# INSURANCE FACTORY LIMITED

***POLICY DOCUMENT* – FOR POLICIES PREFIXED WITH UIS/IFL**

Policy Booklet Number : UIS/IFL/WBA

Policy Booklet Effective Date : February 2023

UIS PET ESSENTIALS (ACCIDENT), UIS PET DIRECT (12-MONTH £2,000), UIS PET DIRECT (12-MONTH

£4,000), UIS PET PREMIER (£4,000), UIS PET PREMIER (£6,000) COVERS

# Policy Wording

**This is *Your* Policy Document**

This document explains exactly what cover is provided and contains the terms and conditions of *Your* policy. This document, together with *Your* application for cover and *Schedule,* forms the policy and should be read as one document. The *Schedule* contains information about *You*, *Your Pet*, the period of cover and the premium. *We* have included all the various cover levels *We* offer within this one *Policy Document*. *You* only need to read the parts relevant to the cover *You* have selected*.* Please look at *Your Schedule* to confirm what level of cover *You* have selected. If *You* are unsure, please contact Insurance Factory Limited.

Words that appear in italics have a special meaning, which are defined under the definitions section of this document.

As long as *You* keep to the conditions of this policy, *We* agree to provide *You* with one calendar month of cover for each monthly payment *We* receive from *You* from the *Commencement Date* of the insurance. In the event of payment default *You* have 7 days from this date to contact *Us* to arrange payment. If payment is not received *Your* policy will be cancelled from the date that payments for cover ceased and *You* will not be entitled to any of the benefits provided by *Your* policy after this date.

This policy provides cover for the cost of *Veterinary Fees* if *Your Pet* suffers from a sudden and unexpected *Injury* or *Illness* (*Illness* cover not applicable for UIS Pet Essentials (Accident) Cover) together with other benefits depending on the level of cover *You* have selected. *You* are entitled to use the services of any registered veterinary practitioner in the UK, Channel Islands and the Isle of Man. *Veterinary Fees* are defined in Sections 1 & 2 of this document and are subject to stated limits, *Excesses* and applicable *Waiting Periods*.

Consumer Insurance (Disclosure and Representations) Act 2012

In entering into this contract *You* are under a duty to take all care in answering all questions in relation to this insurance honestly and to the best of *Your* knowledge. This includes anything that appears within *Your Policy Schedule* as well as any information relating to *Your Pet’s* medical history.

*Your* failure to take reasonable care to avoid misrepresentation in relation to the information provided could result in Y*our* policy being cancelled or Y*our* claim being rejected or not fully paid. If Y*ou* are in any doubt about

Y*our* duty to take reasonable care not to make a misrepresentation please contact *Our* Customer Services Department on 0330 102 5741.

This policy is a fixed-term contract of insurance not a continuous permanent health policy. It provides cover for *Your Pet* while *You*, or anyone acting with *Your* permission, is looking after it. *We* will only provide cover once Insurance Factory Limited, the administrator of this policy*,* have accepted a completed application and issued a *Schedule* on *Our* behalf.

It is up to *You* to ensure that the cover *You* have selected is appropriate for *Your* needs. *We* cannot advise *You* on whether this policy meets *Your* personal objectives, financial situation or needs. If *You* have any questions regarding this policy or *You* would like to make changes or additions to this cover, please contact Insurance Factory Limited on 0330 102 5741.

*You* must notify *Us* as soon as possible of any changes which may affect the cover provided and which have occurred since the cover started. If *You* do not inform *Us* of any changes, this policy may become invalid and may be unlikely to provide the cover *You* require.

This policy does not cover every circumstance or expense and *We* have some exclusions that help keep premiums affordable. A list of the exclusions applicable to each section is included after each section, and a list of general exclusions, which apply to all sections of cover, can be found in Section 10 of this document.

In return for payment of the correct premium, *We* will provide insurance for the *Pet* named on the *Schedule* for the *Benefit Limit*s noted on the *Schedule* as per the policy terms and conditions as set out in this document.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cover**  Maximum *Benefit Limits*: | **UIS Pet Essentials (Accident)** | **UIS Pet Direct (12-Month**  **£2000)** | **UIS Pet Direct (12-Month**  **£4000)** | **UIS Pet Premier (£4000)** | **UIS Pet Premier (£6000)** |
| **Section 2.** *Veterinary Fees*:   * *Benefit Limit* Per *Condition* Per *Policy Period#*: | £2,000 | £2,000 | £4,000 | £4,000 | £6,000 |
| * Cover Type | Renewing Benefit | 12 Months | 12 Months | Renewing Benefit | Renewing Benefit |
| *Complementary Medicine*\*: | £300 | £300 | £300 | £300 | £300 |
| CT/MRI Scans and *Associated Costs\*:* | £500 | £500 | £1000 | £1000 | £1500 |
| Cruciate ligament\* | £500 | £2,000 | £4,000 | £4,000 | £6,000 |
| *Dentistry* as a direct result of an *Accident*/*Injury*\*: | £500 | £2,000 | £4,000 | £4,000 | £6,000 |
| Special Diet\*: | N/A | £100 | £100 | £100 | £100 |
| *Veterinary Fees Excess* (Per *Condition Per Year\*\*\*\**): | £75\*\*\* | £75\*\*\* | £75\*\*\* | £75\*\*\* | £75\*\*\* |
| **Section 3.** Death of Pet from *Accident* or *Illness*\*\*: | £500 | £500 | £500 | £500 | £500 |
| **Section 4.** Emergency Boarding Kennel/Cattery: | N/A | £500 | £500 | £500 | £500 |
| **Section5.** Loss by Theft or Straying\*\*: | N/A | £500 | £500 | £500 | £500 |
| **Section 6.** Third Party Liability (Dogs Only): | N/A | £1,000,000 | £1,000,000 | £1,000,000 | £1,000,000 |
| Third Party Liability *Excess*: | N/A | £250 | £250 | £250 | £250 |

# COVER SUMMARY OF APPLICABLE BENEFITS

## Important Notes:

**Renewing Benefit means that each separate *Condition* will be covered up to the *Benefit Limit* in each *Policy Period* as long as the policy is in force and premiums are paid up to date.**

## 12 Months cover means that a *Condition* will be covered for a maximum period of 12 months from the date that the *Condition* was first noted or showed *Clinical Signs*, or until the *Benefit Limit* is reached whichever comes first after which time the *Condition* will be excluded from future cover.

\* For the avoidance of doubt, please note that the *Benefit Limit,* for *Complementary Medicine,* CT/MRI scans and *Associated Costs*, *Dentistry* and Special Diet is included within the maximum *Veterinary Fees Benefit Limit* as per the cover *You* have selected.

\*\* A one off payment up to the maximum *Benefit Limit* upon the Death or loss of *Your Pet* up to the age of 8 years old. For *Our* UIS Pet Essentials (Accident) the payment is only made where the death is accidental.

