

# Lifetime Pet Insurance



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**LIFETIME INSURANCE FOR RABBITS** **POLICY SUMMARY**

This policy summary does not contain the full terms and conditions of your helpucover pet insurance. Full details are included within the policy document 02238.

**WHO IS THE INSURER?**

This policy is underwritten by:

Pinnacle Insurance plc  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX

Pinnacle Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. 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.

**ELIGIBILITY**

You can start insurance for your pet from 8 weeks up to their 5<sup>th</sup> birthday.

Cover will continue beyond these entry ages for the lifetime of your pet subject to the terms and conditions of this policy.

**YOUR RIGHT TO CANCEL**

- 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 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 premium will be payable.
- Outside the "cooling off period" - if you cancel outside the initial 14 day cooling off period, no refund of premium will be payable.

If we change your premium and/or vary or waive your terms and conditions and you do not wish to continue your cover you should contact us to cancel. You can cancel without notice and without penalty. Any cancellation will take effect at the end of the period for which you have already paid your premium.

All cancellation requests should be made to:

Customer Services Department  
helpucover  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX  
Telephone: **0330 123 1922**

**PERIOD 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, whichever happens first.

For full details, please see Section 5 D 2 of your policy document.

**WHAT ARE THE MAIN FEATURES, BENEFITS, EXCLUSIONS AND LIMITATIONS OF THIS POLICY?**

The table overleaf summarises the cover provided for your rabbit under this policy. For full details please refer to the relevant Sections in your policy document.

**HOW TO CLAIM**

As soon as your pet shows any signs of injury, illness or distress, we suggest you telephone **Petcall** any time of the day or night on **0330 123 1923**.

Please make sure you have your policy number available when you telephone the helpline. 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.

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, please contact our Claims Department on **0330 123 1922** as soon as possible.

For full details, please see Section 6 of your policy document.

**PREMIUMS**

The premium for this policy is payable monthly. 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 or changes to your circumstances (specifically notified to us by you), 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 continue your cover, you can contact us to cancel.

For full details, please see Section 5 D 4 of your policy document.

### 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 or changes to your circumstances (specifically notified to us by you), 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 5 D 4 (b) 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 cancel.

For full details, please see Section 5 D 5 of your policy document.

### OUR RIGHT TO CANCEL

There may be circumstances which cause us to cancel your policy, such as fraud or dishonesty.

For full details, please see Section 5 D 7 of your policy document.

### OUR COMPLAINTS PROCEDURE

We hope you never need to, but if you want to complain about our products or services you can do so by:

calling us: **0330 123 1922**

writing to: Customer Relations Department  
helpucover  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX

We will deal with any concerns you may have as quickly as we can and wherever possible within 8 weeks of receiving your complaint as required by the Financial Conduct Authority. If you are not satisfied with the answer we give you, you can refer your complaint to the:

Financial Ombudsman Service  
Exchange Tower  
Harbour Exchange Square  
London E14 9SR

Telephone: 0300 123 9 123

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

If you make a complaint, it will not have any detrimental effect on the outcome of any claim you make. This procedure will not prejudice your right to take legal proceedings.

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

### COMPENSATION ARRANGEMENTS

We are covered by the Financial Services Compensation Scheme (FSCS). If we are unable to meet our liabilities to you, 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)

