



# POLICY WORDING

welcome!



# Contents

<b>Welcome</b>	<b>2</b>
<b>Policy Wording</b>	<b>3</b>
Levels of Cover	5
<b>Policy Definitions</b>	<b>7</b>
Section 1A: Veterinary Fees	10
Section 1B: Complementary Treatment	12
Section 1C: Accidental Death and Death from Illness	12
<b>General Conditions</b>	<b>13</b>
<b>General Exclusions</b>	<b>14</b>
<b>Your Data</b>	<b>15</b>
<b>Claims</b>	<b>17</b>
<b>Complaints</b>	<b>17</b>

Ready for a lifetime  
of play



# Welcome

Welcome to Lifetime Pet Cover! Thank you for choosing us for your Pet Insurance.

Your Lifetime Pet Cover Policy is made up of this **Policy Wording** and your **Certificate of Insurance**. The **Certificate of Insurance** confirms the sections of cover you have chosen. Put them somewhere safe, so that you can refer to them if you ever need to claim. Please carefully check the details in your **Certificate of Insurance** and this **Policy Wording** to make sure the cover you have chosen meets your needs. If there is anything you are unsure of, please give our Customer Service Team a call and they will be happy to assist you.

We are always here to help!



## Useful Phone Numbers:

Should you need to make any changes or have any queries regarding your Policy, please contact our Customer Service Team. Calls may be recorded and monitored. Call charges will vary for 03 numbers.

Customer Service

020 3750 0022

Making a Claim	01285 626050
Financial Conduct Authority	0800 111 6768
Financial Ombudsman Service (Landlines)	0800 023 4567
Financial Ombudsman Service (Mobiles)	0300 123 9123
Financial Services Compensation Scheme	0800 678 1100



The Old Dairy, Western Court,  
Bishops Sutton, United Kingdom,  
SO24 0AA

020 3750 0022  
hello@lifetimepetcover.co.uk  
www.lifetimepetcover.co.uk

Lifetime Pet Cover Limited (Registered in England & Wales No. 09138396), authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 973845. Registered Office: The Old Dairy, Western Court, Bishops Sutton, United Kingdom, SO24 0AA.

# Policy Wording

## FOR PEACE OF MIND

Please take a little time to read and understand what **We** will cover and what **We** will not cover under **Your** insurance contract along with what **You** should do in the event of a claim to avoid any frustration or disappointment.

This document explains the detailed terms of **Your** insurance once **Your** details are accepted by **Us**. **We** have tried to make this insurance contract easily understood by **You**, the customer, in an effort to eliminate unrealistic expectations if an unfortunate incident should occur.

At the same time let **Us** assure **You** that if something occurs that is covered by this insurance contract, then **We** will try **Our** best to provide **You** with a high level of timely and courteous service.

## PET INSURANCE

**Your** insurer for Section 1A, Veterinary Fees, Section 1B, Complementary Treatment, and Section 1C, Accidental Death and Death from Illness, is Bastion Insurance Company Limited, Floor 4 Development House, St Anne Street Floriana FRN 9010.

Bastion Insurance Company Ltd (C-37545) is authorised by the Malta Financial Services Authority to carry on General Business of Insurance under the Insurance Business Act, 1998. Bastion Insurance Company Limited, is authorised and regulated by the Malta Financial Services Authority in the jurisdiction of Malta. Bastion Insurance Company Limited is deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period

while seeking full authorisation, are available on the Financial Conduct Authority's website.

This policy will be administered by Lifetime Pet Cover Limited (Registered in England & Wales No. 09138396), authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 973845. Registered Office: The Old Dairy, Western Court, Bishops Sutton, United Kingdom, S024 0AA.

This evidence of insurance is to confirm that the pet(s) for which **You** have paid the appropriate premium are insured. This document only constitutes a valid evidence of insurance when it is issued in conjunction with a **Certificate of Insurance**.

## READ ME FIRST ELIGIBILITY

Your Pet must be aged 8 weeks or over on the date of purchasing this insurance Policy.

- 1) **Your Pet** must not be used for guarding, track racing or coursing.
- 2) **Your Pet** must not be a dog that is, or is crossed with, an African Wild Dog, Akita, Alapaha Blue Blood Bulldog, American Bandogge/Bandogge Mastiff, American Bulldog, American Indian Dog, American Pit Bull Terrier, American Rottweiler, American Staffordshire Bull Terrier, American Staffordshire Terrier, Anatolian Shepherd Dog (Karabash), Bandog, Boerboel, Bully Kutta, Canary Dog, Cane Corso, Caucasian Ovcharka, Chinese Shar-Pei, Chow Chow, Czechoslovakian Wolfdog, Dingo, Dogo Argentino, Dogue Brasileiro, Fila Brasileiro, Fox hound, Gull Dong, Husky Wolf Hybrid, Irish Staffordshire Blue Bull Terrier, Irish Staffordshire Bull Terrier, Japanese Tosa, Korean Jindo, Northern Inuit Dog, Perro De Presa Canario (Dogo Canario), Pit Bull Terrier, Racing Greyhounds, Saarlooswolfhound, Shar Pei, Tosa, Tosa Inu, Utonagan, Wolf Hybrid, Wolfdog, including any "type", as defined in the Dangerous Dogs Act 1991 or any amendments, considered to match the description of a prohibited "type"; any



breed crossed with the above or the breeds as listed in the 'General Exclusions section' of this policy document; and any other breed or type deemed to be dangerous by the Secretary of State and subsequently added to the Dangerous Dogs Act 1991 or any amendments.