\*\*\* Please note that, if *Your* pet is aged 8 or over, *You* will have to pay 15% towards each claim for *Veterinary Fees*, *Complementary Medicine,* CT/MRI scans and *Associated Costs*, *Dentistry* and special diet. This is in addition to the applicable standard *Excess* and will also apply to *Continuation Claims*.

*\*\*\*\* Veterinary Fees Excess*: For UIS Pet Essentials (Accident) and UIS Pet Premier policies the *Excess* applies per

*Condition* per *Policy Period*. For UIS Pet Direct policies, the *Excess* applies per *Condition* only. # For UIS Pet Direct policies the *Benefit Limit* only applies per *Condition*.

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# SECTION 1 – DEFINITIONS

When interpreting this policy:

* References to the singular include the plural and vice versa, and to the masculine include the feminine and vice versa.
* Monetary references are to UK pounds sterling.
* Certain words and expressions used in this policy have a specific meaning.

The following words will have the meanings described below wherever they appear in this document.

*Accident* means a sudden, unforeseen, and unintended event causing *Injury* to *Your Pet. Anniversary Date* means the anniversary of the *Commencement Date* of *Your* Policy.

*Application Form* means *Your* application for this Pet Insurance containing the facts disclosed to *Us*.

*Associated Costs* means general anaesthetic/sedation, drugs administered for the *Treatment*, one day’s hospitalisation and interpretation fees.

*Benefit Limits* means the total amount payable per claim or per *Condition* per each section of coverage. The maximum *Benefit Limit* that *We* will pay for a single *Condition*, a *Recurring Condition* or a Chronic *Condition* suffered by *Your Pet* is the *maximum Benefit Limit* that was current in the *Policy Period* when the *Condition* is first manifested, as stated in *Your Policy Schedule.* If *You* stop making premium payments to *Us* then cover for any ongoing *Condition* will cease.

*Chronic Condition* means a *Condition* which, once developed, is deemed incurable or is likely to continue for the remainder of *Your Pet*’s life.

*Clinical Signs* means changes in *Your Pet*’s normal healthy state, its bodily functions or behaviour.

*Complementary Medicine* means physiotherapy, hydrotherapy, acupuncture, homeopathic or herbal medicines or laser *Treatment* administered by a suitably qualified practitioner following a recommendation from a qualified *Vet*. The following practitioners are considered to be suitably qualified and members of the following listed associations: Association of Chartered Physiotherapists in Animal Therapy/ National Association of Veterinary Physiotherapists, The International Association of Animal Therapists, Canine Hydrotherapy Association, International Veterinary Acupuncture Society (IVAS), Association of British Veterinary Acupuncturists (ABVA) and the British Veterinary Rehabilitation and Sports Medicine Association (BVRSMA). Laser *Treatment* must be to treat a *Condition* and the *Treatment* must be carried out by a qualified veterinary surgeon.

*Commencement Date* means the date and time when the *Policy Period* first starts as noted in the *Schedule.*

*Condition* means any *Injury* sustained during, or resulting from, a single *Accident* or any manifestation of an *Illness* having the same diagnostic classification or resulting from the same disease process regardless of the number of incidents or areas of *Your Pet*’s body affected. Please note for *Our* UIS Pet Essential (Accident) policy, this definition only applies to *Accidents and* does not include *Illness.*

*Continuation Claim* means any claim for on-going *Treatment* for a *Condition* which has already been claimed for under this policy and which can be linked back to the original claim. If two or more claims are initially assessed as separate *Conditions* then later recognised as a continuation/recurring/or bilateral conditionand/or claim, *We* will combine each related claim and consider as one *Condition*. The total amounts paid for each related claim shall then be deducted from the *Benefit Limit* applicable. Should this result in the *Benefit Limit* being reached or exceeded, no further claims for that *Condition* will be paid and any overpayment will be requested back and/or deducted from future claims.

*Co-payment* means the percentage amount *You* are required to pay, as shown in *Your Schedule*, towards the costs of the *Veterinary Fees* in addition to the *Excess*. This amount will be deducted from the claim settlement.

*Dentistry* means *Treatment* to the teeth and gums of *Your Pet* which is as a direct result of an *Accident* or *Injury*

to *Your Pet*.

*End Date* means the date on which this policy ends, which will be the earliest of the following:

* The date *Your Pet* dies; or
* The expiry of the current *Policy Period*:
  + if *You* fail to renew this policy; and/or
  + *We* choose not to renew this policy for whatever reason; or
* The date *You* fail to pay the premium; or
* The date *You* cancel this policy; or
* The date *We* cancel this policy for whatever reason

*Excess* means the first amount of a claim as shown in the *Schedule* that is payable by *You* for each *Illness* or accidental *Injury Condition* treated during each 12 month *period* or as stipulated in the *Schedule* in respect of Third Party Legal Liability. The *Excess* is not deducted from the *Benefit Limit*.

*Illness* means Any changes in your pet's state of health that are: - not caused by an accident, or - may be resulting from gradual or biological cause.

*Immediate Family means Your* parent, brother, sister, son, daughter, spouse, life partner or civil partner.

*Injury* means clinical signs or symptoms of changes in normal healthy state resulting from one individual accident, including directly or indirectly related problems, no matter where these are noticed or occur in or on your pet.

*Period of Insurance* means a calendar month for which *You* have paid *Us* the agreed premium

*Pet* means a dog or cat covered under this policy and named and described in *Your Schedule.*

*Policy Documents* means *Your* policy wording, statement of fact, insurance product information document and *Schedule* which contain important information about *You*, *Your Pet* and *Your* policy. All of these documents should be read as one.

*Policy Period* means a period of 12 calendar months, effective from the *Commencement Date* or the *Anniversary Date* of *Your* policy.

*Pre-existing Condition* means any illness or injury or complication directly resulting from another injury or illness, whether diagnosed or undiagnosed or that has been identified or investigated by a vet or is otherwise known to you prior to the start of the insurance.

*Recurring illnesses* shall be considered as one loss. Such *illnesses* being defined as:

* Clinical manifestations resulting in the same diagnosis (regardless of the number of incidents or areas of the body affected) to which your pet has an on-going predisposition or susceptibility related in any way to the original claim; or
* Illnesses, which are incurable and likely to continue for the remainder of your pet’s life.

*Recurring injuries* shall be considered as one loss. Such injuries being defined as:

* Clinical manifestations resulting in the same diagnosis (regardless of the number of injuries or areas of the body affected) to which your pet has an on-going predisposition or susceptibility related in any way to the original claim, or:
* Injuries which are incurable and likely to continue for the remainder of your pet's life, or:
* Multiple injuries being caused by or resulting from one accident will be treated as one loss.

*Schedule* means the document which contains important information about *You* and this policy and forms part of the *Policy Document*.

*Treatment* means any consultation, examination, advice, tests, x-rays, slides, ultrasound and MRI, medication, surgery or nursing care that has taken place and been provided by a veterinary practice or qualified practitioner recommended by a *Vet.*

*Insurance Factory* means Insurance Factory Limited, who on behalf of West Bay Insurance Plc is the administrator for all sections of this policy and whose office is situated at 2nd Floor, 5000 Lakeside, North Harbour, Western Road, Portsmouth, PO6 3EN, Company Registration number 6740793, and who can be contacted on 0330 102 5741 and/or [customerqueries@insurancefactory.co.uk.](mailto:customerqueries@insurancefactory.co.uk) Insurance Factory Limited (FCA No. 306164) are authorised and regulated by the Financial Conduct Authority.