Premier Lifetime Cover	Significant Exclusions and Limitations	Policy Reference
<p><b>VETERINARY FEES</b> Cover for illness or injury.</p>	<p>We will not pay for:</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, cosmetic 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>any cost relating to routine or investigative tests, unless these are to diagnose a condition due to specific existing symptoms and the condition is covered under this policy. This includes but is not limited to pre-operative blood tests;</li> <li>the cost of treatment for a dental condition and any related conditions, <u>unless</u>: there is a history of annual check-ups (or if not annual, as recommended by your vet) and evidence that any advice given has been followed within 6 months; the treatment is to relieve suffering due to illness; and the dental treatment was recommended and undertaken after the first 2 years of cover. This does not apply to the treatment of deciduous teeth. However the cost of trimming, burring or rasping rabbits' teeth is not covered under this policy;</li> <li>any treatment for accidental injury within 3 days of the start date; or</li> <li>the cost of any transplants (including stem cell transplants), pacemakers, prostheses and associated treatment, including the provision of a support or mobility aids.</li> </ul>	Section 4 A
<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>We will not pay:</p> <ul style="list-style-type: none"> <li>for 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; or</li> <li>for any claim if your illness first occurs or shows symptoms within the first 14 days of cover.</li> </ul>	Section 4 C
<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>We will not pay for:</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> <li>any amount more than the maximum benefit;</li> <li>any reward to a family member; or</li> <li>any reward to the person who was caring for your pet when it was lost or stolen.</li> </ul>	Section 4 B
<p><b>WAIVER OF PREMIUM</b> 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.</p>	<p>We will not pay:</p> <ul style="list-style-type: none"> <li>for any claim during the first 30 days from the start date;</li> <li>more than 6 premiums per accidental injury or for each period of illness or involuntary unemployment;</li> <li>if your claims results from any condition you had before you took out the policy;</li> <li>if you are under 18 or over your planned retirement age;</li> <li>if you were working for less than 16 hours per week immediately prior to the date your unemployment or accident occurred or illness began;</li> <li>if you were aware of impending unemployment when you took out the policy; or</li> <li>If you were self-employed but have not ceased trading.</li> </ul>	Section 4 D

**GENERAL CONDITIONS/EXCLUSIONS:** You can start insurance for your rabbit from 8 weeks up to their 5<sup>th</sup> birthday.

**UNDERWRITTEN BY : PINNACLE INSURANCE PLC**

Head and Registered Office : Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX  
United Kingdom

Company Registered Number : 1007798  
Policy Number : 02238  
Date of Policy : 1<sup>st</sup> February 2007

**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 2 - Definition of Terms. Defined words are shown in "**bold**" wherever they appear.

**SECTION 1 - CONTACT DETAILS**

As there may be times when **you** need to get in touch with **us**, **we** have put **our** contact details in this Section so that they are easy to find.

If **you** need to speak to **us**, please call **us** on **0330 123 1922**. Lines are open Monday to Friday, 8.30am to 6pm.

For non-emergency **pet** health queries:

Please call **our helpline** (Petcall) any time of the day or night on **0330 123 1923**. Please make sure that **you** have **your** policy number available when **you** telephone.

In case of emergencies:

If **your pet** has collapsed, is unconscious or been involved in a serious accident **you** should consult **your vet** immediately. Should this then result in **you** needing to make a claim, please contact **our** Claims Department on **0330 123 1922** as soon as possible.

To improve the quality of **our** service, **we** may monitor and record telephone calls.

If **you** need to write to **us**, **you** should address **your** letter to the relevant department and send it to the address below:

For general enquiries or cancellations:

Customer Services Department

For claims:

Claims Department

To make a complaint:

Customer Relations Department

Address:

helpucover Pet Insurance  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX

Email Customer Services Department:

custservice@cardifpinnacle.com

Email Claims Department:

vets@cardifpinnacle.com

**You** can also download a **vet fees** claim form online at:

www.support.cardifpinnacle.com

## SECTION 2 - 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**. This includes any **symptoms**, whether or not diagnosed.

**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(s)** means any illness or accidental injury whether or not it results in a diagnosis

**Excess(es)** means the amount **you** are required to pay as part of each and every Veterinary Fees claim under this policy. The **excess** is applicable to each **condition per policy year** and is shown in **your certificate of insurance**.

**Family** means **your** spouse, civil partner, partner of the same or opposite sex whom **you** currently live with, children, parents or other relatives who normally live with **you**.

**Helpline** means the **helpline** operated by Petcall, a trading name of Vetsdirect Limited. Company Number: SC230445. Registered office: 4 Atlantic Quay, 70 York Street, Glasgow G2 8JZ.

**Illness** means physical disease, sickness, abnormality, infection or failure which is not caused by an **accidental injury**. This includes any **symptoms**, whether or not diagnosed.

