

Pet Insurance with **added** bite!



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Fills the gaps other insurance leaves behind

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## LIFETIME INSURANCE FOR RABBITS

## POLICY SUMMARY

This policy summary does not contain the full Terms and Conditions of helpucover's pet insurance. Full details are included within the policy document.

This policy is underwritten by Pinnacle Insurance plc, Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX.

helpucover is a trading style of Pinnacle Insurance plc.

### Type of Insurance and cover

The policy provides lifetime insurance cover for rabbits subject to certain terms and conditions being met.

### Significant Features and Benefits

This policy provides protection for your rabbit and the main benefits of the cover are shown in the table overleaf.

### Term of Contract

This is a monthly renewable policy for the lifetime of your pet with the premium fixed for 12 month periods and reviewed annually on the anniversary of the policy start date. The cover will continue until you fail to pay the premium when due, you or we cancel your policy or your pet dies.

### Premiums

The amount you pay for cover may change during the time you have this policy. This may be because of changes to our expected future costs. We will only change your premium for this reason where there is a change to the specific factors we have set out in your policy, and that change results in our expected future costs being higher or lower than assumed when the premium was set.

Your premium will be reviewed annually on the anniversary of the policy start date. Each year, at least three weeks before the current policy year is due to end we will send you a review notice setting out the new premium for the next policy year. If your premium is changed due to legislative, tax or regulatory requirements then we may change your premium at any time during the policy year.

As a result of the premium review, your premium may go up, stay the same or go down, and there is no limit to the amount of any change. If a review results in an increase to your premium and you do not wish to pay the increase you can contact us to discuss your options or cancel.

### Terms and Conditions

Your terms and conditions will be reviewed annually on the anniversary of the policy start date. Each year, at least three weeks before the current policy year is due to end we will send you a review notice setting out the new policy terms and conditions for the next policy year. If your terms and conditions must be changed due to legislative, tax or regulatory requirements then we may change them at any time during the policy year.

We may vary or waive the terms and conditions of this policy. This may be to:

- vary the cover provided under this policy because of changes to our expected future costs. We will only change your terms and conditions for this reason where there is a change to the specific factors we have set out in Section 4 D 4 (iii) (a), (b), (c) & (d) of your policy, and that change results in our expected future costs being higher or lower than assumed when the premium was set;
- improve your cover;

- comply with any applicable laws or regulations;
- reflect any changes to taxation; or
- correct any typographical or formatting errors that may occur.

Such changes may have the effect of increasing or reducing the cover previously provided under this policy. If you do not wish to continue your cover you can contact us to discuss your options or cancel.

### **Our Right to Cancel**

We may cancel your insurance cover immediately where there is evidence of dishonest or exaggerated behaviour or where you have misrepresented or failed to disclose something at the time of application which would have caused us to decline you for cover.

We may cancel your insurance cover but only in the circumstances as set out in Section 4 D 7 of your policy.

### **Your Cancellation Rights**

If you are unhappy with your cover you can cancel it within 14 days of receiving your policy and receive a full refund of any premium paid providing you have not made a claim. If you have made a claim or you cancel after this period no refund of premium will be paid.

All cancellation requests should be made to:

Customer Services Department  
helpucover  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire  
WD6 2XX  
Telephone: 0844 543 1067

### **How to Claim**

In order to make a claim you should phone our claims department on 0844 543 1067 to request a claim form or write to:

Claims Department  
helpucover  
Pinnacle House, A1 Barnet Way, Borehamwood Hertfordshire WD6 2XX

Your completed form should be sent to the above address.

### **Our Complaints Procedure**

If you have a problem with the service you receive, you can write to the:

Customer Relations Manager  
helpucover  
Pinnacle House, A1 Barnet Way, Borehamwood Hertfordshire WD6 2XX

If we cannot resolve your complaint to your satisfaction you may be entitled to complain to the Financial Ombudsman Service.