- 3) **Your** dog must not have been the subject of any complaint to the police.
- 4) This **Policy** is only available to **You** if **You** and **Your Pet** are permanently resident in the **United Kingdom**.

### STATEMENT OF DEMANDS AND NEEDS

This **Policy** meets the demands and needs of the customer who requires cover for **Veterinary Fees** incurred due to the treatment of their cat or dog for **Injury** or **Illness**. We do not make personal recommendations as to the suitability of the **Policy** to individual circumstances.

### EVIDENCE OF COVER

**You** should read this document carefully. It gives **You** full details of what is and is not covered and the conditions of the cover.

### POLICY INFORMATION OR ADVICE

If **You** would like more information or if **You** feel the insurance may not meet **Your** needs, please call the number shown on **Your Certificate of Insurance**.

### CANCELLATION PERIOD:

#### COOLING OFF PERIOD

If, after reading this document, **You** decide the terms of the insurance contract do not meet **Your** requirements **You** can, within 14 days of the date of **You** receiving this document, simply call **the Administrator** on 020 3750 0022, for a full refund of premium, provided **You** have not made or intend to make a claim under this insurance **Policy**.

### YOUR RIGHTS AFTER COMMENCEMENT OF COVER

**You** may cancel this policy at any other time during the **Period of Insurance** by giving us 14 day's notice.

### MONTHLY POLICIES

If **You** are paying for **Your** cover on a monthly basis, **You** will remain covered until the end of the month **You** have already paid for unless specified otherwise. If **You** decided to cancel **Your** Direct Debit instalment, it's important that **You** call **Us** to ensure **Your Policy** has been fully cancelled, so **Your** credit rating is not affected. It is **Your** responsibility to contact **Your** bank or building society and ensure no further payment is made.

### ANNUAL POLICIES

If **You** have paid for **Your Policy** in annual instalments, **You** may cancel the **Policy** and **We** will refund any amount **You** have paid for the rest of the **Period of Insurance** on a pro-rata basis, provided **You** have not made or intend to make a claim under this **Policy**.

### ANNUAL PREMIUMS

**Our Insurers** use many years' experience and expertise to analyse pricing factors and calculate an **insurance** price that reflects the individual circumstances of **You** and **Your Pet**. They also constantly analyse and review the prices we offer our customers to ensure they deliver fair value. There are many different factors that affect the price of all insurance products, including **Pet Insurance**. Some are specific to **You** and **Your Pet**, such as **Your Pet's** age, and others are as a result of our constantly changing world, such as the cost of **Veterinary Bills**. This may mean that **Your** insurance **Premiums** are likely to increase each year at **Renewal**, dependent on **Your** individual circumstances and other external factors that our **Insurers** take into account when calculating annual **Premiums**.



## OUR CANCELLATION RIGHTS

**We** reserve the right to cancel this **Policy** on 7 days written notice if **You** do not abide by the terms of these conditions, this will include acting dishonestly or fraudulently.

If **We** cancel the **Policy** during this time, **We** will refund any amount **You** have paid for the rest of the **Period of Insurance**, as long as **You** have not made a claim. **You** cannot make a claim which occurred after the date the **Policy** was cancelled but cancelling the **Policy** will not affect **Your** right to claim for an event which occurred before the date the **Policy** was cancelled.

If **You** give **Us** notice to cancel the **Policy**, **You** must send it to the **Administrator**.

Email: [hello@lifetimetpetcover.co.uk](mailto:hello@lifetimetpetcover.co.uk).

Telephone: 020 3750 0022.

If **We** give **You** notice, **We** will send it to **Your** last known postal or email address.

## LAW APPLICABLE UNDER THIS CONTRACT

**You** and **We** are free to choose the laws applicable to the **Policy**. **We** propose to apply the laws of England with exclusive jurisdiction to the Courts of England and Wales and by purchasing this **Policy**, **You** have agreed to this.

## COMPLAINTS PROCEDURE

If **You** have any cause for complaint regarding this insurance, please refer to the Complaints Section of **Your Policy** wording.

# Levels of Cover

**Your Certificate of Insurance** will show **You** which level of cover **You** have chosen.

### LEVEL 1: LIFETIME £2,000 LIMIT

**We** will pay for **Veterinary Fees** for each new medical condition. **You** will be covered for **Veterinary Fees** up to the **Policy** limit each year and this will be reinstated each year providing cover is made available to **You** and **You** continue to renew **Your Policy** with **Us**.

The Annual Cover Limit payable in any one **Period of Insurance** is £2,000, which is also inclusive of any **Complementary Treatment Your Pet** may receive. **However**, with regard to claims for cruciate ligament rupture, tear, damage or disease and the cost of MRI and/or CT scan treatment and associated costs, the most **We** will pay out in any one **Period of Insurance** is £1,000 (within the overall limit £2,000"). This limit forms part of the overall **Veterinary Fees** limit you chose and is not a separate **Veterinary Fees** limit.

With regard to Dental Treatment as standard illness, the most **We** will pay out in any one **Period of Insurance** is £200. This limit forms part of the overall **Veterinary Fees** limit you chose and is not a separate **Veterinary Fees** limit.

With regard to Complementary Therapy, the most **We** will pay out in any one **Period of Insurance** is £500. This limit forms part of the overall **Veterinary Fees** limit you chose and is not a separate **Veterinary Fees** limit.

### LEVEL 2: LIFETIME £3,000 LIMIT

**We** will pay for **Veterinary Fees** for each new medical condition. **You** will be covered for **Veterinary Fees** up to the **Policy** limit each year and this will be reinstated each year providing cover is made available to **You** and **You** continue to renew **Your Policy** with **Us**.