**Involuntary Unemployment** means:

1. being entirely without paid employment (which includes the assisting, managing and/or the carrying on of any part of the day to day running of a business); and
2. being available for, and actively seeking work and registered with the:
  - (a) Department for Work and Pensions Jobcentre Plus; or
  - (b) Department for Social Development in Northern Ireland; or
  - (c) States Insurance Authorities in the Channel Islands or a European Union member state; or
  - (d) Department of Social Care in the Isle of Man; and
3. **you** must have signed a Jobseeker's agreement within the United Kingdom, or equivalent agreement in Northern Ireland, the Channel Islands, the Isle of Man or a European Union member state; and
4. if **you** are self-employed, **you** must have ceased trading and the final accounts for the winding up of the business have been prepared and submitted to HM Revenue & Customs.

**Maximum Benefit** means the most **we** will pay during the **policy year** in respect of any element of cover as set out in **your certificate of insurance**.

**Pet** means the rabbit named and described on the **certificate of insurance**.

**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 premium** and benefit levels are guaranteed. However, due to legislative, tax or regulatory requirements **we** may be required to alter **your premium** during that 12 month period. Section 5 D 4 (d) of this policy provides more detail.

**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** which clinical evidence shows **you** knew about or where **your pet** showed **symptoms** that **you** would have been aware of prior to the **start date**.

**Premium(s)** 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**.

**Symptom(s)** means a change in **your pet's** normal healthy state, its bodily functions or behaviour.

**Treatment(s)** means any 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 **your vet's** instruction, which a **vet** who may be appointed by **us** deems necessary in line with the Royal College of Veterinary Surgeons code of professional conduct up to the limits set out in **your certificate of insurance**. **We** may telephone **your vet** to ascertain that **treatment** was appropriate for the particular **condition**.

**Vet** means a member of the Royal College of Veterinary Surgeons actively working as a veterinary surgeon or holding a veterinary degree approved by the Royal College of Veterinary Surgeons in the United Kingdom, the Channel Islands or the Isle of Man and who cannot be **you**, a relative or close friend.

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

**We, Us, Our** means Pinnacle Insurance plc (Company Registered number 1007798) which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Financial Services Register number 110866) and its registered office address is at Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX. helpucover is a trading style of Pinnacle Insurance plc.

**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.



## SECTION 3 - ELIGIBILITY AND COVER LIMITS

You can start insurance for **your pet** from 8 weeks up to their 5<sup>th</sup> birthday.

Cover will continue beyond these entry ages for the lifetime of **your pet** subject to the terms and conditions of this policy. The **maximum benefits** payable under this policy per **policy year** are shown in **your certificate of insurance**.

## SECTION 4 - 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 limits set out in **your certificate of insurance**. We may telephone **your vet** to confirm the **treatment** was appropriate for the particular **condition**. If a **vet** appointed by **us** advises these fees and **treatment** are excessive, **we** will negotiate with **your vet** on **your** behalf and **we** may ask **you** to seek an alternative **vet** for future **treatment**. Otherwise **we** may not be able to pay future claims.

#### 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**;
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. 25% of the cost of a clinical diet for **your pet** for a maximum 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 **treatment** for a dental **condition** and any related **conditions**, provided:
  - (a) there is a history of annual check-ups (or if not annual, as recommended by **your vet**) and evidence that any advice given has been followed within 6 months;
  - (b) the **treatment** is to relieve suffering due to **illness**; and
  - (c) the dental **treatment** was not recommended and undertaken within the first 2 years of cover. This does not apply to the **treatment** of deciduous teeth;
7. the cost of dental **treatment** as a result of an **accidental injury**;
8. ongoing **treatment** of a **condition** providing the policy remains in force; and
9. fees for **treatment** for the first instance of fly strike.

#### We will not pay for:

1. any **treatment your pet** has received outside the **policy year**;
2. the **excess**;
3. any amount 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 **treatment** for **accidental injury** within 3 days of the **start date**;
8. any cost relating to routine or investigative tests including but not limited to pre-operative blood tests, unless these are to diagnose a **condition** due to specific existing **symptoms** and the **condition** is covered under this policy;
9. any routine and preventative **treatments**, cosmetic dentistry, cosmetic surgery, cleaning, trimming and descaling of teeth, spaying, castration, routine removal of dew claws, parasite control **treatments**, grooming and nail clipping or any complications arising from these **treatments**;
10. preventative vaccinations or any complications arising from these;
11. fees for **treatment** related to a second or subsequent instance of fly strike;
12. the cost of **treatment** for a dental **condition** and any related **conditions**, unless:
  - (a) there is a record of annual check-ups (or if not annual, as recommended by **your vet**) and evidence that any advice given has been followed within 6 months;
  - (b) the **treatment** is to relieve suffering due to **illness**; and
  - (c) the dental **treatment** was recommended and undertaken after the first 2 years of cover. This does not apply to the **treatment** of deciduous teeth.