### **Compensation Arrangements**

We are covered by the Financial Services Compensation Scheme (FSCS). If we are unable to meet our liabilities, you may be entitled to compensation from the FSCS. Further information is available from their website: [www.fscs.org.uk](http://www.fscs.org.uk)

Pinnacle Insurance plc is authorised and regulated by the Financial Services Authority.

Premier Lifetime Cover	Significant Exclusions and Limitations		Policy Reference
<b>We will pay up to the maximum benefits shown for:</b>			
<b>RABBITS</b>			
<p><b>Veterinary Fees</b> Cover for illness or injury, including hospitalisation, referral, hereditary and congenital conditions.</p>	<p>£2000 each policy year</p>	<ul style="list-style-type: none"> <li>• Veterinary Fees excess</li> <li>• Any condition that has been investigated by a vet or is known to you prior to the policy start date</li> <li>• Veterinary fees to treat an illness or poisoning occurring or showing symptoms within the first 14 days of the policy start date</li> <li>• Preventative treatment such as routine vaccinations, cosmetics or voluntary treatment such as neutering for non-medical reasons, or for pregnancy and uterine cancer</li> <li>• Treating any injury or illness that is preventable by vaccination and you failed to vaccinate</li> <li>• Treatment related to a 2nd or subsequent instance of fly strike</li> <li>• Other than for accidental injury, dental treatment is normally excluded except where specifically to relieve suffering provided the pet has been insured under this policy for at least two years</li> <li>• The cost of any transplants, artificial limbs and associated treatment</li> </ul>	<p>Section 2 Section 3A</p>
<p><b>Finding your pet</b> Should your pet go missing or be stolen, the policy will pay for the cost of local advertising and offering a reward.</p>	<p>£250 each policy year</p>	<ul style="list-style-type: none"> <li>• Any claim for searching for or finding your pet within the first 14 days of cover</li> </ul>	<p>Section 3B</p>
<p><b>Your Hospitalisation</b> If you spend more than 48 hours in hospital, the policy pays a daily rate for your pet's boarding fees or the cost of homecare with a friend or relative.</p>	<p>£250 each policy year</p>	<ul style="list-style-type: none"> <li>• Hospitalisation for alcoholism, drug abuse, attempted suicide or self inflicted injuries</li> <li>• If your accident or illness occurred or showed symptoms before the policy start date</li> </ul>	<p>Section 3C</p>
<p><b>Waiver of premium</b> If you can't work because of unemployment, accident, injury or illness we pay your premium.</p>	<p>Paid for up to 6 months per policy year</p>	<ul style="list-style-type: none"> <li>• If your inability to work occurs during the first 30 days of cover</li> <li>• If you are under 18 or over 65 years of age</li> <li>• If you were not in full time employment</li> <li>• If you were aware of impending unemployment when you took out the policy</li> </ul>	<p>Section 3D</p>

**General Conditions/Exclusions** You can start insurance for your rabbit from 8 weeks up to their 5<sup>th</sup> birthday

## INTRODUCTION

This policy provides **you** with everything **you** need to know about **your** pet cover and contains all the contractual terms and conditions of **your** cover including the exclusions.

Please read this policy carefully, and keep it in a safe place as it explains the benefits that are available to **you** and the conditions which must be met to qualify for those benefits. The policy, **Certificate of Insurance** and any endorsements should be read as one document. Any excesses or special conditions/exclusions are shown in **your Certificate of Insurance**. Please make sure that **you**:

- know what this insurance does and does not cover; and
- understand the terms and conditions of making a claim.

This policy uses words and phrases that have specific meanings. **You** will find these explained in Section 1 - Definition of Terms. Defined words are shown in “**bold**” wherever they appear.

## SECTION 1 - DEFINITION OF TERMS

**Accidental Injury** means a sudden and unforeseen injury which is the result of an identifiable and known cause or event during the **policy year**.

**Alternative Medicine** means herbal or homeopathic medicine.

**Certificate of Insurance** means the personalised document issued by **us** which sets out the details of **your** cover, and which should be read in conjunction with the terms and conditions of the policy.

