

## Policy Document

### 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

This Pet Insurance is underwritten by Qudos Insurance A/S. Registered Office: Kongevejen 371, DK2840 Holte, Denmark. Qudos Insurance A/S are authorised and regulated by the Finanstilsynet (the Danish Financial Regulator). Their authorisation reference is 53112. As an Insurance Company authorised within the European Union, Qudos is permitted to conduct business within the **United Kingdom** and is authorised by the Financial Conduct Authority. Their UK Financial Conduct Authority authorisation number is 571608.

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

- 1) **Your Pet** must be aged between 8 weeks or over on the date of purchasing this insurance **Policy**.
- 2) **Your Pet** must not be used for guarding, track racing or coursing.
- 3) **Your Pet** must not be a dog that is, or is crossed with, a Pit Bull Terrier, Dogo Argentino, Perro De Presa Canario (Dogo Canario), Japanese Tosa or a Fila Brasileiro.
- 4) **Your dog** must not have been the subject of any complaint to the police.
- 5) This **Policy** is only available to **You** if **You** and **Your Pet** are permanently resident in the **United Kingdom**.
- 6) **Your dog** must be microchipped.
- 7) **Your Pet** must be registered at a **United Kingdom** Veterinary Practice on the **Policy** start date.

### 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

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** received this document, simply call **the Administrator** on 01285 626020, for a full refund of premium, provided **You** have not made or intend to make a claim under this insurance **Policy**.

At any other time during the **Period of Insurance**, **We** or **You** may cancel the **Policy** by giving 30 days notice. However, **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 for medical treatment 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.

Every notice to cancel this **Policy** must be given in writing by recorded delivery. If **You** give **Us** notice to cancel the **Policy**, **You** must send it to the **Administrator**, Trent-Services (Administration) Ltd at Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD, e-mail: admin@trent-services.co.uk. If **We** give **you** notice **We** will send it to **Your** last known 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 most **We** will pay out any one **Period of Insurance** is £2,000.

##### 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 most **We** will pay out any one **Period of Insurance** is £3,000.

##### 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 most **We** will pay out any one **Period of Insurance** is £4,000.

##### 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 most **We** will pay out any one **Period of Insurance** is £6,000.

##### 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 most **We** will pay out any one **Period of Insurance** is £10,000.

#### IMPORTANT

Upgrade/Downgrade cover – If **You** transfer **Your Pet** to a policy with an additional or higher policy limits, the additional or higher policy limits will not apply if the Condition signs or symptoms started before the transfer date. If **You** transfer **Your Pet** to a plan with lower policy limits, the higher policy limits will no longer apply to any claims **You** are currently making.

#### 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

Means Trent-Services (Administration) Ltd, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD, e-mail: admin@trent-services.co.uk, telephone: 01285 626020. Trent-Services (Administration) Ltd are authorised and regulated by the Financial Conduct Authority No. 315285.

##### Behavioural Illness

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

#### **Certificate of insurance**

An insurance validation issued by **Us** which forms part of this **Policy** and contains the name of 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. Telephone: 01285 626020 or e-mail **Us** at admin@trent-services.co.uk quoting **Your Policy** number.

#### **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 7 years or older at the time of the claim. The **Excess** amounts applicable are as follows:

7 Years or older: 20% will be deducted from the claims settlement after the **Excess**;  
12 Years or older: 25% will be deducted from the claims settlement after the **Excess**.

An example of how a claim would be calculated with a 20% **Excess** is as follows:

Valid claim arises for <b>Veterinary Fees</b> :	£500.00
<b>Excess</b> amount:	£95.00
Amount payable less <b>Excess</b> :	£405.00
20% <b>Co-insurance</b> :	£81.00

Claim total settlement: £324.00

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

#### **Excess**

This is the first amount of each unrelated claim for a new condition which is payable by **You**. This amount is stated on **Your Certificate of Insurance**.