The Annual Cover Limit payable in any one **Period of Insurance** is £3,000, which is also inclusive of any **Complementary Treatment Your Pet** may receive. **However**, with regard to claims for cruciate ligament cruciate ligament rupture, tear or damage or disease and the cost of MRI and/or CT scan treatment and



associated costs (following receipt of instructions from the Vet), the most **We** will pay out in any one **Period of Insurance** is £1,000 (within the overall limit £3,000). This limit forms part of the overall **Veterinary Fees** limit you chose and is not a separate **Veterinary Fees** limit.

With regard to Dental Treatment as standard illness, the most **We** will pay out in any one **Period of Insurance** is £200. This limit forms part of the overall **Veterinary Fees** limit you chose and is not a separate **Veterinary Fees** limit.

With regard to Complementary Therapy, the most **We** will pay out in any one **Period of Insurance** is £500. This limit forms part of the overall **Veterinary Fees** limit you chose and is not a separate **Veterinary Fees** limit.

### LEVEL 3: LIFETIME £4,000 LIMIT

**We** will pay for **Veterinary Fees** for each new medical condition. **You** will be covered for **Veterinary Fees** up to the **Policy** limit each year and this will be reinstated each year providing cover is made available to **You** and **You** continue to renew **Your Policy** with **Us**.

The **Annual Cover Limit** payable in any one **Period of Insurance** is £4,000, which is also inclusive of any **Complementary Treatment Your Pet** may receive. **However**, with regard to claims for cruciate ligament rupture, tear, damage or disease and the cost of MRI and/or CT scan treatment and associated costs (following receipt of instructions from the Vet), the most **We** will pay out in any one **Period of Insurance** is £1,500 (within the overall limit £4,000). This limit forms part of the overall **Veterinary Fees** limit you chose and is not a separate **Veterinary Fees** limit.

With regard to Dental Treatment as standard illness, the most **We** will pay out in any one **Period of Insurance** is £200. This limit forms part of the overall **Veterinary Fees** limit you chose and is not a separate **Veterinary Fees** limit.

With regard to Complementary Therapy, the most **We** will pay out in any one **Period of Insurance** is £1,000. This limit forms part of the overall **Veterinary Fees** limit you chose and is not a separate **Veterinary Fees** limit.

### LEVEL 4: LIFETIME £6,000 LIMIT

**We** will pay for **Veterinary Fees** for each new medical condition. **You** will be covered for **Veterinary Fees** up to the **Policy** limit each year and this will be reinstated each year providing cover is made available to **You** and **You** continue to renew **Your Policy** with **Us**.

The **Annual Cover Limit** payable in any one **Period of Insurance** is £6,000, which is also inclusive of any **Complementary Treatment Your Pet** may receive. **However**, with regard to claims for cruciate ligament rupture, tear, damage or disease and the cost of MRI and/or CT scan treatment and associated costs (following receipt of instructions from the Vet), the most **We** will pay out in any one **Period of Insurance** is £1,500 (within the overall limit £6,000). This limit forms part of the overall **Veterinary Fees** limit you chose and is not a separate **Veterinary Fees** limit.

With regard to Dental Treatment as standard illness, the most **We** will pay out in any one **Period of Insurance** is £500. This limit forms part of the overall **Veterinary Fees** limit you chose and is not a separate **Veterinary Fees** limit.

With regard to Complementary Therapy, the most **We** will pay out in any one **Period of Insurance** is £1,000. This limit forms part of the overall **Veterinary Fees** limit you chose and is not a separate **Veterinary Fees** limit.

### LEVEL 5: LIFETIME £10,000 LIMIT

**We** will pay for **Veterinary Fees** for each new medical condition. **You** will be covered for **Veterinary Fees** up to the **Policy** limit each year and this will be reinstated each year providing



cover is made available to **You** and **You** continue to renew **Your Policy** with **Us**.

The Annual Cover Limit payable in any one **Period of Insurance** is £10,000, which is also inclusive of any **Complementary Treatment Your Pet** may receive. However, with regard to claims for cruciate ligament rupture, tear, damage or disease and the cost of MRI and/or CT scan treatment and associated costs (following receipt of instructions from the Vet), the most **We** will pay out in any one **Period of Insurance** is £2,000 (within the overall limit £10,000). This limit forms part of the overall Veterinary Fees limit you chose and is not a separate Veterinary Fees limit.

With regard to Dental Treatment as standard illness, the most **We** will pay out in any one **Period of Insurance** is £1,000. This limit forms part of the overall Veterinary Fees limit you chose and is not a separate Veterinary Fees limit.

With regard to Complementary Therapy, the most **We** will pay out in any one **Period of Insurance** is £1,000. This limit forms part of the overall Veterinary Fees limit you chose and is not a separate Veterinary Fees limit.

## Policy Definitions

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

### Accident

A sudden and unexpected event which happens during the **Policy** year, which results in bodily **Illness** or **Injury** to **Your Pet**.

### Administrator

Lifetime Pet Cover Limited (Registered in England & Wales No. 09138396), authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 973845. Registered Office: The Old Dairy, Western Court, Bishops Sutton, United Kingdom, SO24 0AA.  
Phone: 020 3750 0022  
Email: hello@lifetimepetcover.co.uk

### Animal Health Certificate

The official **UK Animal Health Certificate** document provided by a **Vet** who has the Government's authority to do so. Required for travelling to an EU country or Northern Ireland from Great Britain.

### Annual Cover Limit

The most **We** will pay during the **Period of Insurance** as detailed in the **Certificate of Insurance**.