*United Kingdom* means England, Scotland, Wales, Northern Island and the Isle of Man.

*Unlicensed Medication* means any medication that is not licensed by the Veterinary Medicines Directorate for

*Treatment* of a particular *Condition*.

*Unlicensed Treatment* means any *Treatment* that is not licensed by the Royal College of Veterinary Surgeons or any *Treatment* that is being trialled.

*Vet* means a member of the Royal College of Veterinary Surgeons actively working as a veterinary surgeon in the *UK* or veterinary surgeon registered and actively working outside the *UK.*

*Veterinary Fees* means customary, necessary and essential fees typically charged by a *Vet* in the provision of

*Treatment*.

*Waiting Period* means a period of 14 days for *Illness* and 24hrs for *Accidents* starting from the *Commencement Date* of the initial *Policy Period* during which any *Illness* or *Accident that* occurs or shows *Clinical Signs* will be excluded from cover unless otherwise agreed by *Us*. If *You* upgrade *Your* policy from a *Crystal* policy to any policy which includes *Illness* cover the 14 days *Waiting Period* for *Illness* will apply from the transfer date.

*We, Our, Us* means Insurance Factory Limited whose administration office is situated at 2nd Floor, 5000 Lakeside, North Harbour, Western Road, Portsmouth, PO6 3EN. Company Registration number 02982445, and who can be contacted on 0800 952 0692. Insurance Factory Limited (FCA No. 306164) is acting as administrators for: West Bay Insurance Plc, registered in Gibraltar No 84085.Registered Office: 846-848, Europort, Gibraltar. Regulated by the Gibraltar Financial Services Commission and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority in respect of underwriting Insurance business in the UK (Financial services Register Number 211787) These details can be checked on the Financial Services Register at [www.fca.org.uk](http://www.fca.org.uk/) or the Prudential Regulation Authority on 020 7601 4444.

West Bay Insurance Plc. is a member of the Association of British Insurers.

*Your Vet* means the *Vet* or veterinary practice *You* employ to carry out *Your Pet’*s *Treatment*. *You, Your* means the person named as the policy owner on the *Schedule.*

## All defined terms appear in italics throughout this document

**SECTION 2A – *VETERINARY FEES:* (UIS PET ESSENTIALS (ACCIDENT)**

## 2A.1 Cover

*We* will pay the claim amount, for normal and customary *Veterinary Fees* up to the maximum *Benefit Limit* as shown in *Your Schedule* for *Treatment* and/or for *Complementary Medicine* and/or for cruciate ligament and/or for CT/MRI Scans and *Associated Costs* and/or for *Dentistry* up to a maximum *Benefit Limit* as shown in *Your Schedule,* following *Your Pet* being involved in an *Accident* and/ or suffering an *Injury.* The *Benefit Limit* is applied separately to every unrelated *Injury* or *Condition* claimed for per *Policy Period.*

For the avoidance of doubt, please note that the *Benefit Limits* for *Complementary Medicine*, cruciate ligament, CT/ MRI Scans and *Associated Costs* and *Dentistry* is included within the maximum *Benefit Limit* amount of £2,000.

**If total *Veterinary Fees* appear likely to exceed £1,000 *You* must tell *Insurance Factory* immediately for pre- authorisation as *We* may wish to obtain a second opinion from *Our* veterinary advisor.**

The following example explains how to calculate co-payment *You* would pay using a valid Veterinary Fee of £400

Amount Claimed £400

Less *Excess* £75 £325

Less *Co-Payment* 15% = £48.75 £276.25

Total paid by *You* £123.75

Total paid by *Us* £276.25

**2A.2 Level of *Veterinary Fees* allowed**

Every claim will be reviewed by an internal pet claims assessor and compared to charges for the same or similar *Treatment* to ensure that the *Treatment* and *Veterinary Fees* are reasonable, necessary, essential and not excessive. *We* have the right to deduct any costs in excess of a 100% mark up on the manufacturers or wholesalers price of veterinary medicines, This will include any dispensing fees.

**2A.3 Cruciate Ligament Damage and CT/MRI Scans and *Associated Costs***

*We* will pay up to the *Benefit Limit* as shown in *Your Schedule* for cruciate ligament damage. This is not a separate benefit but is limited under *Veterinary Fees*. *We* will pay up to the *Benefit Limit* as shown in *Your Schedule* for CT and MRI scans and *Associated Costs.* If *Your* limit for cruciate ligament is reached and *Your Pet* needs a CT/MRI scan relating to the cruciate this will not be covered.

**2A.4 *Dentistry***

*We* will pay up to the *Benefit Limit* as shown in *Your Schedule* for *Dentistry Treatment* as a direct result of an *Accident* and/or *Injury* to *Your Pet.* This is not a separate benefit but is limited under *Veterinary Fees*. *We* will not cover any *Illness* related *Dentistry* or *Illness* resulting from *Dentistry Treatment*.

## 2A.5 Exclusions

The following are excluded fromcover:

2A.5.1 Any *Illness*;

2A.5.2 Any costs in excess of £500 as shown in *Your Schedule* relating to cruciate ligament as a result of an *Accident*;

2A.5.3 Costs resulting from an *Injury* or *Condition* that:

2A.5.3.1 is the same as or has the same diagnosis or *Clinical Signs* as an *Injury* or

*Condition Your Pet* had before the *Commencement Date*;

2A.5.3.2 is caused by, relates to or results from an *Injury* or *Condition Your Pet had*

before the *Commencement Date*;

2A.5.3.3 occurred within 24 hours of the *Commencement Date.*

2A.5.4 Costs resulting from or related to any excluded *Condition* as shown in the *Schedule*;

2A.5.5 Costs for cosmetic *Treatment*, elective *Treatment*, routine *Treatment* or preventative *Treatment* recommended by a *Vet* to prevent an *Injury*. This is not limited to but includes vaccination, spaying, castration, Cryptorchidism (retained testes), grooming, nail clipping, breeding, whelping, kittening, bathing, de-matting, killing and controlling fleas and worms, spaying to prevent the re-occurrence of false pregnancy and any claims as a result of these procedures unless specifically noted on the *Schedule*;

2A.5.6 Costs for any *Treatment* relating to or resulting from breeding *Your Pet* and any complications that may occur as a result of these procedures;

2A.5.7 Any dental or gum *Treatment*, unless required as a direct result of an *Accident* or *Injury* to

*Your Pet;*

2A.5.8 Any routine, preventative or cosmetic dental or gum *Treatment*; or scaling and polishing teeth;

2A.5.9 *Treatment* received by *Your Pet* after the *End Date*;

2A.5.10 The cost of any Treatment if a claim has not been submitted within 90 days of the first date

*Your Pet* received *Treatment*;