However the cost of trimming, burring or rasping rabbits' teeth is not covered under this policy;

13. any **treatment** related to pregnancy, giving birth or breeding, uterine cancer and any complications thereof;
14. house calls, **premium** rate out of hours **treatment**, or ambulance fees unless **your vet** confirms these were essential for **your pet's** health;
15. any **treatment** for an injury or **illness** deliberately caused by **you** or anyone living with **you**;
16. any **treatment** for an **illness** that is preventable by vaccination and **you** failed to vaccinate as recommended by **your vet**;
17. the cost of any **treatment** for fleas except where this is used to treat a skin condition, in which case **we** will pay the cost of 1 flea **treatment**;
18. claims 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** injures the other or where one of the pets involved is residing at **your** address but belongs to a member of **your family** or anyone else living with **you** on a permanent or temporary basis;
20. any fees charged by **your vet** for completing claim forms;
21. travelling expenses;
22. the cost of any post mortem, cremation, burial or disposal of **your pet**;
23. any post operative or convalescent **treatment** which **your vet** confirms **you** could have provided in **your** home **yourself**;
24. any transplants (including stem cell transplants), pacemakers, prostheses, and any associated **treatment**, including the provision of a support and mobility aids;
25. any more than one protective collar (or cone), protective boot (one per foot), protective shirt or harness per **treatment**;
26. the cost of surgical items that can be used more than once;
27. the cost of any food except as set out in Section 4 A "What you are covered for" 5; or
28. any fees charged by **your vet** for referral to another **vet**.

## 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 pay:

1. if **your pet** is stolen or strays within 14 days of the **start date**;
2. 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**;
3. any reward to a **family** member; or
4. any reward to the person who was caring for **your pet** when it was lost or stolen.

## 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 your hospitalisation:

1. for alcoholism, drug abuse, attempted suicide or self-inflicted injuries;
2. for an **illness** or **accidental injury** first occurring or showing **symptoms** before the **start date**; or
3. for 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 **your** planned retirement age;
5. if **you** were working for less than 16 hours per week immediately prior to the date **your** unemployment or accident occurred or **illness** began;
6. if **you** were aware of impending unemployment when **you** took out the policy; or
7. if **you** were self-employed but have not ceased trading.

## SECTION 5 - 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 (or as otherwise recommended by **your vet**) and vaccinations with licensed products as recommended by **your vet**.
4. **You** must respond honestly to any request for information **we** make when **you** take out cover under this policy, or apply to vary **your** cover under this policy. In the event that any statement of fact **you** make is untrue or misleading, this may affect the validity of **your** policy, any claims previously paid by **us**, and whether **you** can make any subsequent claim.
5. If **you** have legal rights against another person in relation to **your** claim, **we** may take legal action against them in **your** name and at **our** expense. **You** must give **us** all the help that **you** can and provide any documents that **we** ask for.
6. This is a monthly renewable policy and **you** must pay **your premium** in full and on time to remain covered.
7. **You** must check **your certificate of insurance** on receipt and return it to **us** for correction if **you** find any mistakes.
8. **You** must keep to the conditions of the policy.
9. **You** must never make any claim **you** know is false, dishonest or exaggerated.
10. If **you** wish to cancel **your** policy, please contact **us** as set out in Section 1.

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 cover under which **you** can claim, **you** must notify **us** of the other insurer and give **us** authority to contact them to discuss how **we** apportion liability for 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

**We will not pay for:**

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 by **you** or any member of **your family**.
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 claims arising as a result of war, civil war, hostilities (whether war be declared or not), terrorist activity, revolution, civil unrest or any similar event.
6. Any claims arising from radiation, nuclear explosion or radioactive contamination.
7. Any claims arising from air, water or soil pollution.
8. Any claim arising from pressure waves from supersonic aircraft.
9. Any claim which **your vet** confirms has arisen as a result of **you** not taking reasonable care of **your pet**.

