

Pet Insurance with **added** bite!



helpucover.co.uk

Fills the gaps other insurance leaves behind





## LIFETIME INSURANCE FOR CATS

## 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 3 levels of lifetime insurance cover for cats subject to certain terms and conditions being met.

### Significant Features and Benefits

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

### Eligibility

You can start insurance for your pet from 8 weeks up to their 10<sup>th</sup> birthday.

### 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.

### 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.

### How to Claim

As soon as your pet shows any signs of injury, illness or distress, we suggest you telephone **Petcall** any time of day or night on 0845 121 2431.

Please make sure you have your policy number available when you telephone the helpline. If your pet has collapsed, is unconscious or has been involved in a serious accident, you should consult your vet immediately.

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.

LIFETIME COVER	PREMIER	CLASSIC	VITAL	Significant Exclusions and Limitations	Policy Reference
<b>We will pay up to the maximum benefits shown for:</b>					
<p><b>Veterinary Fees</b> Cover for illness or injury, including hospitalisation, referral, hereditary and congenital conditions.</p>	£6000 each policy year	£4000 each policy year  subject to a maximum of £1000 per condition each policy year	£2000 each policy year  subject to a maximum of £500 per condition each policy year	<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>• The costs of post operative, convalescent treatment which could reasonably be provided in your home</li> <li>• Preventative treatment such as routine vaccinations, cosmetic or voluntary treatment such as neutering for non-medical reasons, or for pregnancy</li> <li>• Treating any injury or illness that is preventable by vaccination and you failed to vaccinate</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 2 years</li> <li>• Vet fees to treat an illness or poisoning first occurring or showing signs within 28 days of the start date</li> <li>• The cost of any transplant, artificial limbs or associated treatment</li> </ul>	Section 2 Section 3A
<p><b>Your Hospitalisation</b> If you spend more than 48 hours in hospital, we pay a daily rate for your pet's boarding fees or the cost of homecare with a friend or relative.</p>	£250 each policy year	£250 each policy year	£250 each policy year	<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> <li>• Any claim if your illness first occurs or shows symptoms within the first 14 days of cover</li> </ul>	Section 3E
<p><b>Holiday Cancellation</b> We will help with the cost of cancelling your holiday if your pet needs emergency surgery or goes missing within 7 days of your holiday starting.</p>	£500 each policy year	£500 each policy year	£500 each policy year	<ul style="list-style-type: none"> <li>• Non-lifesaving treatment or if your pet's condition is pre-existing</li> <li>• If you booked your holiday less than 28 days before you were due to leave or if you can get the expenses back from any other source e.g. travel insurance</li> <li>• Any claim if your pet's illness first showed symptoms within 14 days of cover</li> </ul>	Section 3F
<p><b>Finding your pet</b> Should your pet go missing or be stolen, we will pay for the cost of local advertising and a reward.</p>	£250 each policy year	£250 each policy year	£250 each policy year	<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>	Section 3D
<p><b>Loss through theft or straying</b> If, despite everything, you can't find your pet, we will refund the purchase price to you.</p>	£250 each policy year	£250 each policy year	£250 each policy year	<ul style="list-style-type: none"> <li>• Any claim for a lost or stolen pet within the first 14 days of cover</li> </ul>	Section 3C
<p><b>Death from accident</b> If your pet dies as a result of an accident we will pay you the purchase price you paid for your pet.</p>	£250	£250	£250	<ul style="list-style-type: none"> <li>• Any claim for accidental death as a result of poisoning within the first 28 days of cover</li> </ul>	Section 3B
<p><b>Waiver of premium</b> If you can't work because of unemployment, accident, injury or illness we pay your premium.</p>	Paid for up to 6 months per policy year	Paid for up to 6 months per policy year	Paid for up to 6 months per policy year	<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 are not in full time employment</li> <li>• If you were aware of impending unemployment when you took out the policy</li> </ul>	Section 3G
<p><b>90 days cover for pets abroad</b> If your pet travels under The Pets Travel Scheme the policy includes 90 days of veterinary fees cover.</p>	£750 each policy year	£750 each policy year	£750 each policy year	<ul style="list-style-type: none"> <li>• Any cost associated with complying with the requirement of the Pets Travel Scheme</li> </ul>	Section 3H

## 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.

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## 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**.

**Helpline** means the helpline operated by Petcall, a trading name of Vetsdirect Limited. Company Number: SC230445. Registered office: Monachyle, Watt Road, Bridge of Weir, Renfrewshire PA11 3DN.

**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.

**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 or a veterinary surgeon registered and actively working outside the United Kingdom in a country covered by the Pet Travel Scheme (PETS).

**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, Yourself** 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 cat 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	Cat	
A Veterinary Fees	Premier	£6,000
	Classic	£4,000 subject to a maximum of £1,000 per <b>condition</b> per <b>policy year</b>
	Vital	£2,000 subject to a maximum of £500 per <b>condition</b> per <b>policy year</b>
	<u>Excess</u> <b>You must pay the excess shown in your Certificate of Insurance for each claim which relates to a different condition.</b>	
B Accidental Death		£250
C Theft and Straying		£250
D Finding your Pet		£250
E Your Hospitalisation and Boarding Fees		£250
F Holiday Cancellation		£500
G Waiver of Premium		6 months premiums <sup>#</sup>
H Overseas Extension of Cover		£750*
	<u>Special Notes:</u> # Limited to 6 months premium per <b>accidental injury, illness</b> or period of <b>involuntary unemployment</b> . * Any claim will count towards the Veterinary Fees maximum benefit amount.	