2A.5.11 The cost of any *Treatment* for behavioural problems or for any *Condition*s arising as a result of the same;

2A.5.12 Services at emergency clinics are included, but the additional cost incurred as a result of an out-of-hours consultation fee (over and above that of a normal *Vet* consultation fee) will only be covered if it is deemed by *Us* that *Your Pet* required such attention to alleviate acute pain, suffering or was at risk of a life-endangering *Condition*, *Your* personal circumstances will not be covered;

2A.5.13 Ambulance fees from *Your* home or normal veterinary clinic to a transferred night veterinary clinic, hospital or referral clinic;

2A.5.14 Costs of putting *Your Pet to sleep* for financial reasons or because of behavioural problems;

2A.5.15 Costs of cremation and disposal, including post mortem, burial fees, coffins or caskets; 2A.5.16 Costs of putting *Your Pet* to sleep except to alleviate incurable and inhumane suffering

and *Your Vet* has recommended it;

2A.5.17 Costs which are not supported by an original receipt or invoice itemising the *Treatment*

costs incurred;

2A.5.18 Costs incurred as a result of *Your* failure to carry out *Treatment* or recommendations to adjust *Your Pets* weight in accordance with *Your Vets* advice.

2A.5.19 Any costs associated with routine or investigative laboratory tests or procedures unless the *Clinical Signs* /symptoms exist and the tests and procedures are to diagnose a specific *Condition*;

2A.5.20 Extra fees on external laboratory fees. *We* will only pay the external fee plus up to £20 for post and packaging and interpretation;

2A.5.21 Any cost of pheromone products, including DAP diffusers and Feliway and/or similar feline [facial pheromone](http://www.feliway.com/gb/Cat-behaviour/Feline-Marking-Behaviour/Facial-Marking#facialmarking) products used in either a spray or an electric diffuser format and any general heath enhancers;

2A.5.22 *Continuation Claims* unless *You* have paid the required premiums to keep *Your* policy in force;

2A.5.23 Any payment due to *You* where *You* have failed to pay the relevant premium due to *Us* or *You* cancel *Your* Policy before an outstanding claims payment is made. Please note *We* will not be liable to pay any outstanding claims in these circumstances;

2A.5.24 Any *Unlicensed Treatment* or any complications arising from this;

2A.5.25 Any *Unlicensed Medication* unless proved that all other licensed medication has been given with no effect and that the *Unlicensed Medication* has been proven to have a beneficial affect for that *Condition*. *We* will not pay for any complications arising from this *Treatment*;

2A.5.26 The *Excess* and *Co-payment* applicable to this section of cover;

**Please note that, if *Your Pet* is aged 8 or over, *You* will have to pay 15% towards each claim for *Veterinary Fees*, *Complementary Medicine*, special diet, cruciate ligament, CT/MRI Scans and *Associate Costs* and *Dentistry*. This is in addition to the applicable standard *Excess* and will also apply to *Continuation Claims*.**

**SECTION 2B – *VETERINARY FEES*:**

# (ALL COVERS EXCEPT UIS PET ESSENTIALS (ACCIDENT)

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

**2B.1 COVER FOR UIS PET DIRECT**

*We* will pay the claim amount, for normal and customary *Veterinary* Fees up to the maximum *Benefit Limit* as shown in *Your Schedule* for *Treatment* and/or for *Complementary Medicine* and/or special diet and/or for cruciate ligament and/or for CT/MRI Scans and *Associated Costs* and/or *Dentistry* up to a maximum *Benefit Limit* as shown in *Your Schedule*. The *Benefit Limit* is applied separately to every unrelated *Injury*, *Illness* or *Condition* claimed for. Payments shall be limited to costs incurred within 1 calendar year from the date the *Condition* is first treated or the *Maximum Benefit Limit*, whichever is reached first and subject to renewal. If *You* stop making premium payments to *Us* then cover for any ongoing *Conditions* will cease.

**COVER FOR UIS PET PREMIER**

*We* will pay the claim amount, for normal and customary *Veterinary F*ees up to the maximum *Benefit Limit* as shown in *Your Schedule* for *Treatment* and/or *Complementary Medicine* and/or special diet and/or for cruciate ligament and/or for CT/MRI Scans and *Associated Costs* and/or *Dentistry up* to a maximum *Benefit Limit* as shown in *Your Schedule*. The *Benefit Limit* is applied separately to every unrelated *Injury*, *Illness* or *Condition* claimed for per *Policy Period*.

For the avoidance of doubt, please note that the *Benefit Limit* for *Complementary Medicine*, special diet, cruciate ligament, CT/MRI Scans and *Associated Costs* and *Dentistry* is included within the maximum *Benefit Limit* amount as shown in *Your Schedule*.

**2B.2 Level of *Veterinary Fees* allowed**

Every claim will be reviewed by a Vet Nurse and compared to charges for the same or similar *Treatment* to ensure that the *Treatment* and *Veterinary Fees* are necessary, essential and not excessive. *We* have the right to deduct any costs in excess of a 100% mark up on the manufacturers or wholesalers price of veterinary medicines. This will include any dispensing fees.

## 2B.3 Special Diet

*We* will contribute to the cost of *Your Pet*’s prescription food, up to a maximum of £100 per *Policy Period* (*Benefit Limit),* as long as it is prescribed by *Your Vet* and can only be brought from a veterinary surgery or online pharmacy and it is to dissolve bladder stones or crystals in urine and for no other purpose. *We* will deduct 53p a tin and £1.00 per kilo of dry food as *Your* normal feeding costs for *Your Pet*. *We* will not be liable for any other dietary costs under this policy. The maximum *Benefit Limit that We* will pay for special diet is the *Benefit Limit* shown in *Your Schedule* for up to 60 days per *Policy Period.* For UIS Pet Direct (12-Month £2000) and UIS Pet Direct (12-Month £4000) covers payments shall be limited to 365 days from the date the *Condition* is first treated subject to renewal. Please note any special diet payment for bladder stones or crystals in urine will cease once these are dissolved, *We* will not continue to pay as a preventative measure to stop the stones re- occurring.

