the **maximum benefit** for this **policy** section) at any time prior to the mandatory reduction detailed in point b. **You** accept that **your** premium may change from the date of the increase.
 - b. The **sum insured** is reduced by 30% per **period of insurance** to a minimum of £500, from the first renewal of **your policy** after **your dog** reaches three years from the **retirement age** shown on **your Schedule of Insurance**.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on page 6.
2. Follow the instructions on the "Make A Claim" section of **our** website or send **us** an email or letter explaining what **you** are claiming for and confirmation from **your vet** of **your dog's** death.
3. **We** may request additional documents to assess **your** claim, including but not limited to:
 - **Your dog's** Training Certificate(s)
 - **Your dog's** purchase receipt
 - A record of where the money to pay for **your dog** came from.
 - Evidence to support the current value of **your dog**.

SECTION 4. OVERSEAS TRAVEL

Section 4 only applies if **you** chose it and it is shown in the Your Cover section of **your Schedule of Insurance**.

Section 4 extends the cover under all **policy** sections (except for Section 5, Global Emergency Veterinary Fees), if **you** chose them and they are shown in the Your Cover section of **your Schedule of Insurance**, for travel up to 120 days in each **period of insurance** in a country or territory that is part of the **PETS Travel Scheme**.

Section 4 includes cover under sections 4a, 4b, 4c, 4d and 4e.

SECTION 4A. QUARANTINE COSTS

We will pay

If during the period of insurance, while abroad with **you**:

- **your dog's** microchip fails; or,
- **your dog** has an **illness**; and,

is not allowed back into the **UK**. **We** will pay up to the **maximum benefit** for this **policy** section towards the costs:

- for the time it is put in quarantine before being allowed back into the **UK**.

We will not pay

1. More than the **maximum benefit** for this **policy** section in each **period of insurance**.
Any amount:
2. If **you** have not complied with all regulations of **PETS Travel Scheme**.
3. If **your dog** has been outside the **UK** for more than 120 days during the **period of insurance**.
4. If the microchip that fails is not to ISO Standard 11784 or Annex A to ISO Standard 11785.
5. If the microchip was not checked and found to be working properly in the 14 days before the start of **your** travel.
6. As a result of any **pre-existing illness** or **injury** or an **illness** or an **injury** that happened or first showed **clinical signs** before this section was added to **your policy**.
7. As a result of an **illness** in the first 10 days of **your policy** (this does not apply to the first 10 days of the second or subsequent consecutive **period of insurance**).
8. As a result of an **illness** in the first 10 days of this

section being added to **your policy**.

9. As a result of an **injury** that happened or an **illness** that first showed **clinical signs** before **you** booked **your** travel.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on page 6.
2. Follow the instructions on the "Make A Claim" section of **our** website, or send **us**:
 - An email or letter explaining what **you** are claiming for.
 - A receipt for the kennel or quarantine costs.
 - Documentary evidence that **your dog** was microchipped before **your** travel with a microchip of ISO Standard 11784 or Annex A to ISO Standard 11785.

SECTION 4B. REPEAT WORMING TREATMENT

We will pay

If, during the **period of insurance**, **your** carrier delays **your** return to the **UK** and **your dog's** worming treatment is no longer valid. **We** will pay up to the **maximum benefit** for this **policy** section towards **your dog's** repeat worming treatment.

We will not pay

Any costs:

1. For the initial worming treatment.
2. If the initial worming treatment was not given in the timescale required by the **PETS Travel Scheme**.
3. If the repeat worming treatment was not necessary to comply with the **PETS Travel Scheme**.
4. If **your dog** has been outside the **UK** for more than 120 days during the **period of insurance**.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on page 6.
2. Follow the instructions on the "Make A Claim" section of **our** website, or send **us**:
 - An email or letter explaining the delay to **your** journey and what **you** are claiming for.
 - Receipts for the costs **you** are claiming for.
 - **Your** booking invoice or other documents showing the dates of **your** scheduled return to the **UK**.
 - Confirmation from the carrier of **your** delayed return to the **UK**.
 - A receipt for the initial worming treatment.

SECTION 4C. LOSS OF ANIMAL TRAVEL DOCUMENTS

We will pay

If **your dog's** **animal travel documents** are lost or stolen while **you** are abroad during the **period of insurance**. **We** will pay up to the **maximum benefit** for this **policy** section for the cost of:

- replacement **animal travel documents**; and,
- quarantine for **your dog** while **you** get new **animal travel documents**.