### D. CONTRACT OF INSURANCE

1. The contract of insurance between **you** and **us** consists of these policy terms and conditions, **your certificate of insurance** and any endorsements.
2. **Your** cover under this policy will end on the earliest of the following:
  - (a) the date **your pet** dies;
  - (b) the date **you** fail to pay the **premium** when due;
  - (c) the date **you** or **we** cancel **your** cover subject to the terms and conditions of this policy.
3. (a) If **we** make any claim payments as a result of dishonesty or deceitful behaviour by **you** (or by someone acting on **your** behalf), then:
  1. **we** may stop making further payments and may seek to recover from **you** any sums paid by **us** in respect of any dishonest claim;

2. **we** may terminate the contract with effect from the time of the behaviour which may affect other claims; and
3. if **we** terminate the contract, **we** may refuse to pay any claims occurring after the time of the dishonest claim.

(b) If **we** terminate the contract under this section, **we** will not return any of the premiums paid by **you**.

(c) These provisions will not affect any valid claim occurring before the dishonest claim.

#### 4. Premiums

(a) 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 to **your** last known address setting out the new **premium** for the next **policy year**. However, please note that due to legislative, tax or regulatory requirements or changes to **your** circumstances (specifically notified to **us** by **you**), **we** may be required to alter **your premium** during that 12 month period. Section 5 D 4 (d) below of this policy provides more detail.

(b) When reviewing **your premiums**, **we** will consider any future impact to one or more of the following:

1. 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;
2. 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**;
3. changes to **your** circumstances such as the age of **your pet** or any change to **your** address;
4. relevant changes to **our** previous assumptions in relation to:
  - (a) expenses related to providing the insurance;
  - (b) policy lapse rates which means the average time policies are held;
  - (c) interest rates;
  - (d) tax rates;
  - (e) the cost of any legal or regulatory requirements.

(c) Any changes to **your premium we** make will not:

1. be made as a result of any reason other than changes in the assumptions mentioned in Section 5 D 4 (b) above; or
2. be made to recover any previous losses.

(d) If **we** change **your premium** under this policy due to legislative, tax or regulatory requirements, then **we** will endeavour to give **you** at least three weeks' written notice of this change. However **we** may not be able to give **you** three weeks' notice as legislative, tax or regulatory requirements are outside **our** control.

(e) 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.

(f) If **we** change **your premium** and **you** do not wish to continue **your cover** **you** should contact **us** to cancel. **You** can cancel at any time as set out in "Your right to cancel" Section of **your** policy summary.

(g) **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

(a) The terms and conditions of this policy are 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, **you** will be given written notice to **your** last known address of any alteration to the terms and conditions of cover under this policy. However, please note that due to legislative, tax or regulatory requirements or changes to **your** circumstances (specifically notified to **us** by **you**), **we** may be required to alter **your** policy terms and conditions during that 12 month period. Section 5 D 5 (e) below of this policy provides more detail.

(b) **We** may vary or waive the terms and conditions of this policy to reflect changes in the assumptions set out in Section 5 D 4 (b) 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.

(c) When changing **your** terms and conditions **we** will consider any future impact of changes in one or more assumptions due to the reasons set out in Section 5 D 4 (b) above.

- (d) In addition, **we** may also vary or waive **your** terms and conditions to:
  1. improve **your** cover;
  2. comply with any applicable laws or regulations;
  3. reflect any changes to taxation;
  4. correct any typographical or formatting errors; or
  5. provide additional clarity to the existing terms and conditions.
- (e) If any change to the terms and conditions of this policy is due to legislative, tax or regulatory requirements, then **we** will endeavour to give **you** at least three weeks' written notice of this change. However **we** may not be able to give **you** three weeks' notice as legislative, tax or regulatory requirements are outside **our** control
- (f) Any changes to **your** terms and conditions **we** make will not:
  1. be made as a result of any reason other than changes in the assumptions mentioned in Section 5 D 4 (b) or for the reasons set out in Section 5 D 5 (d) above; or
  2. be made to recover any previous losses.
- (g) If **we** vary or waive **your** terms and conditions and **you** do not wish to continue **your** cover **you** should contact **us** to cancel. **You** can cancel at any time as set out in "Your right to cancel" Section in **your** policy summary.