**2B.4 Cruciate Ligament Damage and CT/MRI Scans and *Associated Costs***

*We* will pay up to the *Benefit Limit* as shown in *Your Schedule* for cruciate ligament claims. This is not a separate benefit but limited under *Veterinary Fees. We* will pay up to the *Benefit Limit* as shown in *Your Schedule* for CT/MRI Scans and *Associated Costs*. This is not a separate benefit but limited under *Veterinary Fees.*

**2B.5 *Dentistry***

*We* will pay up to the *Benefit Limit* as shown in *Your Schedule* for *Dentistry* as a direct result of an

*Accident* and/or *Injury* to *Your Pet.*

## 2B.6 Exclusions

The following are excluded from cover:

2B.6.1 Costs resulting from an *Accident* or *Illness that* occurred or first showed *Clinical Signs* before the *Commencement Date* or within the *Waiting Period* of the *Commencement Date*;

2B.6.2 Costs resulting from an *Illness* or *Injury* that;

2B.6.2.1 is the same as or has the same diagnosis or *Clinical Signs* as an *Injury, Illness* or

*Clinical Signs Your Pet* had before the *Commencement Date*;

2B.6.2.2 is caused by, relates to or results from an *Injury*, *Illness or* Clinical *Signs Your Pet* had before *Commencement Date*;

**Please note if *Your Pet* first showed any *Clinical Signs; or Illness;* or was diagnosed with a *Condition* during the *Waiting Period* or prior to the *Commencement Date*, *We* reserve the right to apply an exclusion to *Your Policy* in respect of this *Illness* or *Condition*.**

2B.6.3 Costs resulting from or related to any excluded *Condition* as shown in the *Schedule*;

2B.6.4 Costs for cosmetic *Treatment*, elective *Treatment*, routine *Treatment* or preventative *Treatment* recommended by a *Vet* to prevent an *Injury* or *Illness*. This is not limited to but includes vaccination, spaying, castration, Cryptorchidism (retained testes), grooming, nail clipping, breeding, whelping, kittening, bathing, dematting, killing and controlling fleas and worms, spaying to prevent the re-occurrence of false pregnancy and any claims as a result of these procedures unless specifically noted on the *Schedule*;

2B.6.5 Any costs for the *Treatment* of false pregnancy if *Your Pet* has already received *Treatment*

for two or more occurrences of false pregnancy;

2B.6.6 Any dental or gum *Treatment*, unless required as a direct result of an *Accident* or *Injury* to

*Your Pet* and limited to the *Benefit Limit*;

2B.6.7 Routine, preventative or cosmetic dental or gum *Treatment*; or scaling and polishing teeth;

2B.6.8 Any dental or gum *Treatment* as a direct result ofan *Illness*; 2B.6.9 *Treatment* received by *Your Pet* after the *End Date*;

2B.6.10 The cost of any *Treatment* if a claim has not been submitted within 90 days of the first date *Your Pet* received *Treatment*;

2B.6.11 The cost of any *Treatment* for behavioural problems or for any *Condition*s arising as a result of the same;

2B.6.12 Any costs for house visits or out-of-hours calls will not be covered unless it is deemed by *Us* that *Your Pet* requires such attention to alleviate acute pain, suffering or was at risk of a life-endangering *Condition*. *Your* personal circumstances will not be covered;

2B.6.13 Ambulance fees from *Your* home or normal veterinary clinic to a transferred night veterinary clinic, hospital or referral clinic;

2B.6.14 Costs of putting *Your Pet* to sleep if *Your Pet* is aged 8 years or over;

2B.6.15 Costs of putting *Your Pet to sleep* for financial reasons or because of behavioural problems;

2B.6.16 Costs of cremation and disposal, including post mortem, burial fees, coffins or caskets; 2B.6.17 Costs of putting *Your Pet* to sleep except to alleviate incurable and inhumane suffering

and *Your Vet* has recommended it;

2B.6.18 Costs which are not supported by an original receipt or invoice itemising the *Treatment*

costs incurred;

2B.6.19 Costs incurred as a result of *Your* failure to carry out *Treatment* or recommendations to adjust *Your Pets* weight in accordance with *Your Vets* advice.

2B.6.20 The cost of any diet food, even if prescribed, other than those detailed at 2B.3;

2B.6.21 Any costs associated with routine or investigative laboratory tests or procedures unless the *Clinical Signs* /symptoms exist and the tests and procedures are to diagnose a specific *Condition*;

2B.6.22 Extra fees on external laboratory fees. *We* will only pay the external fee plus up to £20 for post and packaging and interpretation;

|  |  |
| --- | --- |
| Age of *Pet* at the date the *Pet* dies or is euthanised, stolen or strays | Deduction from price paid, fixed amount or amount shown in *Schedule* |
| Up to 1 year old | 0% |
| Over 1 year and up to 2 years old | 10% |
| Over 2 years and up to 3 years old | 20% |
| Over 3 years and up to 4 years old | 30% |
| Over 4 years and up to 5 years old | 45% |
| Over 5 years and up to 6 years old | 60% |
| Over 6 years and up to 7 years old | 75% |
| Over 7 years and up to 8 years old | 90% |
| Over 8 years old | 100% |

2B.6.23 Any cost of pheromone products, including DAP diffusers and Feliway and/or similar feline [facial pheromone](http://www.feliway.com/gb/Cat-behaviour/Feline-Marking-Behaviour/Facial-Marking#facialmarking) products used in either a spray or an electric diffuser format and any general health enhancers;

2B.6.24 *Continuation Claims* unless *You* have paid the required premiums to keep *Your* policy in force;

2B.6.25 Any payment due to *You* where *You* have failed to pay the relevant premium due to *Us* or *You* cancel *Your* Policy before an outstanding claims payment is made. Please note *We* will not be liable to pay any outstanding claims in these circumstances;

2B.6.26 Any *Unlicensed Treatment* or any complications arising from this;

2B.6.27 Any *Unlicensed Medication* unless proved that all other licensed medication has been given with no effect and that the *Unlicensed Medication* has been proven to have a beneficial affect for that *Condition*. *We* will not pay for any complications arising from this *Treatment*;

2B.6.28 The *Excess* and *Co-payment* applicable to this section of cover;

2B.6.29 Costs in *excess* of the *Benefit Limit* shown in the *Schedule* in any *PolicyPeriod*.

**Please note that, if *Your Pet* is aged 8 or over, *You* will have to pay 15% towards each claim for *Veterinary Fees*, *Complementary Medicine*, special diet, cruciate ligament, CT/MRI Scans and *Associate Costs* and *Dentistry*. This is in addition to the applicable standard *Excess* and will also apply to *Continuation Claims*.**

**SECTION 3 - DEATH OF *PET* FROM *ACCIDENT* OR *ILLNESS* (*ILLNESS* IS NOT COVERED ON UIS PET ESSENTIALS POLICY):**

## Cover

If *Your Pet* dies or is euthanised for humane reasons because of *Injury* or *Illness* (*Accident*/*Injury* only for UIS Pet Essentials) during the *Policy Period We* will pay;

* + 1. Where proof of purchase is available; up to the price paid or the amount shown in the *Schedule* (whichever is the lesser) subject to the deduction shown in the table below according to the *Pet’s* age at the date the *Pet* dies or is euthanised, or;
    2. Where proof of purchase is not available; up to £75 for cats and up to £150 for dogs (fixed amount) subject to the deduction shown in the table below according to the *Pet’s* age at the date the *Pet* dies or is euthanised.
    3. Age of *Pet* will be determined by the date of birth as shown on *Your Policy Schedule;*
    4. *You* must advise *Insurance Factory* within 30 days of the death of *Your Pet*.