### Behavioural Illness

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

### Bilateral Conditions

Where a condition is affecting one body part of which **Your Pet** has two, one each side of the body (e.g. ears, eyes, knees, cruciate ligaments) this will be considered a **Bilateral Condition** and when applying the Annual Cover Limit limit or an exclusion **Bilateral Conditions** are considered as one condition.

### Certificate of Insurance

An insurance validation issued by the **Administrator** on **Our** behalf which forms part of this **Policy** and contains the name of the policyholder and gives **Your Pet's** details and details of the cover provided by this **Policy**.

### Chronic Condition

Means any condition that continues indefinitely, or cannot be cured or eradicated and that may recur or requires ongoing treatment.





### Claims Handler

Trent-Services (Administration) Ltd.  
Phone: 01285 626050  
Email: admin@trent-services.co.uk

### Clinical signs

Changes in **Your pet's** normal healthy state, its bodily functions or behaviour.

### Co-insurance

The amount **You** are required to pay towards the costs of the **Veterinary Fees** where **Your Pet** is aged 4 years or older at the time of the claim, even if **Your Pet** turns 4, 7 or 12 part way through the **Veterinary Treatment** period. Any **Co-insurance** payable by **You** will be deducted from the overall **Annual Cover Limit** as stated on **Your Certificate of Insurance**. The Co-Insurance is applied per condition per policy year

The Co-insurance amounts applicable are as follows:

- Between 4 Years of age and 6 years of age: 15% will be deducted from the claims settlement after the Excess;
- between 7 Years of age and 11 years of age: 25% will be deducted from the claims settlement after the **Excess**;
- 12 Years or older: 30% will be deducted from the claims settlement after the **Excess**.

#### An example of how a claim would be calculated with a 15% Co-insurance is as follows:

Valid claim arises for Veterinary Fees: £500.00  
Deduction of Policy Excess (Applies for all new claims): -£110.00  
Amount payable less Excess: £ 390.00  
15% **Co-insurance** Deduction (Applies to each and every claim for a **Pet** aged 4-6 years old): - £ 58.50  
Claim total settlement: £ 331.50

#### An example of how a claim would be calculated with a 25% Co-insurance is as follows:

Valid claim arises for Veterinary Fees: £500.00

Deduction of Policy Excess (Applies for all new claims): -£110.00  
Amount payable less Excess: £ 390.00  
25% **Co-insurance** Deduction (Applies to each and every claim for a **Pet** aged 7-11 years old): - £ 97.50  
Claim total settlement: £ 292.50

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#### An example of how a claim would be calculated with a 30% Co-insurance is as follows:

Valid claim arises for Veterinary Fees: £500.00  
Deduction of Policy Excess (Applies for all new claims): -£110.00  
Amount payable less Excess: £390.00  
30% **Co-insurance** Deduction (Applies to each and every claim for a **Pet** aged 12 years or older): -£117.00  
Claim total settlement: £273.00

**The Excess is applied annually at each renewal, and is applicable separately to each unrelated condition. The Excess is applied per condition per policy year.**

### Complementary Therapist

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

### Complementary Treatment

**Complementary treatment**, including herbal or homeopathic medicine as recommended and prescribed by **Your Vet** and carried out by a



qualified **Complementary Therapist**, excluding **Complementary Treatment** that has not been specifically recommended by **Your Vet** in respect of the condition suffered.

### **Dietary indiscretion**

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

### **Emergency**

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

### **Excess**

This is the first amount of each unrelated claim for a new condition which is payable by **You** per condition per policy year. This amount is stated on **Your Certificate of Insurance**. Any **Excess** payable by **You** will be deducted from the overall Annual Cover Limit as stated on **Your Certificate of Insurance**.

### **Export Application Form**

An accompanying document to the **Export Health Certificate**. Required for travelling to a non-EU country.

### **Export Health Certificate**

An **Export Health Certificate** checks that **Your** pet meets the health requirements of the country you're travelling to. Required for travelling to a non-EU country.

### **Home**

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

### **Illness**

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

### **Immediate family**

**Your** husband, wife, civil partner, life partner, parents, sons and daughters.

### **Injury**

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

### **Period of Insurance**

The period for which **We** have accepted the premium as stated in **Your Certificate of Insurance**. This is an annually renewable **Policy** which can be premium funded to enable monthly instalments.

### **Policy**

**Your Certificate of Insurance**, this policy and endorsements.

### **Pre-existing conditions**

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

A condition will cease to be a pre-existing condition if:

- a) The condition has been treated and **Your Pet** has fully recovered, leaving no susceptibility to future problems or underlying weakness and since that point;
- b) The condition has been treated and **Your Pet** has not received any treatment for or in connection with the condition for a continuous period of 24 calendar months;
- c) There are no symptoms or vet consultations relating to the condition for the previous 24 months.

### **Territorial Limits:**

1. **United Kingdom** and:



2. Anywhere in the world for up to three (3) months during the **Period of Insurance** provided that **Your Pet** has a valid **Animal Health Certificate** (For travelling to an EU country or Northern Ireland from Great Britain) or a valid **Export Health Certificate and Export Applications Form** (For travelling to a non-EU country) and is accompanying **You** on holiday. **You** must ensure that all the conditions of the **Pet Travel Scheme** have been met and a full invoice and any relevant clinical notes have been provided.

### United Kingdom

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

### Vet

A current, qualified member of the Royal College of Veterinary Surgeons practising within the **United Kingdom** or is registered to practice in the country in which **Veterinary Treatment** is received.