**Complementary Treatment** means physiotherapy, hydrotherapy, osteopathy, massage and healing, acupuncture or chiropractic **treatment**.

**Condition** means any **illness** or **accidental injury** (or signs of these) whether or not it results in a diagnosis.

**Excess** means the amount **you** are required to pay as part of each and every Veterinary Fees claim under this policy. The **excess** is shown in **your Certificate of Insurance**.

**Illness** means physical disease, sickness, abnormality, infection or failure which is not caused by an **accidental injury**.

**Involuntary Unemployment** means being made unemployed and being entirely without gainful employment (which includes the assisting, managing and/or the carrying on of any part of the day to day running of a business); available for and actively seeking work; and having signed a Jobseeker's agreement with the Department for Work and Pensions Jobcentre Plus.

**Maximum Benefit** means the most **we** will pay during the **policy year** in respect of any element of cover as set out in Section 2 - Cover Limits.

**Poisoning** means the introduction of a substance into the body by any route which causes **accidental injury** or death to **your pet**.

**Policy Year** means the 12 month period shown on **your Certificate of Insurance** during which **your** monthly **premium** and benefit levels are guaranteed.

**Pre-existing Condition** means a **condition** or any complication directly attributable to that **condition** that has been investigated by a **vet** or is otherwise known to **you**, prior to the **start date** of the insurance. This also includes any symptom that **you** are aware of prior to the **start date** but where subsequent diagnosis occurs after the **start date**.

**Premium** means the monthly premium payable by **you** in respect of this insurance.

**Start Date** means the date on which **your pet** first becomes covered under this policy as shown on **your Certificate of Insurance**.

**Treatment** means any appropriate examination, consultation, advice, tests, X-rays, medication, surgery, nursing and care provided by a **vet**, veterinary practice or member of an approved professional organisation following a **vet's** instruction which is reasonable and customary for the presenting **condition**.

**Vet** means a member of the Royal College of Veterinary Surgeons actively working as a veterinary surgeon in the United Kingdom.

**Vet Fees** means reasonable and necessary fees charged by a **vet** to provide **treatment** for a **condition**.

**We, Us, Our** means Pinnacle Insurance plc of Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX.

**You, Your** means the person named in the **Certificate of Insurance** who is responsible for **your pet**. Joint policyholders are not permitted. If **your pet** is owned by more than one person you must select one to be the policyholder.

**Your Pet** means the rabbit named and described on the **Certificate of Insurance**.

## SECTION 2 - COVER LIMITS

The maximum benefits payable for each element of cover under this policy per **policy year** are as follows:

ELEMENT OF COVER	BENEFIT
A. Veterinary Fees	£2,000
	<b>Excess</b> You must pay the excess shown in <b>your Certificate of Insurance</b> for each claim which relates to a different <b>condition</b> .
B. Finding Your Pet	£250
C. Your Hospitalisation and Boarding Fees	£250
D. Waiver of Premium	6 months premium <sup>#</sup>
<sup>#</sup> Limited to 6 months premium per <b>accidental injury</b> , <b>illness</b> or period of <b>involuntary unemployment</b> .	

## SECTION 3 - YOUR INSURANCE COVER

### A. VETERINARY FEES

#### What we will pay

We will reimburse **you** the cost of any **treatment your pet** has received for a **condition(s)** during the **policy year**, up to the **maximum benefit**.

#### What you pay - the excess

For each **condition** that is treated during the **policy year** and which is not related to any other **condition** treated during the same **policy year** you will have to pay the **excess**.