## 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:

- vet fees** incurred treating the **condition** (including injuries caused by fire, lightning and **poisoning**);
- any **alternative medicine your vet** recommends;
- any **complementary treatment your vet** recommends up to £750 per **policy year**;
- the cost of having **your pet** put to sleep (euthanasia) if recommended by or agreed with **your vet**;
- 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;
- 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. Classic cover - more than £1,000 per **condition** per **policy year**, or Vital cover - more than £500 per **condition** per **policy year**;
5. any excluded **condition** stated on **your Certificate of Insurance**;
6. any **pre-existing condition** or any subsequent condition related to any **pre-existing condition**;
7. the cost of any **treatment** for any **illness** or **poisoning** which occurs or shows clinical symptoms within 28 days of the **start date**;
8. any routine and preventative **treatments**, cosmetic dentistry, cosmetic surgery, cleaning 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;
9. preventative vaccinations or any complications arising from these;
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** of retained testes if **your pet** is over 16 weeks of age at the **start date**;
12. the **treatment** of deciduous teeth if **your pet** is over 16 weeks of age at the **start date**;
13. any **treatment** related to pregnancy, giving birth or breeding and any complications thereof;
14. house calls, premium rate out of hours calls, or ambulance fees unless **your vet** confirms these were essential for **your pet's** health;
15. treating any injury or **illness** deliberately caused by **you** or anyone living with **you**;
16. treating any injury or **illness** that is preventable by vaccination and **you** failed to vaccinate;
17. any fees for **treatment** where a claim for such fees can be made against another party;
18. claims directly or indirectly resulting from **your** pet being involved in a fight where **your pet** has a history of **treatment** following fighting;
19. any **treatment** following a fight between two or more of **your** pets, or where one of **your** pets attacks the other;
20. any **treatment** where another owner's pet has injured **your pet** and the **treatment** costs can be recovered from the other pet's owner;
21. any fees charged by **your vet** for completing claim forms;
22. travelling expenses;
23. the cost of any post mortem, cremation, burial or disposal of **your pet**;
24. any post operative or convalescent treatment which could reasonably be provided in **your** home; or
25. any transplants, artificial limbs and any associated **treatment**.

## **B. ACCIDENTAL DEATH**

### **What we will pay**

**We** will reimburse **you** the price **you** paid for **your pet** up to the **maximum benefit**, if it dies during the **policy year** following an **accidental injury**.

**We** will pay this benefit in addition to any **treatment** costs already paid to treat **your pet** for the **accidental injury**.

If **you** did not buy **your pet** or have no formal proof of payment, **we** will pay **you** the price generally paid at the time **you** obtained **your pet** for an animal of the same age, breed and pedigree, up to the **maximum benefit**.

### **We will not pay this benefit:**

1. if **your pet** dies as a result of an **illness**; or
2. if **your pet** dies as a result of **poisoning** first occurring or showing clinical symptoms within 28 days of the **start date**.

### **C. THEFT AND STRAYING**

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

**We** will reimburse **you** the price **you** paid for **your pet** up to the **maximum benefit**, if during the **policy year** **your pet** is stolen or strays and is not recovered within 30 days.

If **you** did not pay for **your pet** or have no formal proof of payment, **we** will pay **you** the price generally paid at the time **you** obtained **your pet** for an animal of the same age, breed and pedigree, up to the **maximum benefit**.

#### **What you need to do**

As soon as **you** find out **your pet** is missing, **you** must tell all **vets** within a reasonable distance of where **your pet** was last seen.

If **your pet** is found after **we** have paid **you**, **you** must repay **us** all the money **you** received. **We** may take legal action to recover the money if **you** fail to repay **us**.

**We** will not pay this benefit if **your pet** is stolen or strays within 14 days of the **start date**.

### **D. 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**.

### **E. YOUR HOSPITALISATION AND BOARDING FEES**

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

**We** will reimburse **your** cattery fees that **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 cattery 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
3. an **illness** first occurring or showing clinical signs within 14 days of the **start date**.

### **F. HOLIDAY CANCELLATION**

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

**We** will reimburse **you** up to the **maximum benefit**, if during the **policy year** **you** cancel **your** holiday less than 7 days before **you** were due to leave or come home early, because **your pet** goes missing while **you** are away or **your vet** advises **your pet** needs life-saving **treatment**.

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

1. costs for anyone else who was on holiday with **you**;
2. if **you** cancel **your** holiday or come home early because **your pet** needs **treatment** which is not life-saving;
3. if **you** cancel **your** holiday or come home early because **your pet** needs **treatment** arising from an **illness** first occurring or showing clinical signs before the **start date** or first occurring or showing clinical signs within 14 days of the **start date**;
4. if **you** booked **your** holiday less than 28 days before **you** were due to leave; or
5. if **you** can claim these expenses back from any other source e.g. travel insurance.