## Exclusions

The following are excluded from cover:

* + 1. Death from *Illness* where *You* have purchased UIS Pet Essentials policy;
    2. Euthanasia due to any act of any legal or legislative authority for any reason whatsoever, including any order made in respect of a 'notifiable' disease;
    3. Euthanasia due to behavioural problems or for financial reasons; or in the event this was caused by a *pre-existing condition* or *condition* not covered by the insurance.
    4. Death during or after a surgical operation or a general anaesthetic unless a qualified *Vet*

certifies that it was necessary because of *Injury* or *Illness;*

* + 1. Death of any *Pet* aged 8 years or over at the time of death;
    2. Any death resulting from breeding, pregnancy or giving birth;
    3. Any claim if the death has been a result of preventative, routine or elective *Treatment*/ procedure. See *Veterinary Fees*;
    4. Any death caused by an *Illness*/*Clinical Signs* first noticed before the *Commencement Date*

or within the first 10 days of the policy *Commencement Date* (*Waiting Period*).

## Specific Conditions Applicable to Sections 2 and 3

* + 1. If *Your Pet* dies, *You* must arrange and pay for a qualified *Vet* to certify the cause of death and, at *Your* own expense, to conduct a post-mortem examination if *We* require one.
    2. In order to determine the price paid for *Your Pet, You* must provide, at *Your* expense, proof of purchase. If proof of purchase is not forthcoming, *We* will pay up to £75 for cats and

£150 for dogs subject to the deductions in the table above as detailed in3.1 b).

# SECTION 4 – EMERGENCY BOARDING KENNEL/CATTERY FEES:

**(ALL COVERS EXCEPT UIS PET ESSENTIALS (ACCIDENT)**

## Cover

*We* will pay, up to the *Benefit Limit* as noted in the *Schedule* in any one *Policy Period*, for the cost of boarding *Your Pet* for the duration that *You* are registered as an in-patient of a hospital provided *You* have:

* + 1. Any bodily *Injury*, sickness or disease and *You* are in hospital for longer than 4 consecutive days during the *Policy Period*; and
    2. There is no other responsible person who can care for *Your Pet*. *You* must board *Your Pet*

at a licensed kennel or cattery or place it in the care of a professional home carer.

The maximum *Benefit Limit that We* will pay for Emergency Kennel/ Cattery Fees is the *Benefit Limit*

shown in *Your Schedule.*

## Exclusions

The following are excluded from cover:

* + 1. Any claims by *You* for:
       1. any hospitalisation that could reasonably have been expected or foreseen when *You* took out or renewed this policy and any potentially recurring medical *Condition You* or *Your* partner already have;
       2. any costs resulting from *You* or *Your* partner being pregnant, giving birth or any

*Treatment* that is not as a result of an *Injury* or *Illness*;

* + - 1. any hospitalisation that occurs within the first 14 days of the commencement of insurance.
    1. Any claim by *You* for:
       1. costs as a result of any hospital stay that was not on the advice of a doctor, specialist or consultant;
       2. costs as a result of nursing-home care or convalescence care that *You* do not receive in hospital;
       3. costs as a result of *You* being hospitalised due to alcoholism, drug abuse, attempted suicide or self inflicted injuries;
    2. Any claim if:
       1. *We* do not receive original receipts from the boarding kennel or cattery identifying the name of *Your Pet*, the owner's name and address, the date *Your Pet* was cared for by the kennel or cattery and the amounts charged for each day;
       2. *We* do not receive a medical certificate from the hospital *You* attended showing *Your* name, address and the dates of the hospital confinement.

# SECTION 5 - LOSS BY THEFT OR STRAYING:

**(ALL COVERS EXCEPT UIS PET ESSENTIALS (ACCIDENT)**

## Cover

If *Your Pet* is stolen from the address shown in *Your Schedule* or strays *We* will pay:

* + 1. Where proof of purchase is available; up to the price paid or the amount shown in the *Schedule* (whichever is the lesser) subject to the deduction shown in the table in Section 3 above according to the *Pet’s* age at the date the *Pet* is stolen or strays, or,
    2. Where proof of purchase is not available; up to £75 for cats and up to £150 for dogs (Fixed Amount) subject to the deduction shown in the table in Section 3 above according to the *Pet’s* age at the date the *Pet* is stolen or strays.

## Exclusions

* + 1. Theft which does not involve forcible and violent entry to a secure area, such as a pen or

*Your* home;

* + 1. Any reward to a member of *Your* family, to any person known to *You*, or to the person who was caring for *Your Pet* at the time of the incident;
    2. Any claim where *You* or the person looking after *Your Pet* has voluntarily parted with it, or in circumstances where the *Pet*’s loss would not be deemed to have been stolen i.e. abandoned deliberately;
    3. Any loss where the *Pet* is aged 8 years or over at the time of loss.
    4. *Your Pet* must not be found within 45 days of being stolen or straying.

## Specific Conditions

* + 1. In order to determine the price paid for *Your Pet, You* must provide, at *Your* expense, proof of purchase. If proof of purchase is not forthcoming, *We* will pay up to £75 for cats and up to £150 for dogs subject to the deductions shown in the table above as detailed in

3.1 b);

* + 1. *Your Pet* must have disappeared from *Your* address or any other place as may be noted on the Proposal Form or in any endorsement to the policy;
    2. *You* must report the loss of *Your Pet* to at least one rescue centre in the case of a cat and to a dog warden in the case of a dog. In the case of theft *You* must also report the theft to the police and obtain a crime reference number.

# SECTION 6 - THIRD PARTY LEGAL LIABILITY (DOGS ONLY) (ALL COVERS EXCEPT UIS PET ESSENTIALS (ACCIDENT)

## Cover

Where property is damaged accidentally or someone is accidentally killed or accidentally injured or becomes ill as a result of an incident occurring within any member of country or state of the European Union during the *Policy Period* involving *Your* dog and for which *You* are legally responsible *We* will indemnify *You* in respect of:

* + 1. Compensation and the claimant’s costs and expenses;
    2. The legal costs and expenses with *Our* written consent for defending a claim madeagainst

*You* under this Section.

The maximum *We* will pay for Third Party legal Liability is shown in *Your Schedule* in respect of any one occurrence or all occurrences of a series consequent on or attributable to any one original cause or source in any one *Policy Period.*

## Specific Conditions

* + 1. *You* must not admit responsibility, agree to pay any claim or negotiate with any other persons following an incident;
    2. *You* must provide *Us* with any information relating to the claim *We* ask for including detail of *Your* dog’s medical and behavioural history, history of ownership and details of any other insurance policies that might contribute towards compensating the claimant;
    3. *You* agree for *Us* to take charge of *Your* claim and allow *Us* to prosecute, defend or settle the same on terms *We* are advised are legitimate in *Your* name for *Our* benefit;
    4. *You* agree to help *Us* ascertain all the circumstances of an incident leading to a claim, provide written statements and go to court if *We* require it;
    5. *You* must immediately send *Us* any writ, summons or legal documents of whatever nature relating to a claim made against *You* and *You* must never send any replies to such documents.
    6. *You* must pay any policy *excess* due under this section of the policy, as shown on *Your* policy *schedule*, when *We* request it following an incident that may give rise to a claim. Failure to pay the *excess* when requested may result in *Us* refusing to pay additional costs incurred or in *Us* refusing to deal with any third party claim.