#### What you are covered for:

1. **vet fees** incurred treating the **condition** (including injuries caused by fire, lightning and **poisoning**);
2. any **alternative medicine your vet** recommends;
3. any **complementary treatment your vet** recommends up to £750 per **policy year**;
4. the cost of having **your pet** put to sleep (euthanasia) if recommended by or agreed with **your vet**;
5. up to 25% of the cost of a clinical diet for **your pet** for a maximum **treatment** period of 6 months per **condition**, provided it is recommended by **your vet** for a treatable **condition** other than for obesity/weight loss;
6. the cost of dental **treatment** to relieve suffering due to **illness**, provided **your pet** has been insured under this policy for at least 2 years, no dental **treatment** has been recommended during this time and there is a history of regular routine check ups; and
7. the cost of dental **treatment** as a result of an **accidental injury**.

#### We will not pay for:

1. any **treatment your pet** has received outside the **policy year**;
2. the **excess**;
3. more than the **maximum benefit** in any **policy year**;
4. any excluded **condition** stated on **your Certificate of Insurance**;
5. any **pre-existing condition** or any subsequent condition related to any **pre-existing condition**;
6. the cost of any **treatment** for any **illness** or **poisoning** which occurs or shows symptoms within 14 days of the **start date**;

7. any routine and preventative **treatments**, cosmetic dentistry, cosmetic surgery, cleaning, trimming and descaling of teeth, spaying, castration, routine removal of dew claws, flea and mite control, roundworm and tapeworm **treatments**, grooming and nail clipping or any complications arising from these **treatments**;
8. preventative vaccinations or any complications arising from these;
9. fees for **treatment** related to a second or subsequent instance of fly strike;
10. dental **treatment** to relieve suffering due to **illness**, unless the pet has been insured under this policy for at least 2 years, no dental **treatment** has been recommended during this time and there is a history of regular routine check ups;
11. any **treatment** related to pregnancy, giving birth or breeding, uterine cancer and any complications thereof;
12. house calls, premium rate out of hours calls, or ambulance fees unless **your vet** confirms these were essential for **your pet's** health;
13. treating any injury or **illness** deliberately caused by **you** or anyone living with **you**;
14. treating any injury or **illness** that is preventable by vaccination and **you** failed to vaccinate;
15. any fees for **treatment** where a claim for such fees can be made against another party;
16. claims directly or indirectly resulting from **your pet** being involved in a fight where **your pet** has a history of **treatment** following fighting;
17. any **treatment** following a fight between two or more of **your** pets, or where one of **your** pets attacks the other;
18. any **treatment** where another owner's pet has injured **your pet** and the **treatment** costs can be recovered from the other pet's owner;
19. any fees charged by **your vet** for completing claim forms;
20. travelling expenses;
21. the cost of any post mortem, cremation, burial or disposal of **your pet**;
22. any post operative or convalescent **treatment** which could reasonably be provided in **your** home; or
23. any transplants, artificial limbs and any associated **treatment**.

## B. FINDING YOUR PET

### What we will pay

We will reimburse **you** for any local advertising expenses, rewards and other costs **you** have had to pay to help recover **your pet** after it is stolen or strays during the **policy year**, up to the **maximum benefit**.

### We will not:

1. reimburse **your** costs if the method of finding **your pet** is unreasonable;
2. pay if **your pet** is stolen or strays within 14 days of the **start date**; and
3. pay any reward not supported by a signed receipt giving the name, address and telephone number of the person who found and returned **your pet** to **you**.

## C. YOUR HOSPITALISATION AND BOARDING FEES

### What we will pay

We will reimburse **you** rabbit hotel fees **you** have had to pay up to the **maximum benefit**, if during the **policy year**:

1. **you** are ill or injured and have to spend more than 48 hours in hospital; and
2. **your pet** stays in a licensed rabbit hotel while **you** are hospitalised.

Alternatively, if **you** ask someone who is not living with **you** to look after **your pet** while **you** are in hospital, we will pay a daily rate of £4, subject to the **maximum benefit**.

### **We will not pay any costs resulting from:**

1. **your** hospitalisation for alcoholism, drug abuse, attempted suicide or self-inflicted injuries; or
2. **your** hospitalisation for an **illness** or **accidental injury** first occurring or showing symptoms before the **start date** or an **illness** first occurring or showing symptoms within 14 days of the **start date**.