We will not pay

Any amount:

1. If the **animal travel documents** are lost or stolen before the start of **your** travel.
2. If **you** do not report the **animal travel documents** as lost or stolen to the issuing **vet** within 24 hours of the time **you** discover it is missing.
3. If **your dog** has been outside the **UK** for more than 120 days during the **period of insurance**.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on page 6.
2. Follow the instructions on the "Make A Claim" section of **our** website, or send **us**:
 - An email or letter explaining when and how the **animal travel documents** were lost or stolen and what **you** are claiming for.
 - Receipts for the costs **you** are claiming for.
 - An email or letter from the issuing **vet** to say when **you** reported the **animal travel documents** as lost or stolen.

SECTION 4D. EMERGENCY EXPENSES ABROAD

We will pay

Up to the **maximum benefit** for this **policy** section for each of the following that happen during the **period of insurance**:

1. If **your dog** needs emergency **veterinary treatment** for an **illness** or **injury** while **you** are abroad and this means **you** miss **your** scheduled

return travel to the **UK**. **We** will pay the cost of accommodation for **you** and **your dog** until **your dog** is well enough to return to the **UK**. And the cost for **you** and **your dog** to travel back to the **UK**.

2. If **your dog** is lost or goes missing while **you** are abroad. **We** will pay for extra accommodation and transport costs while **you** try to find **your dog** before the date **you** are due to return to the **UK**.
3. If **your dog** is lost or goes missing before the date **you** are due to return to the **UK** and **you** stay to try to find **your dog**. **We** will pay accommodation and transport costs for up to four days while **you** try to find **your dog**.
4. If **your dog's** **animal travel documents** are lost or stolen while **you** are abroad and this means **you** miss **your** scheduled return. **We** will pay:
 - accommodation costs for **you** and **your dog** while **you** get new **animal travel documents**; and,
 - the costs for **you** and **your dog** to travel back to the **UK**.
5. If **your** carrier delays **your** return to the **UK** and **you** have to get **your dog's** worming treatment repeated and this means **you** miss the rescheduled travel back to the **UK**. **We** will pay:
 - accommodation costs for **you** and **your dog** while **you** wait for the next available departure; and,
 - the costs for **you** and **your dog** to travel to the **UK**.

We will not pay

1. If **your dog** has been outside the **UK** for more than 120 days during the **period of insurance**.

Any costs as a result of:

2. Any **pre-existing illness** or **injury** or an **illness** or **injury** that happened or first showed **clinical signs** before this section was added to **your policy**.
3. An **illness** in the first 10 days of **your policy** (this does not apply to the first 10 days of the second or subsequent consecutive **period of insurance**).
4. As a result of an **illness** in the first 10 days of this section being added to **your policy**.
5. An **injury** that happened or an **illness** that first showed **clinical signs** before **you** booked **your** travel.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on page 6.
2. Follow the instructions on the "Make A Claim" section of **our** website, or send **us**:
 - An email or letter explaining what **you** are claiming for.
 - Receipts for the costs **you** are claiming for.
 - Details of the emergency **veterinary treatment** **your dog** needed; or,
 - The name and address of the appropriate authority **you** reported **your dog** was missing to.
 - **Your** booking invoice or other documents showing the dates of **your** scheduled return to the **UK**.

SECTION 4E. EMERGENCY REPATRIATION

We will pay

If **your dog** suffers from an **illness**, **injury** or dies while **you** are abroad, **we** will cover the repatriation costs **you** incur, up to the **maximum benefit**, to have **your dog** returned to the **UK**. In the event of **your dog** dying, **we** will cover the costs **you** incur, up to the **maximum benefit**, to have **your dog** buried or cremated in the country or territory that is part of the **PETS Travel Scheme** **you** are in.

We will not pay

1. More than the **maximum benefit** for this **policy** section in each **period of insurance**.
2. Points 2 to 28 under policy "Section 1. Veterinary Fees, **We** will not pay."
Any amount:
3. As a result of any **pre-existing illness** or **injury** or an **illness** or **injury** that happened or first showed **clinical signs** before this section was added to **your policy**.
4. As a result of an **illness** in the first 10 days of **your policy** (this does not apply to the first 10 days of the second or subsequent consecutive **period of insurance**).
5. As a result of an **illness** in the first 10 days of this section being added to **your policy**.
6. As a result of an **injury** that happened or an **illness** that first showed **clinical signs** before **you** booked **your** travel.