### **G. 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.

### **H. OVERSEAS EXTENSION OF COVER**

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

We will reimburse **you** the cost of any **treatment your pet** has received in any country included in the Pet Travel Scheme (PETS) (England) Order 1999 (as amended, supplemented or re-enacted) or the Republic of Ireland during the **policy year**, subject to the **maximum benefit**.

**You** are covered for a maximum of 90 days in any **policy year** whilst in the Republic of Ireland or any of the countries included in the PETS.

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

1. any costs associated with complying with the requirements of the PETS;
2. claims arising outside the designated PETS countries, the United Kingdom, the Channel Islands, the Isle of Man and the Republic of Ireland;
3. any claims for **treatment** not supported by a receipt endorsed with the address and telephone number of the veterinary surgery providing **treatment**.

## **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, including, but not limited to, maintaining **your pet's** body weight, within a normal range (as recognised by **your vet**) and ensuring **your pet** is handled correctly and safely at all times.
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 or dishonest.
  10. If **you** wish to cancel **your** policy, please do so in writing.
- 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.
6. **We** may vary or waive the terms and conditions of this policy at any time by giving 30 days written notice to **you** if there is a requirement to do so in order to comply with any change in the law or the Financial Services Authority regulations or rules. In addition, **we** may conduct periodic **premium**, policy excess and policy wording reviews and any changes will take effect in **your next policy year**.

## **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, gross negligence or worrying or chasing livestock.
3. Any pet less than 8 weeks old.
4. Any loss if **you** break the United Kingdom animal health or importation legislation.
5. Any claim due to pressure waves from supersonic aircraft, radioactive contamination, war, riot, revolution, civil disturbance or any similar event.
6. The costs and compensation for euthanasia of **your pet** under a court order or the Contagious Diseases (Animals) Act 1869 or following its destruction for the protection of livestock.

## **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. 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**.
3. **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; or
  - (iii) the date **you** or **we** cancel **your** cover subject to the terms and conditions of this policy.
4. If **we** make any claim payments as a result of **your** fraud, recklessness or negligence **we** will cancel **your** cover under this policy immediately and **you** will no longer be entitled to any benefits. **We** may demand that any payments made by **us** are paid back and **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.

5. If **you** breach any of the conditions of this policy **we** may cancel **your** cover under this policy at any time subject to a minimum notice period of 7 days.

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. **Cancellation**

**You** have 14 days from the **start date** to review **your** policy. If **you** are not happy with the policy simply return the policy and **Certificate of Insurance** to **us** requesting that **your** cover be cancelled. **We** will then cancel **your** policy and refund any **premium** paid, provided no claims have been made. Thereafter, **you** may cancel the **policy** at any time by notifying **us** in writing, however no refund of **premiums** will be payable.

8. **Reinstatement**

If **you** cancel **your** cover under this policy, or the cover lapses due to unpaid **premium**, **you** may ask **us** in writing 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 except for claims arising under Overseas Extension of Cover where the territorial limits are extended to include the Republic of Ireland and any country included in the Pet Travel Scheme (PETS) (England) Order 1999 (as amended, supplemented or re-enacted).
2. **Choice of Law** - This policy shall be 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**.

**A. VETERINARY FEES:**

Step 1 Ring the Helpline

As soon as **your pet** shows any signs of an injury, illness or distress, **we** suggest **you** telephone the **Helpline** any time of the day or night on 0845 121 2431. Please make sure that **you** have **your** policy number available when **you** telephone the helpline.

Special Note: If **your pet** has collapsed, is unconscious or been involved in a serious accident **you** should consult **your vet** immediately and then phone **our** Claims Department on 0844 543 1067 as soon as possible.

Step 2 Check with **your vet**

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

### Step 3 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 4 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 5 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:

#### **Accidental Death**

- (a) the original purchase receipt when **you** bought **your pet**; and
- (b) if applicable, **your pet's** pedigree certificate.

In the absence of a purchase receipt **we** reserve the right to restrict **your** claim to **our** assessment of the price generally paid at the time **you** obtained **your pet** for an animal of the same age, breed and pedigree as **your pet**.

#### **Theft and Straying/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** boarding cattery receipts; and
- (b) evidence from **your** doctor or hospital confirming **your** hospital stay.

#### **Holiday Cancellation:**

- (a) the booking invoice and cancellation invoice from **your** travel agent, tour operator or holiday organiser; and
- (b) the booking date, dates of the holiday, cost of the holiday, cancellation or return home date and any expenses **you** cannot recover.

#### **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 the ABI1 from the Department for Work and Pensions and details of **your** former employer if **you** were in full-time employment, or if **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.

#### **Overseas Extension of Cover:**

- (a) a receipt endorsed with the address and telephone number of the veterinary surgery who provided the **treatment**; and
- (b) other relevant receipts and documents to support **your** claim.

## SECTION 6 - CUSTOMER SERVICE

### 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 02333 (1<sup>st</sup> August 2008) 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.