### **D. WAIVER OF PREMIUM**

#### **What we will pay**

**We** will during the **policy year** pay **your premium** for each complete 30 day period **you** are unable to work as a result of an **accidental injury, illness** or **involuntary unemployment**.

#### **We will not pay:**

1. more than 6 **premiums** per **accidental injury, illness** or period of **involuntary unemployment**;
2. if **your accidental injury, illness** or **involuntary unemployment** first occurs during the first 30 days from the **start date**;
3. if **your** inability to work results from a condition or any complication directly attributable to that condition or any symptoms related to that condition **you** had before **you** took out the policy;
4. if **you** are under 18 years or over 65 years of age;
5. if **you** were working for less than 16 hours per week at the start of **your policy year**; or
6. if **you** were aware of impending unemployment when **you** took out the policy.

## **SECTION 4 - GENERAL CONDITIONS AND EXCLUSIONS**

### **A. YOUR RIGHTS AND RESPONSIBILITIES**

1. Any claim **you** make will be assessed fairly, reasonably and promptly against the information **you** provide and the terms of the policy.
2. **You** must take proper and reasonable care of **your pet** at all times. This includes, but is not limited to, ensuring **your pet** is handled correctly and safely at all times and that **your pet** is fed a wholesome and nutritionally adequate diet and **your pet's** body weight is maintained within a normal range (as recognised by **your vet**).
3. **You** must take **your pet** for regular annual check-ups and vaccinations with licensed products as recommended by **your vet**.
4. **Your pet** must be in good health and free from **accidental injury** and **illness** when proposed for insurance. If this is not the case any **condition you** know about (or ought reasonably to know about) when making the proposal must be disclosed.
5. **You** must give **us** complete and accurate information about **your pet**.
6. This is a monthly renewable policy and **you** must pay **your premium** in full and on time to remain covered.
7. Check **your Certificate of Insurance** on receipt and return it to **us** for correction if **you** find any mistakes.
8. Keep to the conditions of the policy.
9. Never make any claim **you** know is false, dishonest or exaggerated.
10. If **you** wish to cancel **your** policy, please do so in accordance with Section 4 D 8.

If **you** fail to carry out these responsibilities, **we** may reduce or refuse to pay any claim **you** may make.

### **B. OUR RIGHTS AND RESPONSIBILITIES**

1. **We** will assess all claims fairly, reasonably and promptly against the information **you** provide and the terms of the policy.

2. When **you** claim, if **you** have other insurance under which **you** can claim, **we** will only pay **our** share of the claim.
3. **We** may need to see **your pet's** records from any **vet** who has treated it and any other information about **your pet** before **your** claim is paid. If the **vet** charges for this information, **you** will have to pay.
4. **We** may need to arrange for a representative to visit **you** and **your pet** if **we** feel **we** need further information to properly validate **your** claim.
5. **We** will conduct all communications with **you** in English.

### C. GENERAL EXCLUSIONS

1. Any other costs that are indirectly caused by the event which led to **your** claim, unless specifically stated in this policy.
2. Any claim arising from a malicious or intentional act, wilful injury or gross negligence.
3. Any pet less than 8 weeks old.
4. Any claim where United Kingdom animal health or importation legislation has been contravened or broken.
5. Any claim due to pressure waves from supersonic aircraft, radioactive contamination, war, riot, revolution, civil disturbance or any similar event.