## Exclusions

This Section shall not apply to liability in respect of:

* + 1. Any compensation, costs or expenses:
       1. for defending *You* which *We* have not agreed to in writing beforehand;
       2. if *You* are legally liable because of a contract *You* have entered into;
       3. if the claimant is a person who lives with *You*, is a member of *Your Immediate Family* or is employed by *You;*
       4. which involves *Your* employment, profession, occupation or business;
       5. if *You*, a member of *Your Immediate Family* or any person who lives with *You* or is employed by *You* is responsible for or is looking after the property damaged;
       6. Where *Your Pet* is under the control and custody of a professional dog sitter, walker, groomer or other similar professional caring for *Your* dog where payment is made;
       7. where *You* have not followed advice given to *You* by previous owners of *Your*

dog or by any rehoming organisation about *Your* dog’s behavioural traits;

* + - 1. for an incident at *Your* workplace;
      2. if *You* are insured under any other insurance policy that covers the same loss, unless that cover has been exhausted.
    1. Any claims:
       1. arising from loss or destruction of, or damage to, any property, or death of or bodily *Injury* to any person, directly or indirectly caused by pollution or contamination, unless the pollution or contamination is directly caused by a sudden, identifiable, unintended and unexpected incident which occurs in its entirety at a specific time and place during the *Policy Period*. All pollution or contamination which arises out of one incident shall be deemed to have occurred at the time such incident takes place;
       2. arising as a result of any deliberate act;
       3. as a result of any person handling *Your* dog without *Your* permission or consent;
       4. Claims where no legal liability is established.
       5. Claims for an incident which occurs at any place where *You* or members of

*Your* family are subject to a contract of employment.

* + - 1. Any claim if *Your Pet* is acat.
      2. Any claim resulting from *Your Pet* passing on any disease or virus.
      3. Any claim whilst *Your Pet* is being transported in a motorised vehicle.
    1. The *Excess* applicable to this section of cover;
    2. The matters referred to in the General Exclusions, Section 10;
    3. The cost of fines, penalties, punitive, exemplary, aggravated, liquidated and multiple damages;
    4. Any claim or other proceedings against *You* or *Your Immediate Family* lodged or prosecuted in a court outside the United Kingdom.
    5. Any claim where legal liability has not been established.
    6. Any amount in excess of the Third Party Legal Liability limit of Cover, shown on *Your Schedule*, in respect of all claims occurring under section 9 during the *Policy Period*.

# SECTION 7 - GENERAL CONDITIONS

## General Conditions

* + 1. If at the time of an event giving rise to a claim under this policy, there is any other insurance policy in *Your* name which is in force and which provides cover for the same expense, loss, damage or liability then *We* will only be liable for *Our* proportionate value of the claim, such proportion being determined by reference to the cover provided under each of the relevant policies. This General Condition does not apply to Section 6 – Third Party liability (Dogs Only).
    2. A dog on a public highway must be on a collar and lead under control. Appropriate steps must be taken to ensure a dog does not escape or stray and any area in which a dog is kept must be secure and appropriately fenced or otherwise secured.
    3. *You* must be the owner of *Your Pet* who must live with *You* at *Your* home address, as detailed within *Your Schedule*. If *You* are no longer the owner or *Your Pet* stops living with *You* at *Your* home address *You* must notify *Us* immediately as this may invalidate *Your* policy or reduce the level of claim payments. *You* must live in the UK where *You* and *Your Pet* live permanently for at least 9 Months within the *Policy Period*.
    4. *You* must inform *Insurance Factory* as soon as possible of any change in circumstances relevant to this policy, including change of address. Failure to do so may invalidate this policy or reduce the level of claims payment. *We* may alter the terms of this policy when *We* are notified of such changes.
    5. During the *Policy Period You* must take care of *Your Pet* including arranging and paying for any *Treatment* normally recommended by *Your Vet* to prevent or reduce the risk of *Illness* or *Injury*.
    6. *You* must ensure that *Your Pet* is vaccinated against distemper, hepatitis, leptospirosis, parvovirus for dogs, kennel cough when entering a boarding kennel or show, and feline infections such as enteritis, feline leukaemia and cat flu for cats. *You* must also agree to

have *Your Pet* vaccinated against any other disease a *Vet* feels is necessary. *You* must keep

*Your Pet’s* vaccinations up to date, as recommended by *Your Vet.*

* + 1. *You* must ensure that *Your Pet* is wormed and flea treated regularly and if there is a risk of contagion, to keep *Your Pet* isolated from the same.
    2. *You* must not misrepresent, mis-state, omit or conceal any Information, (such as current and past health of *Your Pet,* previous medical *Treatment* or *Conditions*, behavioural issues, previous or existing legal proceedings against *You* in respect of *Your Pet* etc) from the application for this insurance or when renewing it or claiming against it. Failure to do so may result in *Us* cancelling or voiding this policy, retaining any paid premiums or reducing the level of claims payments depending on the circumstances in respect of any *Policy Period*.
    3. If *We* offer further *Policy Periods, We* may, at *Our* sole discretion amend the premium and/or terms and conditions of *Your* policy.

## Rights of Third Parties

The parties do not intend any term of this agreement to be enforceable pursuant to the Contracts (Rights of Third Parties) Act 1999 nor any amendments to the Act or replacement legislation.

* + 1. *You* must arrange for a *Vet* to examine and treat *Your Pet* as soon as possible after it shows *Clinical Signs* of an *Injury* or *Illness*. If *We* can see evidence in *Your Pet’s* clinical history that there has been any delay in arranging veterinary *Treatment We* will refer the case to an independent *Vet*. If it can be established that the delay in arranging *Treatment* has or is likely to result in additional costs or expenses being incurred *We* reserve the right to either refuse to admit the claim or make a deduction from any settlement to reflect these increased costs or expenses.
    2. *We* are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in *Your* name for *Our* benefit against any other party.

# SECTION 8 - HOW TO CLAIM

* 1. In the event of an *Accident*, *Injury*, *Illness*, loss, destruction or damage giving rise or likely to give rise to a claim under this policy, *You* must either:
     1. Download a claim form from [www.uispet.com](http://www.uispet.com/) or submit *Your* claim online;
     2. Contact *Insurance Factory* by email at petclaims@insurancefactory.co.uk;
     3. Contact *Insurance Factory* by telephone on 0330 102 5745 and request *Insurance Factory* to send *You* a claim form. Full instructions of how to complete the claim form will be provided. *You* must co-operate fully and truthfully to give *Insurance Factory* any information they may need.