### Veterinary Fees

The amount **Vets** in general or referral practice usually charge.

### Veterinary Treatment

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

### We, Us, Our, Insurer

Bastion Insurance Company Ltd.

### You/Your

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

### Your Pet

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

## Sections of Cover

### Section 1A: Veterinary Fees

#### What You Are Covered For:

We will pay **You** up to the limit shown on **Your Certificate of Insurance** for the cost of **Veterinary Fees** for **Veterinary Treatment** **Your Pet** has received within the **Territorial Limits** during the **Period of Insurance** to treat an **Illness** or **Injury**.

#### What You Are Not Covered For:

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

1. The **Excess** as shown in **Your Certificate of Insurance**. The **Excess** is payable directly to the **Vet**.
2. The **Co-insurance** amount of 15% where **Your Pet** is between 4 years of age and 6 years of age at time of claiming, even if **Your Pet** turns 4 part way through a treatment period.
3. The **Co-insurance** amount of 25% where **Your Pet** is between 7 years of age and 11 years of age at time of claiming, even if **Your Pet** turns 7 part way through a treatment period.
4. The **Co-insurance** amount of 30% where **Your Pet** is 12 years of age or older at time of claiming, even if **Your Pet** turns 12 part way through a treatment period.
5. More than the **Annual Cover Limit** for the combined treatment cost of all **Illnesses** and injuries in the **Period of Insurance**.
6. Any **Pre-existing Conditions**.
7. Any **Chronic Condition** that pre dates the **Policy** start date.
8. The cost of treatment for:
  - a. An **Accident** within the first 48 hours of **Your Pet's** first **Policy** year,
  - b. An **Illness** or chronic condition within the first 14 days of **Your Pet's** first **Policy** year,



- c. An **Illness or chronic condition** caused by or relating to a clinical sign that was noticed, or an **Illness or chronic condition** that showed **Clinical Signs**, within the first 14 days of **Your Pet's first Period of Insurance**.
9. The cost of treatment to prevent **Injury** or **Illness**.
  10. The cost of treatment or complications arising from treatment, **You** choose to have carried out and is not directly related to an **Injury** or **Illness**, including but not limited to dew claws (unless damaged) and umbilical hernias.
  11. The cost of killing and controlling fleas and worms.
  12. The cost of any food (including food prescribed by a **Vet**).
  13. The cost of pheromone **Vet Plan Product**, including DAP diffusers and Feliway unless used as part of a structured behaviour modification programme, and then limited to a maximum period of 6 months.
  14. The cost of vaccinations, urine tests, routine blood tests, castration, spaying (including spaying for mammary tumours and false pregnancy) unless:
    - a. The procedure is carried out to treat a specific **Illness** or **Injury** not excluded above, or;
  15. Any costs associated with breeding as well as pregnancy and birth (including caesarean sections).
  16. The cost of treating an **Injury** or **Illness** deliberately caused by **You** or anyone living with **You**.
  17. The costs of having **Your Pet**:
    - a. Put to sleep, including veterinary consultations, visits or prescribed medications specifically needed to carry out the procedure, or
    - b. Cremated, buried or disposed of and post mortem costs.
  18. The cost of house calls unless the **Vet** confirms that moving **Your Pet** would further damage its health, regardless of **Your** personal circumstances.
  19. Extra costs for treating **Your Pet** outside usual surgery hours, unless the **Vet** confirms that the condition is an **Emergency**.
  20. The cost of hospitalisation and any associated **Veterinary Treatment**, unless the **Vet** confirms it is essential that **Your Pet** is hospitalised, regardless of **Your** personal circumstance.
  21. Costs resulting from an **Injury** or **Illness** specified as excluded on **Your Certificate of Insurance** or generally not covered within these terms and conditions.
  22. The cost of surgical items that can be used more than once.
  23. The cost of treatment for or in connection to aggression which is inherent in **Your Pet** or **Behavioural Illness** if **Your Pet's** behaviour is caused by **You** failing to provide training.
  24. The cost of any form of housing, including cages, whether hired or purchased.
  25. The cost of bathing, grooming or de-matting **Your Pet** unless: **You** have taken all reasonable steps to maintain **Your Pet's** health; and
  26. A **Vet** confirms veterinary expertise is needed and therefore only a **Vet** or
  27. A member of a veterinary practice can carry out these activities, regardless of **Your** personal circumstances.
  28. The cost of any prosthesis, including any **Veterinary Treatment** needed to fit the prosthesis, other than the cost of hip, knee and/or elbow replacement(s).
  29. The cost of any claim caused by **Your** negligence (including the treatment of obese **Pets** and symptoms incidental to obesity).
  30. The cost of dental treatment unless **Your Pet** has had its teeth checked by a **Vet** in the 12 months before the onset date of the claim. If any treatment was recommended as a result of the check this must have been carried out.
  31. More than one claim for a **dietary indiscretion** during any one **Period of Insurance**. If **We** receive more than one



claim **We** will only pay for the incident that occurred first.

32. Any **Veterinary Fees** for treatment to a **Vet's** own **Pet** and fees for pets belonging to veterinary practice staff unless claimed at cost price.
33. The cost of any treatment in connection with retained testicles if **Your Pet** is over the age of 12 weeks when cover commenced.
34. Any cost associated with routine or investigative laboratory tests or procedures unless the **Clinical Signs/symptoms** exist and the tests and procedures are to diagnose a specific condition. This includes pre-operative blood tests unless **Your Pet's** medical history indicates a life threatening risk during surgery.
35. Any administrative costs incurred by completing a claim form, **Vet** referral letters postage and packing fees and clinical waste fees.
36. The cost of obtaining a second opinion regarding **Your Pet's** condition.
37. Any claim notified 90 days after the end date of the **Veterinary Treatment** for the condition, **Injury** or **Illness**.
38. Any claim for cruciate ligaments or **Dietary Indiscretions** that occurs within 14 days of the commencement date of **Your Policy** will be treated as an **Illness** and not an **Accident**.