7. If **you** travel against **your vet's** advice.
8. If **your dog** has been outside the **UK** for more than 120 days during the **period of insurance**.
9. If **your dog** has not been vaccinated against rabies.
10. If restrictions are placed on **your dog** by any foreign government or public authority.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on page 6.
2. Follow the instructions on the "Make A Claim" section of **our** website, or send **us**:
 - An email or letter explaining what **you** are claiming for, and
- If **your dog** was returned to the **UK** due to an **illness or injury**:
 - **Your dog's** medical history to evidence the **illness or injury** that required **your dog** to be returned to the **UK**.
 - Receipt or invoice from the carrier who transported **your dog**.
- If **your dog** was returned to the **UK** due to its death:
 - Confirmation from **your vet** of **your dog's** death, or confirmation from the carrier that the dog they transported was deceased.
 - Receipt or invoice from the carrier who transported **your dog**.
- If **your dog** was buried or cremated while **you** were abroad:
 - Receipt or invoice from the cemetery or crematorium.
 - Claim payments are made directly to **you** in pounds sterling at the current rate of exchange.

SECTION 5. GLOBAL EMERGENCY VETERINARY FEES

Section 5 only applies if **you** chose it and it is shown in the Your Cover section of **your Schedule of Insurance**.

Section 5 only applies if **you** have also chosen Section 4. Overseas Travel and it is shown in the Your Cover section of **your Schedule of Insurance**. Section 5 provides cover for **emergency veterinary treatment** and also extends the cover under **policy** Sections 3. Death from Illness or Injury and 4e. Emergency Repatriation if **you** chose them and they are shown in the Your Cover section of **your Schedule of Insurance**, for travel up to 120 days in each **period of insurance** in a country other than the **UK**.

We will pay

Up to the **maximum benefit** for Section 1 Veterinary Fees for **emergency veterinary treatment** that **your dog** receives during the **period of insurance** for an **illness or injury** when it is outside of the **UK**.

Any amount paid under this **policy** section is included in the **maximum benefit** for Section 1. Veterinary Fees.

We will not pay

Policy Section 1, Veterinary Fees. **We** will not pay, points 1 to 28 apply to this **policy** section as well as the following:

1. If **your dog** has been outside the **UK** for more than 120 days during the **period of insurance**. Any costs as a result of:
2. Any **pre-existing illness or injury** or an **illness or injury** that happened or first showed **clinical signs** before this section was added to **your policy**.
3. As a result of an **illness** in the first 10 days of this section being added to **your policy**.
4. An **injury** that happened or an **illness** that first showed **clinical signs** before **you** began **your** travel.

How to Claim

1. Please make sure that **you** comply with the "Claims Conditions" and "How to Claim" Conditions specified on page 6.
2. Follow the instructions on the "Make A Claim" section of **our** website.
3. **You** must pay the veterinary surgeon at the time of treatment and obtain an itemised receipt with the name and address of the veterinary practice on it.
 - Send **us** an email or letter with **your** receipt explaining what was wrong with **your dog**, what treatment it had and the dates it received

treatment.

- Claim payments are made directly to **you** in pounds sterling at the current rate of exchange.

GENERAL EXCLUSIONS

We will not provide cover under any **policy** section for, connected to or resulting from:

1. **Your dog** being less than eight weeks old when you take out the **policy**.
2. Anything that happens outside the Territorial Limits.
3. **Your dog** if it is put to sleep following an order by a Government, local authority or any person who has the legal authority to make the order.
4. **Your dog** if it should be registered under the Dangerous Dogs Act 1991 and the Dangerous Dogs Act (Northern Ireland) Order 1991 or any amendments.
5. A deliberate act by **you**, a member of **your family**, someone who works for **you**, someone who lives with **you**.
6. The use of **your dog** for racing. For the avoidance of doubt, agility competitions and Flyball are not considered racing in this respect.
7. A claim covered by any other insurance, unless the other insurance cover has been fully used.
8. **You** not complying with the **UK** animal health and animal import legislation.
9. If **your dog** was purchased from a vendor operating outside of the animal licensing requirements.
10. When **you** are no longer the owner of **your dog** or **you** have loaned it to someone else.
11. Cyber risks, including:
 - the use or misuse of the internet or similar facility;
 - any electronic transmission of data or other information;
 - any computer virus or similar problem.