### D. CONTRACT OF INSURANCE

1. The contract of insurance between **you** and **us** consists of these policy terms and conditions, **your Certificate of Insurance**, any written or verbal statement (including the application) or other information provided by **you** or on **your** behalf, and any endorsements. The provisions of the contract are, where their nature permits, conditions precedent to **our** liability.
2. **Your** cover under this policy will end on the earliest of the following:
  - (i) the date **your pet** dies;
  - (ii) the date **you** fail to pay the **premium** when due;
  - (iii) the date **you** or **we** cancel **your** cover subject to the terms and conditions of this policy.
3. If **we** make any claim payments as a result of **your** dishonest or exaggerated behaviour (or the dishonest or exaggerated behaviour of someone acting on **your** behalf) **you** will no longer be entitled to any benefits under this **policy** and **we** may demand that any payments made by **us** are paid back. **We** may take legal action against **you** for the return of such monies and **we** may demand that **you** reimburse **us** for any investigation costs reasonably incurred.
4. **Premiums**
  - (i) The **premium** for this **policy** is fixed for 12 months and reviewed annually on the anniversary of the **policy start date**. Each **year**, at least three weeks before the current **policy year** is due to end **we** will send **you** a review notice setting out the new **policy** terms and conditions for the next **policy year**.
  - (ii) **We** may make changes to **your policy** terms and conditions and/or **your premium** on each anniversary of the **start date of your policy**.
  - (iii) When reviewing **your premiums**, **we** will only consider any future impact to one or more of the following:
    - (a) changes due to new information arising from **our** own experience suggesting that **our** future claims experience is likely to be better or worse than previously assumed. This information includes changes to the number and types of claims **we** expect to pay or changes to the average expected amount paid per claim;
    - (b) changes due to new information arising from external sources such as general industry, population or reinsurer experience suggesting that **our** future claims experience is likely to be better or worse than previously assumed. This includes information on the cost of veterinary treatments (which may vary depending upon **your** location) and general information about the breed of **your** pet;

- (c) changes to **your** circumstances such as the age of **your** pet or any change to **your** address;
- (d) relevant changes to **our** previous assumptions in relation to:
  - (i) expenses related to providing the insurance;
  - (ii) **policy** lapse rates which means the average time policies are held;
  - (iii) interest rates;
  - (iv) tax rates;
  - (v) the cost of any legal or regulatory requirements.
- (iv) Any changes to **your premium we** make will not:
  - (a) be made as a result of any reason other than changes in the assumptions mentioned in Section 4 D 4 (iii) (d) above;
  - (b) be based on whether **you** have made a claim; or
  - (c) be made to recover any previous losses.
- (v) **We** will review **your premium** at least annually and **you** will be given at least three weeks' written notice, at **your** last known address, of any alteration to the **premium** rates under this **policy** unless the change is due to legislative, tax or regulatory requirements. If **your premium** is changed due to legislative, tax or regulatory requirements which are outside **our** control, then **we** may not be able to give **you** three weeks' notice.
- (vi) As a result of the **premium** review, **your premium** may go up, stay the same or go down, and there is no limit to the amount of any change.
- (vii) If **we** change **your premium** and **you** do not wish to continue **your** cover **you** should contact **us** to discuss **your** options. Depending on the type of **policy you** have, **you** may be able to change **your** level of cover. Alternatively **you** can cancel as set out in Section 4 D 8.
- (viii) **You** must continue to pay the **premium** when **you** are making a claim under this **policy** to ensure that cover can continue in respect of any further treatment provided or costs incurred. Claims can only be considered in respect of treatment provided or costs incurred during the period for which **premium** has been paid.

## 5. Terms and Conditions

- (i) **We** may vary or waive the terms and conditions of this **policy** to reflect changes in the assumptions set out in Section 4 D 4 (iii) (a), (b), (c) & (d) above which **we** use to design and price **your** cover. Such changes may have the effect of increasing or reducing the cover previously provided under this **policy**.
- (ii) When changing **your** terms and conditions **we** will only consider any future impact of changes in one or more assumptions due to the reasons set out in Section 4 D 4 (iii) (a), (b), (c) & (d) above.
- (iii) In addition, **we** may also vary or waive **your** terms and conditions to:
  - (a) improve **your** cover;
  - (b) comply with any applicable laws or regulations;
  - (c) reflect any changes to taxation;
  - (d) correct any typographical or formatting errors; or
  - (e) provide additional clarity to the existing terms and conditions.
- (iv) **You** will be given at least three weeks' written notice to **your** last known address of any alteration to the terms and conditions of cover under this **policy** unless the change is due to legislative, tax or regulatory requirements. If **your** cover is changed due to legislative, tax or regulatory changes which are outside **our** control, then **we** may not be able to give **you** three weeks' notice.