## Section 1B: Complementary Treatment

### What You Are Covered For:

Following receipt of instructions from the **Vet**, **We** will pay **You** up to the amount shown in the **Levels of Cover** section of this Policy for the cost of **Complementary Treatment Your Pet** has received within the **United Kingdom** during the **Period of Insurance** to treat an **Illness** or **Injury** Please note if you claim under this section of **Your policy**, any amount will be

deducted from **Your Annual Cover Limit** as detailed on **Your Certificate of Insurance**

### What You Are Not Covered For:

In addition to all the exclusions listed above (Section 1A - **Veterinary Fees**, Exclusions 1 to 38) **You** will not be covered for:

1. Any **Complementary Treatment Fees** for treatment to a **Complementary Therapists** own **Pet** and Fees for **Pets** belonging to **Complementary Therapists** practice staff unless claimed at cost price

## Section 1C: Accidental Death and Death from Illness

### What is Covered:

The purchase price of **Your Pet**, up to a maximum of £500 for Dogs and £100 for cats if it dies or has to be put to sleep by a vet following an **Accident** or **Illness** during the **Period of Insurance**. If **You** did not pay for **Your Pet** or cannot provide evidence of the purchase price, **We** will pay the market price instead.

### What is NOT covered for the above Section 1C Accidental Death and Death from Illness:

1. More than the purchase price, or £500 for dogs and £100 for cats, whichever is the lesser.
2. Any amount after 180 days from the date of the loss.
3. Any amount unless **Your Vet** confirms it was not humane to keep **Your** pet alive because it was suffering from any **Injury** that could not be treated or an incurable **Illness**.
4. Any pet aged 6 years and over.
5. Any amount if **Your Pet's** death results from a **Pre-existing Condition** or **Chronic Condition** that predates the **Policy** start date.



6. More than the Annual Cover Limit
7. Any amount if **Your Pet's** death results from an **Illness** which starts in the first 14 days of cover.
8. Any amount of the death results from breeding, pregnancy or giving birth.

## General Conditions

1. Throughout the **Period of Insurance You** must take all reasonable steps to maintain **Your Pet's** health and to prevent **Accidents, Injury, Illness** and loss.
2. **You** must keep **Your Pet's** worming vaccinations and boosters up to date and in line with the **Vet's** recommendations:
  - a. Dogs - Distemper, hepatitis, leptospirosis, kennel cough and parvovirus
  - b. Cats – Feline infectious enteritis, feline leukaemia and cat flu
3. If **You** do not vaccinate **Your Pet** for these conditions, **We** will not pay any claims that result from any of these illnesses.
4. **Your Pet** must have annual check ups.
5. If, when **You** claim under section 1, Veterinary Fees, there is another insurance under which **You** are entitled to an indemnity; **We** will only pay **Our** share of the claim. **You** must tell **Us** the name and address of the other insurance company and **Your Policy** number.
6. 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.
7. If **You** have provided false information, or make a false or exaggerated claim, or any claim involves **Your** dishonesty, this **Policy** will end and **Our Claims Handler** will not make any further claim payments.
8. **Your Pet** is only covered under this **Policy** if **You** pay the premium. If **You** pay the yearly premium in instalments and **You** miss an instalment **You** must pay the outstanding amount within 15 days of the date the instalment is due to be paid. If **We** do not receive **Your** payment within 15 days of the date the premium is due, **Your** insurance will automatically stop and **We** will make no further claim payments.
9. **You** agree that any **Vet** has **Your** permission to release information **We** ask for about **Your Pet**. If the **Vet** makes a charge for this, **You** must pay the charge.
10. Under normal circumstances the **Claims Handler** will pay the claim to the **Vet**. **You** will be required to pay the **Excess** to the **Vet**. If the **Vet**, who has treated **Your Pet** or is about to treat **Your Pet**, asks for information about **Your** insurance that relates to a claim, the **Claims Handler** will tell the **Vet** what the insurance covers, what they will not pay for, how the amount they pay is calculated and if the premiums are paid to date.
11. If the **Claims Handler** receives a request to pay the claim payment direct to **You**, they reserve the right to decline this request.
12. If the **Claims Handler** considers the **Veterinary Treatment** or **Complementary Treatment Your Pet** receives may not be required or may be excessive when compared with the treatment that is normally recommended to treat the same **Illness** or **Injury** by general or referral practices, they reserve the right to request a second opinion from a **Vet** that they choose. If the **Vet** they choose does not agree with the **Veterinary Treatment** or **Complementary Treatment** provided they may decide to pay only the cost of the **Veterinary Treatment** or **Complementary Treatment** that was necessary to treat the **Injury** or **Illness**, as advised by the **Vet** from whom they have requested the second opinion.
13. The **Claims Handler** will not guarantee on the phone to pay a claim. **You** must send them a claim form that has been fully completed and they will then write to **You** with their decision.
14. When **You** claim **You** agree to give the **Claims Handler** any information they may reasonably ask for.