GENERAL CONDITIONS

If **you** do not comply with Conditions 1 to 4 **your policy** will stop immediately or **we** may treat it as not being valid from when it started. If **your policy** stops **we** will write to **you** at the address shown on your latest **Schedule of Insurance** and tell **you** when it stopped.

1. **You** are aged 18 or over, are the owner of **your dog** and both **you** and **your dog** live in the **UK**. If **you** move from the address on **your Schedule of Insurance**, are no longer the owner or **your dog** does not live in the **UK** all the time, **you** must tell **us**. **You** accept that if **you** move address **your** premium may change from the date of the move.
2. When **you** arrange, change or renew this **policy** **you** must answer any questions **we** ask, honestly and to the best of **your** knowledge. If **your policy** is in joint names both policyholders accept either person can answer questions and both accept responsibility for the accuracy and honesty of the answers.
3. If **your policy** is in the name of a company **you** must make the handler of **your dog** aware of the terms and conditions of **your policy**.
4. **You** must keep **your** premium payments up to date.

Conditions 5 to 13 explain how **you** must pay **your** premium, what happens if **you** or **we** cancel **your policy** and what happens if **you** do not keep **your** payments up to date.

5. This is an annual contract of insurance which means that **you** must pay the full premium amount for the full **period of insurance** in one payment or in monthly instalments, however, cancellation rights apply.
6. If after receiving **your Schedule of Insurance** and **policy** booklet, **you** decide that **you** would not like to proceed with the insurance, **you** can cancel **your policy** in the **cooling off period**. In this case, please contact **us** by telephone or in writing within this period and provided **you** have not made a claim, **we** will cancel **your policy** and refund **you** any premium paid for the **period of insurance**.
7. If **you** wish to cancel outside of the **cooling off period** and **you** pay by monthly instalments, **we** will not charge **you** any further payments. If **you** pay annually, **we** may provide **you** with a pro rata refund, based on any complete months

of the remaining **period of insurance**. If a claim has been settled in respect of this **period of insurance**, **we** will not provide **you** with a refund and **you** must pay the remaining premium for the **period of insurance**.

Or, **we** will deduct the rest of the instalments for the **period of insurance** and any outstanding instalments from any claim payment.

8. It is **your** responsibility to make sure **you** have sufficient funds in **your** bank/card issuer account and **your** bank/card issuer pays **your** full premium or instalments on time. It is not **our** responsibility to tell **you** that **you** have not made a payment.
9. If **your** bank/card issuer tells **us** that they cannot make **your** payment **we** will contact them again to request it and **we** will charge **you** for this extra administration. If **your** bank/card issuer makes a charge for processing **our** payment requests it is **your** responsibility to pay the amount.
10. If **you** do not make **your** payment on time, **you** must contact **us** within seven days of the date **you** should have paid the monthly instalment or the full premium to arrange payment. If payment has not been received within 28 days from the date **you** should have made the payment, **we** will cancel **your** policy from the due date.
11. If **you** pay by monthly instalments and during the **period of insurance** **you** do not pay three monthly instalments on time **we** may agree to continue **your** insurance. If **we** agree **you** must pay in one total payment:
 - an administration charge; and,
 - any outstanding instalments; and,
 - the instalments for the rest of the **period of insurance**.

This payment must reach **us** within 28 days of the date **you** should have paid the third missed instalment.

12. If **we** fail to request **your** payment, **you** must pay the missed payment(s) when asked.
13. If **you** wish to cancel **your policy** **you** can do this by emailing **us** at info@agriapet.co.uk, telephoning **us** on 03330 30 83 80 or writing to **us** at:
Agria Pet Insurance Ltd
PO Box 506
Manchester
M28 8EN

You must comply with Conditions 14 to 19 to have the full protection of **your policy**. If **you** do not comply, **we** may cancel the **policy**, refuse to deal with **your** claim or reduce the amount of any claim payment.