#### 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 **premium**.

#### 7. Our Right to Cancel

- (a) **We** may cancel **your** insurance cover immediately:
  1. where **you** deliberately tell **us** something which is untrue or misleading in response to any question **we** ask **you** when **you** take out cover under this policy, or apply to vary **your** cover under this policy (or **we** can demonstrate from the relevant circumstances that **you** did not take reasonable care to ensure the statements **you** made to **us** were true);
  2. where **you** unintentionally tell **us** something which is untrue or misleading in response to any question **we** ask **you** when **you** take out cover under this policy or apply to vary **your** cover which, if correctly answered, would have caused **us** to decline **you** for cover;
  3. where there is evidence of dishonesty or deceitful behaviour by **you** (or by someone acting on **your** behalf) in relation to the cover provided under this policy (see Section 5 D 3); or
  4. where necessary to comply with any applicable laws or regulations.

If **your** policy is cancelled as a result of Section 5 D 7 (a) 1, 3 or 4, **we** will not return any **premiums** **you** have paid under the terms of this policy. If **your** policy is cancelled as a result of Section 5 D 7 (a) 2, **we** will return any **premiums** **you** have paid under the terms of this policy provided no claim has been made.
- (b) 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, except where Section 5 D 7 (a) 1, 2 or 3 applies.
- (c) Cancellation of **your** policy will not affect **your** entitlement to claim for any event occurring before the date of cancellation, except where Section 5 D 7 (a) 1, 2 or 3 applies.

#### 8. 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. Any legal proceedings will be held in 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. **Surrender Value** - when **your** cover under this policy ends it will not have a cash value.
4. **Transfer Rights** - the rights given under this policy can be transferred directly to another individual taking on the full responsibility of the **pet** provided **you** obtain **our** consent. In order to transfer the rights of **your** policy, please contact **our** Customer Services Department using the details in Section 1. Transfer of rights may result in a change to the **premium** amount.
5. **Telephone Recording** - to improve the quality of **our** service, **we** will be monitoring and recording some telephone calls.
6. Failure to comply with any condition of this policy may result in the suspension or the stopping of the benefits.
7. **We** have a regulatory obligation to prevent fraud. In the event of a claim, any information **you** have supplied relevant to this insurance and on the claim form, together with other information relating to the claim may be shared with other insurers in order to prevent fraudulent claims.

## SECTION 6 - 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:

**Ring the helpline if you need medical advice regarding your pet**

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 **0330 123 1923**. 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. Should this then result in **you** needing to make a claim, please contact **our** Claims Department on **0330 123 1922** as soon as possible.

#### Step 1 Check with your vet

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

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

**You** can download a claim form online at: [www.support.cardifpinnacle.com](http://www.support.cardifpinnacle.com) or alternatively request one from **our** Claims Department on **0330 123 1922**. 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 send **us your** claim form within 6 months of the first date of **treatment** or within 6 weeks of the end of the **policy year** if the **treatment** is not complete by that time. Failure to do so will result in non payment of **your** claim unless there are exceptional circumstances.

#### Step 4 Return the Claim Form

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

### B. ALL OTHER CLAIMS:

#### Step 1 Request a Claim Form

Request a claim form from **our** Claims Department on **0330 123 1922**.

#### 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) receipts for any advertising costs and rewards.

Before incurring any advertising or reward costs please contact **us** to obtain approval.

##### 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.

If **you** live and work in the Channel Islands or the Isle of Man, in respect of any Sections relating to HM Revenue & Customs, the local equivalent shall apply.

## SECTION 7 - IF YOU HAVE A CONCERN

### 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 **0330 123 1922**.

### B. IMPORTANT INFORMATION

**Your** helpcover Pet Insurance is underwritten under policy number 02238 (1<sup>st</sup> February 2007) by Pinnacle Insurance plc.