15. **You** and **We** are free to choose the laws applicable to the **Policy**. **We** propose to apply the British Law with exclusive jurisdiction to the Courts of England and Wales and by purchasing this **Policy**, **You** have agreed to this.
16. Unless **We** agree otherwise the language of the **Policy** and all communications relating to it will be in English.
17. **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, if the **Claims Handler** decides, they will refer the case to a **Vet** that they choose.
18. **You** agree to pay translation costs for any claim documentation not written in English.
19. If **You** pay **Your** premium by direct debit instalments or monthly instalments, when **Your Policy** is due for renewal **We** will renew it for **You** automatically to save **You** the worry of remembering to contact **Us** before the renewal date, providing you are eligible for auto-renewal. **We** will write to **you** before the **Policy** expires with full details of **Your** next year's premium and **Policy** conditions. If **You** do not want to renew this **Policy**, all **You** need to do is contact **Us** on 020 3750 0022
20. As per pet Section 27 of the Road Traffic Act 1988: "A person who causes or permits a dog to be on a designated road without the dog being held on a lead is guilty of an offence". It also states, in this section, "designated road" means a length of road specified by an order in that behalf of the local authority in whose area the length of road is situated - For further details see The Road Traffic Act 1988. With this in mind, a dog on a designated road must be on a collar and lead under control.
21. When walking **Your Pet** in an area other than a designated road, **You** must ensure that **Your Pet** remains under **Your** control and reasonable steps must be taken to prevent **Your Pet** escaping onto a designated road. When nearing a road **You** must ensure **Your Pet** is on a lead.
22. **You** must ensure that any dog lead, collar and/ or harness is in good condition and fits **Your Pet** to prevent escape. **You** must also ensure that any lead is used in such a way as to prevent the same slipping out of your grasp should **Your Pet** suddenly pull away from **You**.
23. **You** must ensure **Your Pet** cannot escape or stray from your property and any area in which a dog is kept must be secure and appropriately fenced or otherwise secured and all reasonable steps must be taken to prevent escape. When loading **Your Pet** into or out of **Your** vehicle, **You** must ensure that the area is either secure or **Your Pet** is on a lead.
24. **We** may at **our** discretion decide to supply pharmaceuticals, drugs, prescriptions or medications directly from the supplier of **our** choice.
25. **We** may at **our** discretion deduct the costs of any medication from a claim that are deemed excessive or exceed the usual market value.
26. Where a condition is affecting one body part of which **Your Pet** has two, one each side of the body (e.g. ears, eyes, knees, cruciate ligaments) this will be considered a **Bilateral Condition** and when applying the **Annual Cover Limit** limit or an exclusion **Bilateral Conditions** are considered as one condition.

## General Exclusions

In addition to the exclusions listed under "what **You** are not covered for", the **Insurer** shall not be responsible for:

1. Any animal less than 8 weeks old at the date cover started as shown on **Your Certificate of Insurance**.
2. Any claim for treatment not carried out within the **Territorial Limits**.
3. Any claim for dogs which are used for guarding, track racing, coursing.
4. Any claim for a dog that is, or is crossed with, Any claim for a dog that is, or is



- crossed with, an African Wild Dog, Akita, Alapaha Blue Blood Bulldog, American Bandogge/Bandogge Mastiff, American Bulldog, American Indian Dog, American Pit Bull Terrier, American Rottweiler, American Staffordshire Bull Terrier, American Staffordshire Terrier, Anatolian Shepherd Dog (Karabash), Bandog, Boerboel, Bully Kutta, Canary Dog, Cane Corso, Caucasian Ovcharka, Chinese Shar-Pei, Chow Chow, Czechoslovakian Wolfdog, Dingo, Dogo Argentino, Dogue Brasileiro, Fila Brasileiro, Fox hound, Gull Dong, Husky Wolf Hybrid, Irish Staffordshire Blue Bull Terrier, Irish Staffordshire Bull Terrier, Japanese Tosa, Korean Jindo, Northern Inuit Dog, Perro De Presa Canario (Dogo Canario), Pit Bull Terrier, Racing Greyhounds, Saarlooswolfhound, Shar Pei, Tosa, Tosa Inu, Utonagan, Wolf Hybrid, Wolfdog
5. Any amount if **You** break the **United Kingdom** laws or regulations, including those relating to animal health or importation.
  6. Any amount if **Your Pet** is confiscated or destroyed by government or public authorities or under the Animals Act 1971 **United Kingdom** because it was worrying livestock. This includes any further amendments to this Act.
  7. Any costs caused because the Department for Environment, Food and Rural Affairs (DEFRA) have put restrictions on **Your Pet**.
  8. Any loss as a result of an act of force or violence for political, religious or ideological reasons, war, riot, revolution or any similar event, including any chemical or biological terrorism.
  9. Any dog that must be registered under the Dangerous Dogs Act 1991, Dangerous Dogs (amendment) Act 1997, Dangerous Dogs Order (Northern Ireland) 1991 or any further amendments to these Acts.
  10. Any legal expenses, fines and penalties connected with or resulting from a Criminal Court Case or an Act of Parliament.
  11. Any amount resulting from a disease transmitted from animals to humans.
  12. Any amount if **You** or **Your Pet** live outside the **United Kingdom**.
  13. Any costs caused by **You** taking **Your Pet** on a journey against a **Vet's** advice.
  14. Any claim for a dog that is not microchipped in accordance with the 2016 Dog Microchipping Legislation.
  15. Any claims of any kind which are caused by **Your Pet** straying, escaping, damaging property, or attacking persons or pets if **Your Pet** has done this before.

## Fraud

Fraud increases **Your** premium and the premiums of all policyholders. If **You**:

- a) Provide **Us** or **our Claims Handler** with false information or
- b) Make a false or exaggerated claim with **Us** or
- c) Make any claim with **our Claims Handler** which involves **Your** dishonesty.