14. **Your dog** must have had a course of primary vaccinations and **you** must keep it vaccinated within manufacturer's guidelines against distemper, hepatitis, leptospirosis and parvovirus, or with the exception of leptospirosis, have a positive titre test reading every two years. If **you** do not keep **your dog** vaccinated **we** will not help **you** with any costs that result from an **illness** **you** must vaccinate it against.
15. A **vet** must supervise all vaccinations. Homeopathic nosodes are not acceptable as vaccines.
16. **You** must take all reasonable precautions to maintain **your dog's** health and prevent the loss of **your dog, injury or illness to your dog**, including following any instructions from a **vet** to reduce **your dog's** weight.
17. **You** must ensure that **you** insure **your dog** for all the activities that **you** use **your dog** for. The activity(ies) **your dog** is insured for are shown on **your Schedule of Insurance**. **We** will not help **you** with any costs for an **illness or injury** if:
 - **You** use **your dog** for an activity which is not covered by **your policy**, or
 - Is in any way related to **your dog** engaging in an activity that is not covered by **your policy**.
18. **You** agree that **your** current or previous **vet** can give **us** information and records about **your dog** and if the **vet** charges **you** for this information **you** will have to pay.
19. **You** agree that **we** can contact the breeder of **your dog** and that they can release information or records about **your dog**.

Conditions 20 to 27 explain the things that **you** can choose and **we** can do that can affect your insurance.

20. We may agree to issue this **policy** to two people as joint policyholders. If **we** do agree **we** will accept instructions to make any changes, payments, claims, cancellation or anything else to do with this **policy** from either person and both policyholders accept that the other person is also acting on their behalf.
21. The amounts of **your fixed excess** and **percentage excess** cannot be reduced and they can only be increased at the renewal of **your policy**.
22. **You** can only choose to have **policy** Section 3. Death from Illness or Injury at the start of **your insurance** and can only remove it at the renewal of **your policy**.
23. **You** can choose to have **policy** Section 4. Overseas Travel or **policy** Sections 4. Overseas Travel and 5. Global Emergency Veterinary Fees at the start of **your policy** or add them at a later date and can only remove them at the renewal of **your policy**.
24. The **policy** is a series of yearly contracts of insurance with no guarantee that **we** will offer a new contract each year.
25. If **we** offer to renew **your policy** **we** may change **your**; premium, policy terms, conditions, **fixed excess** and **percentage excess** and the monetary amount of cover under any section.
26. If **we** hold valid payment details for **you** and **we** offer to renew **your policy** it will automatically renew. **You** accept that **we** will use the payment details **you** have previously given **us** to continue to take payment(s) from **your** bank account or credit/debit card. If **you** do not want **your policy** to automatically renew **you** must tell **us**.
27. **We** do not tolerate any abusive, aggressive or inappropriate behaviour towards **our** staff and if **you** act in such a way **we** may cancel **your policy**.

TERRITORIAL LIMITS

This **policy** provides cover in the **UK**. The **policy** also automatically extends to provide cover for **your dog** for up to 21 days per **period of insurance** whilst **you** are in the Republic of Ireland.

If **you** chose Section 4. Overseas Travel and it is shown on **your Schedule of Insurance**, **your policy** also provides cover for up to 120 days per **period of insurance**, while **you** are in any country or territory that is part of the **PETS Travel Scheme**. If **you** chose Section 5. Global Emergency Veterinary Fees in addition to Section 4 Overseas Travel and it is shown on **your Schedule of Insurance**, **your policy** also provides cover for emergency **veterinary treatment** and **policy** Sections 3. Death from Illness or Injury, and 4e. Emergency Repatriation, for up to 120 days per **period of insurance**, while **you** are in a country other than the **UK**.

CLAIMS CONDITIONS

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

1. **You** must submit **your** claim by the end of the **period of insurance** or within six months from the first date of treatment, whichever is the latter. If **you** do not submit **your** claim to **us** within this time frame **we** will not deal with **your** claim.
2. If **you** make a claim under this **policy** and another insurance also provides cover **you** must tell **us** the name and address of the other insurance company, the reference number and notify them about **your** claim. If **you** do not notify the other insurance company **we** will not help **you** with **your** claim. **We** will not pay more than **our** share.
3. **You** must give **us** all information that **we** reasonably ask for in connection with a claim, be available for interviews and cooperate with **us** or any one acting for **us**.
4. If **you** have any legal rights against any other person resulting from the circumstances that led to **your** claim, **we** may take legal action against them in **your** name at **our** expense. **You** must help **us** by providing any documents, written statements, names and addresses of people involved. **You** agree to go to court if necessary.
5. **You** agree that any **vet** can provide any information about **your dog** that is relevant to any claim. If the **vet** makes a charge for this **you** agree to accept the cost.
6. If there is a disagreement between **your vet** and **our vet**, **we** will appoint an independent **vet**,

agreed by **you**, to arbitrate and **you** and **we** agree to accept the independent **vet's** decision.