#### **Home**

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

#### **Illness**

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

#### **Immediate family**

**Your** 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.

#### **Maximum benefit**

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

#### **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.

#### **Pet Passport**

The official **UK Pet Travel Scheme** documents provided by a **Vet** who has the Government's authority to do so.

#### **Pet Travel Scheme (PETS)**

The **UK** Government scheme which allows **You** to take **Your Pet** to certain qualifying countries and to re-enter the **United Kingdom** without putting **Your Pet** into quarantine, so long as **You** have met the rules of the scheme.

#### **Policy**

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

#### **Pre-existing conditions**

Any condition, **illness** or **injury** which occurred or first showed **clinical signs** prior to the **Policy** start date, whether diagnosed or not. This includes if the condition, **illness** or **injury** has the same diagnoses or is caused by, relates to or results from a condition, **illness** or **injury** which occurred prior to the policy start date.

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 **Pet Passport** 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 and Northern Ireland.

#### **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**

Qudos Insurance A/S, Kongevejen 371, DK2840 Holte, Denmark.

#### **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 20% where **Your Pet** is 7 years of age or older.
3. The **Co-insurance** amount of 25% where **Your Pet** is 12 years of age or older.
4. More than the **Maximum Benefit** for the combined treatment cost of all **Illnesses** and injuries in the **Period of Insurance**.
5. Any **Pre-existing Conditions**.
6. Any **Chronic Condition** that pre dates the **Policy** start date.
7. The cost of treatment for:
  - a. An **Accident** within the first 5 days of **Your Pet's** first **Policy** year,
  - b. An **Illness** within the first 14 days of **Your Pet's** first **Policy** year,

- c. An **Illness** caused by or relating to or a clinical sign that was noticed, or an **Illness** that showed **Clinical Signs**, within the first 14 days of **Your Pet's** first **Period of Insurance**.
8. The cost of treatment to prevent **Injury** or **Illness**.
9. 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.
10. The cost of killing and controlling fleas and general health improvers.
11. The cost of any food (including food prescribed by a **Vet**) unless used to dissolve existing bladder stones and crystals in urine, which is limited to a maximum of 40% of the cost of food for up to 6 months.
12. 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.
13. 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;
  - b. The costs claimed are for treating complications that arise from these procedures.
14. Any costs associated with breeding as well as pregnancy and birth (including caesarean sections).
15. The cost of treating an **Injury** or **Illness** deliberately caused by **You** or anyone living with **You**.
16. 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.
17. The cost of house calls unless the **Vet** confirms that moving **Your Pet** would further damage its health, regardless of **Your** personal circumstances.
18. Extra costs for treating **Your Pet** outside usual surgery hours, unless the **Vet** confirms that the condition is an emergency.
19. The cost of hospitalisation and any associated **Veterinary Treatment**, unless the **Vet** confirms it is essential that **Your Pet** is hospitalised, regardless of **Your** personal circumstance.
20. Costs resulting from an **Injury** or **Illness** specified as excluded on **Your Certificate of Insurance** or generally not covered within these terms and conditions.
21. The cost of surgical items that can be used more than once.
22. The cost of treatment for aggression which is inherent in **Your Pet** or behavioural **Illness** if **Your Pet's** behaviour is caused by **You** failing to provide training.
23. The cost of any form of housing, including cages, whether hired or purchased.
24. The cost of bathing, grooming or de-matting **Your Pet** unless: **You** have taken all reasonable steps to maintain **Your Pet's** health; and
  - a. A **Vet** confirms veterinary expertise is needed and therefore only a **Vet** or
  - b. a member of a veterinary practice can carry out these activities, regardless of **Your** personal circumstances.
25. 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).
26. The cost of any claim caused by **Your** negligence (including the treatment of obese **Pets** and symptoms incidental to obesity).
27. 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.
28. More than one claim for a dietary indiscretion during any one **Period of Insurance**.
29. Any **Veterinary Fees** for treatment to a **Vets** own **Pet** and fees for pets belonging to veterinary practice staff unless claimed at cost price.
30. The cost of any treatment in connection with retained testicles if **Your Pet** is over the age of 12 weeks when cover commenced.
31. 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.
32. Any administrative costs incurred by completing a claim form, **Vet** referral letters postage and packing fees and clinical waste fees.
33. The cost of obtaining a second opinion regarding **Your Pet's** condition.
34. Any claim notified 90 days after the end date of the **veterinary treatment** for the condition, **injury** or **illness**.