- (v) Any changes to **your** terms and conditions **we** make will not:
  - (a) be made as a result of any reason other than changes in the assumptions mentioned in Section 4 D 4 (iii) (a), (b), (c) & (d) or for the reasons set out in Section 4 D 5 (iii) above;
  - (b) be based on whether **you** have made a claim; or
  - (c) be made to recover any previous losses.
- (vi) If **we** vary or waive **your** terms and conditions and **you** do not wish to continue **your** cover **you** should contact **us** to discuss **your** options. Depending on the type of **policy** **you** have, **you** may be able to change **your** type of cover. Alternatively **you** can cancel as set out in Section 4 D 8.

## 6. Annual Review

At least three weeks before the current **policy year** is due to end **we** will send **you** a review notice setting out the new policy terms and conditions for the next **policy year**. If **you** have already given **your** consent for **us** to collect the **premium**, **your** payment will continue to be taken from **your** designated bank or credit card account unless **you** instruct **us** otherwise. **Your** cover under this policy will continue as long as **you** pay the **monthly premium**.

## 7. Our Right to Cancel

- (i) **We** may cancel **your** insurance cover immediately:
  - (a) where there is evidence of **your** dishonest or exaggerated behaviour (or dishonest or exaggerated behaviour by someone acting on **your** behalf) in relation to the cover provided under this **policy**;
  - (b) where **you** have failed to make disclosure of a material fact which, if disclosed at the time of application, would have caused **us** to decline **you** for cover;
  - (c) where **you** have misrepresented a material fact which, if correctly represented at the time of application, would have caused **us** to decline **you** for cover; or
  - (d) where necessary to comply with any applicable laws or regulations.
- (ii) Except in cases of dishonest or exaggerated behaviour, misrepresentation or failure to disclose a material fact, any decision to cancel cover will not be made at an individual level and will not be based on whether **you** have made a claim.
- (iii) Except in cases of dishonest or exaggerated behaviour, misrepresentation or failure to disclose a material fact, cancellation of **your policy** will not affect **your** entitlement to claim for any event occurring before the date of cancellation.

## 8. Your Right to Cancel

- (i) Within the “cooling off period” - if **you** decide **you** do not want the cover and wish to cancel **your policy**, **you** can do so within 14 days of the **start date** or the date **you** receive these **policy** documents (the “cooling off period”). **You** will receive a full refund of any **monthly premium** **you** have paid provided no claim has been made under the terms of this **policy**. If **you** have made a claim, no refund of **monthly premium** will be payable.
- (ii) Outside the “cooling off period” - if **you** cancel outside the initial 14 day cooling off period, no refund of **monthly premium** will be payable.
- (iii) If **we** change **your monthly premium** and/or vary or waive **your** terms and conditions and **you** do not wish to continue **your** cover **you** should contact **us** to discuss **your** options. Depending on the type of **policy** **you** have, **you** may be able to change **your** type of cover. Alternatively **you** can cancel without notice and without penalty.

- (iv) All cancellation requests should be made to:

Customer Services Department  
helpucover  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire  
WD6 2XX

Telephone: 0844 543 1067

## 9. Reinstatement

If **you** cancel **your** cover under this policy, or the cover lapses due to unpaid **premium**, **you** may ask **us** to reinstate the policy. If **we** accept **your** request, any claim or **condition** arising during the period when **you** were not covered i.e. the lapse period, will not be accepted.