7. When a **vet** or complementary therapist who has, or is about to treat **your dog** contacts **us** about **your policy** and **we** agree to give them information. **We** will tell them:
 - If **you** have a current **policy**.
 - The start and renewal date of **your policy**.
 - What **your policy** covers.
 - **Your fixed excess** and **percentage excess** amounts.
 - Information about how any outstanding premium payments could affect a claim payment.
8. **We** may use external claims investigators to help **us** deal with **your** claim which may delay the time it takes to process **your** claim.
9. **We** will not pay **your** claim if:
 - **Your** claim form is not correct and complete.
 - **We** do not have all the information needed to support **your** claim.
 - **We** are not sure **your** claim is valid.
 - Any legal action or other action is outstanding.
10. If **your policy** is in joint names **we** will accept a claim from either person and, if **we** agree, may make claim payments and premium refunds in line with either person's instructions.
11. If **we** make a payment that is later found to have been made in error, **you** must repay this to **us** when asked.
12. Unless **we** receive:
 - a full breakdown of the costs of **veterinary treatment your dog** is about to have; and,
 - **your dog's** full medical history,**we** cannot tell **you** on the telephone or by email if **your policy** covers a claim under the Veterinary Fees **policy** section either:
 - before **your dog** receives **veterinary treatment**; or,
 - after **your dog** receives **veterinary treatment** and before **you** make a claim.
 If **we** provide some information about a possible claim or what **your policy** covers, **you** accept that this does not mean **we** will pay **your** claim.
13. If **we** pay a claim for **veterinary treatment** that **your dog** receives outside of the **UK**, then any claim payment will only be made to a British bank account.

HOW TO CLAIM

1. **You** must always use a claim form to submit **your** claim unless the **policy** section says **you** can send an email or letter. **You** can submit a claim online or download a claim form at **our** website at www.agriapet.co.uk, **you** can email **us** at apiclaims@agriapet.co.uk or call **us** on 03330 30 83 42 to ask for a claim form.
2. **We** will need **your policy** number if **you** email or call **us**. Please note that calls may be monitored or recorded to assist with training and for quality control purposes.
3. **You** do not need to contact **us** before any **veterinary treatment** begins.
4. **You** must follow the "How to Claim" procedure shown in the section of cover that **you** are claiming under.
5. Send **your** completed claim form and supporting documents to:

Agria Pet Insurance Ltd
PO Box 506
Manchester
M28 8EN

FRAUD

We will investigate any activity that **we** suspect may be fraudulent. Fraud increases the premiums of all policyholders. **You** must not act in a fraudulent manner. If **you** or anyone acting for **you**:

- Provide information when **you** take out this **policy** or renew it knowing the information is false or fraudulently exaggerated in any way; or,
- Know that a breeder or someone else authorised by **us** to give information that **we** base insurance upon has provided false or fraudulently exaggerated information for this **policy** or a free insurance; or,
- Have fraudulently arranged a free insurance that this **policy** continues from; or,
- Make a claim knowing it is false, dishonest or fraudulently exaggerated in any way; or,
- Make a statement or submit a document in

support of a claim knowing it is false or incorrect in any way; or,

- Make a claim for anything **you** have done deliberately or deliberately allowed to happen; or,
- Make a claim that involves **your** dishonesty; or,
- Gives **us** reasonable grounds to suspect **you** have acted fraudulently or dishonestly.

Then **we** will:

- Not pay **your** claim or any other claims.
- Cancel any **policy** **you** have with **us**, either from the start or after giving **you** seven days' notice.
- Take legal action against **you** to recover the amount of any claims already paid.
- Tell the police Insurance Fraud Enforcement Department (IFED) and any other appropriate authorities.
- Tell other insurance companies and the Insurance Fraud Investigators Group (IFIG).
- Refuse to offer further policies to **you**.

CUSTOMER SERVICE AND COMPLAINTS

If **you** have a question or would like more information about **your policy** or claim **you** can contact **us**:

- By email at info@agriapet.co.uk
- By telephone:

Agria Pet Insurance Customer Service

UK: Telephone **03330 30 83 80**

Outside UK: Telephone **+44 3330 30 83 80**

Agria Pet Insurance Claims

UK: Telephone **03330 30 83 42**

Outside UK: Telephone **+44 3330 30 83 42**

In most cases the Customer Service and Claims teams can answer **your** questions or resolve any issues within 24 hours. **We** and the **insurer** are committed to provide **you** with an exceptional level of service and customer care. However, things can go wrong and there may be times when **you** feel **you** have not received the service **you** expect. When this happens **we** and the **insurer** want to hear about it to try to put things right.