**We** will not pay **Your** claim, **We** will void **Your Policy** and **We** may inform the authorities. If **We** pay a claim and subsequently find the claim was fraudulent, **You** must repay **Us** the full amount.

## Your Data

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

### Privacy Notice – Bastion Insurance Company Limited

For the purposes of this notice the defined words **We/Us/Our/Insurer** refer solely to Bastion Insurance Company Limited.

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

Information may be used by **Us**, the **Claims handler, Administrator**, agents and service providers for the purposes of insurance





administration, underwriting, claims handling or for statistical purposes. The lawful basis for the processing of **Your** personal information is that it is necessary for **Us** to process **Your** personal information to enable administration and servicing of **Your** policy of insurance, including any claim **You** may submit to **Us**. The processing of **Your** personal data may also be necessary to comply with any legal obligation **We** may have and to protect **Your** interest during the course of any claim.

### What we process and share:

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

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

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

- **Your** insurance broker.
- From third parties such as credit reference agencies and fraud prevention agencies.
- From insurers, witnesses, the Police (with regards to incidents) and solicitors, appointed representatives.
- Directly from **You**.

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

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

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

### Data retention:

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

### Your rights:

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

- Object to **Our** processing of **Your** personal data.
- Request that **Your** personal data is erased or corrected.
- Request access to **Your** personal data and data portability.
- Complain to the Information Commissioner's Office, which regulates the processing of personal data at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, United Kingdom, Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate), Email: [casework@ico.org.uk](mailto:casework@ico.org.uk)

**You** can request to see what data **We** hold on **You**. If **You** have any questions about **Our** privacy policy or the information **We** hold about **You** please contact **Us**.



# Claims

## How to Claim:

### For claims under sections 1A, 1B and 1C:

1. **You** must contact the **Claims Handler** to obtain a claims form. Please telephone Trent-Services (Administration) Limited on 01285 626050 or e-mail [admin@trent-services.co.uk](mailto:admin@trent-services.co.uk).
2. Please complete the claim form and ask:
  - a. **Your Vet** to fill out their section. (Unfortunately **We** do not pay **Your Vet** to do this) or
  - b. **Your Vet** and **Complementary Therapist** to fill out their section(s). (Unfortunately **We** do not pay **Your Vet** or **Complementary Therapist** to do this).
3. Please return the claim form to **Our Claims handler** with the invoices setting out the costs involved. This should be sent to Trent-Services (Administration) Ltd, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD.

### When to Claim:

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

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

# Complaints

**We** aim to provide **You** with the highest level of service at all times. However, **We** recognise that things can go wrong occasionally and if this occurs, **We** are committed to do **Our** best to resolve the matter promptly.

### If Your complaint is in relation Policy Sections 1A, 1B and 1C:

### Sales or general administration for Sections 1A, 1B and 1C:

If **You** are unhappy with any aspects of the sale or general administration of this insurance please contact Lifetime Pet Cover at [hello@lifetimepetcover.co.uk](mailto:hello@lifetimepetcover.co.uk) or by telephone 020 3750 0022. When **You** do this quote **Your Policy** number, which is on **Your** schedule.

### Claims under section 1A, 1B and 1C:

If **You** are unhappy with the handling of a claim under section 1, please contact, Trent-Services (Administration) Limited, Trent House, Love Lane, Cirencester, Gloucestershire GL7 1XD, e-mail [admin@trent-services.co.uk](mailto:admin@trent-services.co.uk), telephone 01285 626050. When **You** do this quote **Your** policy number, which is on **Your Certificate of Insurance**.

If Your complaint is in relation to the insurer for Sections 1A, 1B, 1C:

**You** may also write to the Managing Director of Bastion Insurance Company Limited, 4<sup>th</sup> floor, Development House, St Anne Street, Floriana,

FRN 9010, Malta. (UK FCA Registration No 446703)

When writing please include the following information:

- name, address and postcode, telephone number
- policy number and/or claim number
- the reason for **your** complaint
- copies of any material **you** may wish to provide the **insurer**

Please quote **Your** insurance reference number and **Your** claim number in all **Your** correspondence to all parties involved with this procedure. This procedure is intended to provide **You** with a prompt and practical service with any complaints that **You** may have.

If **You** still remain dissatisfied after following the above procedures in full, **You** can ask the



Financial Ombudsman Service to review **Your** case.

Their address is:

The Financial Ombudsman Service

Exchange Tower

London

E14 9SR

Tel: 0800 023 4 567

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

**You** have the right to refer **Your** complaint to the FOS, 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. For example, if the Ombudsman believes that the delay was as a result of exceptional circumstances.

Please note the Ombudsman will not consider **Your** complaint until a final response letter has been issued by Lifetime Pet Cover Limited, or the Claims Handler, as outlined above.

Please quote **Your** insurance reference number and **Your** claim number in all **Your** correspondence to all parties involved with this procedure. This procedure is intended to provide **You** with a prompt and practical service with any complaints that **You** may have.

### **The EU Online Dispute Resolution Platform:**

The European Union offers an Online Dispute Resolution Platform which may assist some customers with a complaint. **You** can access this Platform at <http://ec.europa.eu/consumers/odr>.

### **Compensation Scheme:**

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



# Notes



# Notes





*Ready for a lifetime  
of play!*



T: 020 3750 0022

W: [www.lifetimepetcover.co.uk](http://www.lifetimepetcover.co.uk)

E: [hello@lifetimepetcover.co.uk](mailto:hello@lifetimepetcover.co.uk)