### Section 1B – Complementary treatment

#### What You Are Covered For:

Following receipt of instructions from the **Vet**, **We** will pay **You** up to £1,000 for the cost of **Complementary Treatment** **Your Pet** has received within the **United Kingdom** during the **Period of Insurance** to treat an **Illness** or **Injury**.

#### What You Are Not Covered For:

In addition to all the exclusions listed above (Section 1A - **Veterinary Fees**, Exclusions 1 to 32) **You** will not be covered for:

1. **Any complimentary Therapy 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 human 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 pre date the **Policy** start date.
6. More than the **Maximum benefit**.
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.
9. Any amount if the death results from an **Illness** in **Your Pet** aged 6 years and over.

## Section 2 – Public Liability

### Policy Cover:

Third Party Liability Cover under this section only applies to dogs for Cover Levels 1, 2, 3, 4 & 5. This section does not apply to anywhere outside of the **United Kingdom**.

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

### What We will pay for:

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

1. Compensation and claimant's costs and expenses, and
2. Legal costs and expenses for defending a claim against **You**.
3. Public Liability Limit of Indemnity £1,000,000 in aggregate, within the **Period of Insurance**.

### What You pay:

The first £250 of any compensation claim paid under this section of **Your Policy**.

### What We will not pay:

1. Liability covered by any other **Policy** unless all cover under that **Policy** has been exhausted.
2. More than the maximum limit of indemnity for each incident.
3. Any costs and expenses for defending **You** which **We** have not agreed beforehand.
4. Any compensation, costs and expenses for an incident which involves **Your** profession, occupation or business.
5. Any compensation, costs and expenses if **You** are legally responsible only because of a contract **You** have entered into.
6. Any compensation, costs and expenses if the person who is killed, injured or falls ill, lives with **You**, is a member of **Your Immediate Family** or is employed by **You**.
7. Any compensation, costs and expenses if the property damaged belongs to **You**, any person who lives with **You**, a member of **Your Immediate Family** or a person who is employed by **You**.
8. Any compensation, costs and expenses if **You**, a member of **Your Immediate Family** or any person who lives with **You** or is employed by **You** is responsible for, or looking after, the property that is damaged.
9. Any compensation, costs and expenses that result from an incident if **You** have not followed instructions or advice given to **You** by previous owners or the re-homing organisation about the behaviour of **Your Pet**.
10. Any compensation, costs and expenses if **You** are deemed responsible under the laws of any country, other than members of the European Union.
11. Any compensation, costs and expenses if **You** are responsible for air, water or soil pollution, unless it can be proven that the pollution took place immediately after and as a result of an **Accident** involving **Your Pet**.
12. Any compensation, costs and expenses resulting from an incident that happens where **You** work.
13. Any compensation, costs and expenses if **Your Pet** is kept or lives on premises which sell alcohol.
14. Costs resulting from any incident specified as excluded on **Your Certificate of Insurance** Animal Details or generally not covered within these Terms and Conditions.
15. Death or bodily **Injury** (including disease and **Illness**) and loss or damage to property arising out of ownership, custody or control by or on behalf of **You** or a dog of a type specified in Section 1 of the Dangerous Dogs Act 1991 (or designated for the purposes of that Section by an order of the Secretary of State) or in the Dangerous Dogs (Northern Ireland) Order 1991.
16. Any fines, penalties or breach of quarantine restrictions or import or export regulations.

### Special conditions that apply to this section

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

### GENERAL CONDITIONS

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** vaccinations and boosters up to date and in line with the vets recommendations:  
Dogs – Distemper, hepatitis, leptospirosis and parvovirus



Cats – Feline infectious enteritis, feline leukaemia and cat flu

If **You** do not vaccinate **Your Pet** for these conditions, **We** will not pay any claims that result from any of these illnesses.