HOW TO COMPLAIN

We take complaints seriously and want to hear from **you** if **you** are not completely happy with the service **you** have been provided with so **we** can try to address **your** concerns. If **you** wish to make a complaint, please contact **us** by telephone, in the first instance, so **we** can try and resolve **your** issue.

Detailed below are all the methods that **you** can use to contact **us**:

Telephone:

Agria Pet Insurance Customer Service

UK: Telephone **03330 30 83 80**

Outside UK: Telephone **+44 3330 30 83 80**

Agria Pet Insurance Claims

UK: Telephone **03330 30 83 42**

Outside UK: Telephone **+44 3330 30 83 42**

Email: info@agriapet.co.uk

Post: Complaints

Agria Pet Insurance Ltd

PO Box 506

Manchester

M28 8EN

If **your** complaint cannot be resolved within three business days **we** will:

- Acknowledge **your** complaint promptly by email or post.
- Investigate **your** complaint thoroughly and as quickly as possible.
- Keep **you** informed of the progress of **your** complaint within four weeks of receiving it, if it has not already been resolved.
- Provide **you** with a final response letter confirming **our** investigation and conclusion in no later than eight weeks of receiving **your** complaint.

If **you** remain dissatisfied **you** have the right to refer **your** complaint to the Financial Ombudsman Service, free of charge - but **you** must do so within six months of the date of **our** 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. They can be contacted at:

Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone 0300 123 9 123 or 0800 0234 567
Email to complaint.info@financial-ombudsman.org.
uk Website: www.financial-ombudsman.org.uk
The Channel Islands Financial Ombudsman (CIFO) is available to policyholders that reside in The Channel Islands. Referral to the Financial Ombudsman does not affect **your** right to take legal action against Agria Försäkring.

REGULATORY INFORMATION

Agria Försäkring is the **UK** branch of Försäkringsaktiebolaget Agria (publ) who are registered in Sweden with Company Registration Number 516401-8003. Registered office: Box 703 06, 107 23 Stockholm, Sweden. Försäkringsaktiebolaget Agria (publ) is authorised and regulated by Finansiinspektionen in the jurisdiction of Sweden. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority (Firm Reference Number 623469). Details about the extent of **our** regulation by the Prudential Regulation Authority are available from **us** on request.

Agria Pet Insurance Ltd is authorised and regulated by the Financial Conduct Authority. Financial Services Register number 496160. Agria Pet Insurance Ltd is registered and incorporated in England and Wales with registered number 04258783. Registered office: First Floor, Blue Leanie, Walton Street, Aylesbury, Buckinghamshire, HP21 7QW. Agria insurance policies are underwritten by Agria Försäkring.

Agria Pet Insurance Ltd and Försäkringsaktiebolaget Agria (publ) are regulated by the Jersey Financial Services Commission (JFSC).

WHO ADMINISTERS THIS INSURANCE

Agria Pet Insurance Ltd arrange and administer this insurance **policy**. 100% of the shares of Agria Pet Insurance Ltd are owned by Försäkringsaktiebolaget Agria (publ). Agria Pet Insurance Ltd does not provide advice or personal recommendation to tell **you** if this **policy** is suitable for **your** specific needs.

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

Försäkringsaktiebolaget Agria (publ) is covered by the FSCS, which is triggered when an authorised firm goes out of business. In this unlikely event **you** may be entitled to compensation from the scheme:

You can get more information from the Financial Services Commission Scheme at www.fscs.org.uk or by calling 0800 678 1100 or 020 7741 4100.

REMUNERATION DISCLOSURE

We receive commission from the **insurer** which is a percentage of the total annual premium. For dog policies, **we** may also receive an enhanced commission if certain performance targets are met. **Our** sales team, partners and introducers may also receive monetary incentives for services that they provide.

AGRIA PET INSURANCE PRIVACY NOTICE

We will keep **your** personal information confidential at all times and only process it in accordance with **our** Privacy Policy which **you** can find on **our** website www.agriapet.co.uk. If **you** would like a hard copy of **our** Privacy Policy, **you** can request this by emailing **us** at info@agriapet.co.uk or calling 03330 30 83 80.