## E. GENERAL CONDITIONS

1. **Territorial Limits** - this insurance only applies in the United Kingdom, the Channel Islands and the Isle of Man.
2. **Choice of Law** - this policy is governed by English law. The parties to this policy agree to irrevocably submit to the jurisdiction of the courts of England and Wales unless **you** live in Scotland, Northern Ireland, the Channel Islands or the Isle of Man, in which case **you** will be entitled to commence legal proceedings in **your** local courts.
3. **Compensation** - **we** are covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet **our** liabilities **you** may be entitled to compensation from the FSCS. Further information is available from their website - [www.fscs.org.uk](http://www.fscs.org.uk)
4. **Surrender Value** - when **your** cover under this policy ends it will not have a cash value.
5. **Transfer Rights** - the rights given under this policy cannot be transferred to anyone else.
6. **Telephone Recording** - to improve the quality of **our** service, **we** will be monitoring and recording some telephone calls.

## SECTION 5 - MAKING A CLAIM

Before making any claim please check **your** policy and **Certificate of Insurance** to see if **you** are covered. Please remember that any costs relating to the completion of claim forms must be paid by **you**.

Please note that **we** cannot guarantee the validity of a claim over the phone. **You** will need to provide a completed claim form and **we** will notify **you** in writing of **our** decision.

### A. VETERINARY FEES:

#### Step 1 Check with **your vet**

Before **your pet** is treated, check **your vet** is prepared to complete a claim form and provide invoices.

#### Step 2 Request and Complete a Claim Form

Request a claim form from **our** Claims Department on 0844 543 1067. Complete **your** sections of the claim form and ask **your vet** to fill in their part. Remember **you** and **your vet** must both sign the form.

#### Step 3 When to Claim

**You** should normally send **us your** claim form at the end of the course of **treatment**, or within 6 weeks of the end of the **policy year** if the **treatment** is not complete by that time.

Step 4 Return the Claim Form

Return the claim form to **us** together with the invoices showing the costs/fees **you** have had to pay.

**B. ALL OTHER CLAIMS**

Step 1 Request a Claim Form

Request a claim form from **our** Claims Department on 0844 543 1067.

Step 2 Complete and Return the Claim Form

Complete the relevant sections of the claim form, sign and return together with:

**Finding Your Pet:**

- (a) the original purchase receipt when **you** bought **your pet**;
- (b) if applicable, the pedigree certificate; and
- (c) receipts for any advertising costs and rewards.

**Your Hospitalisation and Boarding Fees:**

- (a) **your** rabbit hotel receipts; and
- (b) evidence from **your** doctor or hospital confirming **your** hospital stay.

**Waiver of Premium:**

- (a) Disability claims - details of **your** doctor, and a copy of **your** medical certificate; or
- (b) Involuntary unemployment claims - a copy of any correspondence from the Department for Work and Pensions with regards to benefits **you** have received and details of **your** former employer if **you** were in full-time employment, or **you** are self-employed confirmation from **your** accountant that **you** have involuntarily ceased trading and that the final accounts for the winding up of the business have been prepared and submitted to HM Revenue & Customs.

### A. CUSTOMER SERVICE

If **you** have any queries during **your policy year** or **you** need to change **your** address, **your** payment details or **your pet** dies from natural causes, please contact **our** Customer Services Department on 0844 543 1067.

### B. COMPLAINTS

While it is always **our** intention to provide a first class standard of service, if **you** do have any concerns regarding **your** insurance cover, please address them to:

Customer Relations Manager, helpucover  
Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX

Should **you** remain dissatisfied with the outcome of any internal enquiries **you** have the right to refer **your** complaint to:

The Financial Ombudsman Service (FOS)  
South Quay Plaza, 183 Marsh Wall, London E14 9SR

This procedure will not prejudice **your** right to take legal proceedings. However, please note that there are some instances when the FOS cannot consider complaints.

A leaflet detailing **our** full complaints/appeals process is available from **us** on request.

### C. IMPORTANT INFORMATION

**Your** Pet Insurance is underwritten under policy number 02238 (1<sup>st</sup> February 2007) by Pinnacle Insurance plc. Registered number: 1007798. Registered Office: Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX.

Pinnacle Insurance plc is authorised and regulated by the Financial Services Authority. helpucover is a trading style of Pinnacle Insurance plc.