3. **Your Pet** must have annual check ups.
4. If, when **You** claim, there is another insurance under which **You** are entitled to an indemnity; **We** will only pay **Our** share of the claim. **You** must tell **Us** the name and address of the other insurance company and **Your Policy** number.
5. If **You** have any legal rights against another person in relation to **Your** claim, **We** may take legal action against them in **Your** name at **Our** expense. **You** must give **Us** all the help **You** can and provide any documents **We** ask for.
6. If **You** have provided false information, or make a false or exaggerated claim, or any claim involves **Your** dishonesty, this **Policy** will end and **Our Claims Handler** will not make any further claim payments.
7. **Your Pet** is only covered under this **Policy** if **You** pay the premium. If **You** pay the yearly premium in instalments and **You** miss an instalment **You** must pay the outstanding amount within 10 days of the date the instalment is due to be paid. If **We** do not receive **Your** payment within 10 days of the date the premium is due, **Your** insurance will automatically stop and **We** will make no further claim payments.
8. **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.
9. 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.
10. If the **Claims Handler** receives a request to pay the claim payment direct to **You**, they reserve the right to decline this request.
11. 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.
12. When the **Claims Handler** offers further periods of insurance they may change the premium and the **Policy** terms and conditions.
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. **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 01285 626020.

## 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 or coursing.
4. Any claim for a dog that is, or is crossed with, a Pit Bull Terrier, Dogo Argentino, Perro De Presa Canario (Dogo Canario), Japanese Tosa or a Fila Brasileiro.
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 this Act.
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.

## COMPENSATION SCHEME

Qudos Insurance A/S is covered under the Forsikrings Garantifond which provides financial compensation in the event of any financial failure of the **Insurer**.

## FRAUD

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

- i. provide **Us** or **our Claims Handler** with false information or
- ii. make a false or exaggerated claim with **Us** or
- iii. 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.

## HOW WE USE YOUR DATA

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

1. **Your** details will be stored on **Our Claims Handler's** computer system to administer **Your Policy** but will not be kept longer than is necessary.
2. **Our Claims Handler** can only discuss **Your** personal details with **You**. If **You** would like anyone else to act on **Your** behalf please let **Us** know.
3. **Our Claims Handler** may use **Your** details to support the development of **Our** business by including them in customer surveys.
4. **We** may share **Your** details with other insurance companies, directly or through a number of databases. This allows **Us** to check information **You** give **Us** and also help **Us** prevent fraud.
5. **Your** personal details may be transferred to countries outside the European Economic Area (EEA). They will at all times be held securely and handled with the utmost care in accordance with all principles of the laws of England.
6. **We** may pass **Your** information to selected third party advisors or suppliers outside **Our** group for the purpose of administering **Your** claim.

## How to claim

1. **You** must contact the **Claims Handler** to obtain a claims form. Please telephone Trent-Services (Administration) Limited on 01285 626020 or e-mail **Us** at 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 at the end of treatment or the end of the **Period of Insurance** if the treatment has not finished by this time. The claim must be submitted within 90 days since the last date **Your Pet** received treatment.

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.

## Sales

If **You** are unhappy with any aspects of the sale of this insurance please contact Lifetime Pet Cover from which the insurance was purchased at hello@lifetimepetcover.co.uk or by telephone 020 3750 0022. When **You** do this quote **Your Policy** number, which is on **Your** schedule.

The **Administrator** handles complaints regarding general administration and claims on **Our** behalf.

## Administration and Claims

If **You** are unhappy with the general administration of the **Policy** or have cause for complaint please write to the **Administrator**, Trent-Services (Administration) Limited, Trent House, Love Lane, Cirencester, Gloucestershire GL7 1XD, e-mail admin@trent-services.co.uk, telephone 01285 626020. When **You** do this quote **Your** policy number, which is on **Your** Certificate of Insurance.

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 Trent-Services (Administration) Limited, 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>