## Notification of Claims of Cost

**If total *Veterinary Fees* are likely to exceed £1000 *You* must notify *Insurance Factory* as soon as is practical on 0330 102 5745 for pre-authorisation as *We* shall obtain a second opinion from *Our* veterinary advisor.**

# SECTION 9 - CONDITIONS OF SETTLING CLAIMS

* 1. If requested by *Insurance Factory*, the *Vet* attending to *Your Pet* or the usual or previous *Vet* must, at *Your* expense, provide *Insurance Factory* with all information about *Your Pet*, including its full medical history or its *Treatment* as *Insurance Factory* may require.
  2. *You* and *Your Vet* will have to complete all applicable sections on one of *Our* claim forms and submit the same to *Insurance Factory* before a claim can be assessed by *Insurance Factory*. An incomplete claim form will be returned and this will delay settlement of claims. *We* will not pay any fee charged by *Your Vet* for completing the claim form. *Your* fully completed claim form should be returned to *Us* without undue delay and in any event within 90 days of the incident occurring or *Your* renewal if sooner.
  3. As to Sections 3 & 5 in order for a claim to be made it is *Your* responsibility to prove the price paid for *Your Pet* by providing proof of purchase as *Your* expense when requested*.* If proof of purchase is not forthcoming, *We* will pay up to £75 for cats and up to £150 for dogs subject to the deductions shown in the table above as detailed in 3.1.b).
  4. For a claim under Section 5 *You* must provide *Us* with documentary evidence of the reward offer made and details of the beneficiary.
  5. *You* must continue to pay *Your* premium in order to receive payment for claims. In the event *You* fail to pay *Your* premium, lapse *Your* policy or cancel *Your* policy, all claims payments will cease from the date the policy is either lapsed or cancelled, or from the date of default in the event of non-payment, and no further monies will be due from Us.
  6. *We* have the discretion to pay a claim for an *Accident* that occurred within the first 24 hours, subject to independent evidence to support that the *Accident/Injury* occurred after the policy was incepted.

# SECTION 10 - GENERAL EXCLUSIONS

* 1. Any *Pre-existing Conditions*.
  2. Any claims for *Illness* under UIS Pet Essentials (Accident) Cover.
  3. Any claims for *Illness* displaying *Clinical Signs* within 14 days of *Commencement Date* for all covers except UIS Pet Essentials (Accident).
  4. Any claims for an Accident which occurs within 24 hours of the Commencement Date.
  5. Any claims arising from *Your Pet* being neutered or spayed.
  6. Any claim arising as a result of any sexually transmitted disease, rabies, Aujesky's disease, leishmaniasis, epidemic outbreaks or any 'notifiable' disease as listed by DEFRA.
  7. *We* will not pay a claim that is in any way untrue or fraudulent, or arises from a malicious, wilful or criminal act on the part of any person.
  8. Any claims arising as a result of Act of Parliament, by law or central or local government regulation.
  9. *We* will only pay costs which are incurred as a direct consequence of the event which led to theclaim

*You* are making under this policy.

* 1. Any claims arising as a result of *Your Pet* undergoing organ transplants or any experimental surgical procedures.
  2. Any loss or damage to any property, or any legal liability, directly or indirectly caused by or contributed to or arising from:

## ionising radiations or contamination by radioactivity from any nuclear fuel, or from any nuclear waste from the combustion of nuclear fuel, the radioactive, toxic, explosive, or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly;

* + 1. **war, invasion, act of foreign enemy, hostilities (whether war has been declared or not), civil war, rebellion, revolution, insurrection, military or usurped power.**
  1. Any loss, *Injury*, damage, death or legal liability directly or indirectly caused by, happening through, in consequence of or contributed to:
     1. An epidemic, pandemic or other such health warning, and declared as such by the World Health Organisation;
     2. Arising from any fear or threat (whether actual or perceived) of such epidemic or pandemic being declared or occurring;
     3. Any action taking in controlling, preventing, suppressing or in any way relating to any outbreak of such epidemic or pandemic.

If *We* allege that, by reason of this exclusion, any claim is not covered by this policy the burden of proving the contrary shall be *Your* responsibility.

* 1. Any loss arising as a result of a disease transmitted from animals or birds to humans.
  2. *We* shall not be liable where *We* have not received the correct premium before the start of each

*Period of Insurance*.

* 1. *We* shall not be liable under this policy unless *You* have complied with all the terms, conditions and endorsements of this policy.
  2. *We* shall not pay any claims where *Your Pet* has been used in any trade, profession or business, including breeding, unless *We* have agreed in writing to cover such use. Show dogs are covered.
  3. *We* shall not be liable for any claims of any kind which are caused by *Your Pet* straying, escaping, damaging property, or attacking persons or *Pets* if *Your Pet* has done this before.

## Excluded Dogs

* + 1. Any dogs used for trade, profession or business.
    2. The following dogs, as outlined in the Dangerous Dogs Act 1991, are specifically excluded from cover under any section of this policy:
       - Pit Bull Terrier
       - Japanese Tosa / Tosa Inus
       - Dogo Argentino (also referred to as Argentine Dogo and Argentinian Mastiff)
       - Fila Brasileiro

Including any “type”, as defined in the Dangerous Dogs Act 1991, considered to match the description of a prohibited “type”; any breed crossed with the above; and any other breed or type deemed be dangerous by the Secretary of State and subsequently added to the Dangerous Dogs Act 1991.

* + 1. In addition, the following types/breeds are also excluded from cover under any section of this policy:
       - American Bandogge/Bandogge Mastiff
       - American/Irish Staffordshire Bull Terriers
       - Australian Dingo
       - Boerboel
       - Bully Kutta
       - Canary Dogs/Perro De Pressa Canarios/Presa Canarios
       - Cane Corsos
       - Czechoslovakian Wolfdogs/Sarlooswolfhounds/ Wolf Hybrids
       - Korean Jindo
       - Northern Inuit Dogs
       - Racing Greyhounds
       - Shar Pei
       - Tamaskan
       - Utonagan
  1. Any *Pet* less than 8 Weeks old.
  2. Any dogs used as gundogs, used for or in connection with shooting or for the purposes of hunting of any kind whether for business or recreational purposes.
  3. Any dogs used for guarding, racing, coursing, beating or breeding whether for business or recreational purposes.
  4. Any payment due to *You* where *You* have failed to pay the relevant premium due to *Us* or *You* cancel *Your* policy before an outstanding claims payment is made. Please note *We* will not be liable to pay any outstanding claims in these circumstances.
  5. The Applicable *Excess* and *Co-payment*, as shown in *Your Schedule*.
  6. Loss, damage, cost or expense of whatever nature arising directly or indirectly from an Act of Terrorism regardless of any other cause or event contributing at the same time or in any other sequence to the loss.

For the purpose of this General Exclusion an Act of Terrorism means the use of biological, chemical and/or nuclear pollution or contamination and/or threat thereof by any person or group of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear.

* 1. This policy excludes all *pets* used for commercial security work or those which have been trained to attack. All cover is excluded for any policyholders who also hold a Security Industry Authority (SIA) licence of any description whilst undertaking the designated activity that the SIA licence allows.
  2. Fees for unapproved *complementary medicine* including but not limited to pulsed magnetic field therapy, matrix energy field therapy, the Bowen Technique, reiki massage and faith healing are excluded from cover.
  3. Any claims made for any event, *accident*, *Illness* or *Injury* that happens outside of the *Policy Period.*
  4. Any charge for surgical equipment that can be used more than once.

# SECTION 11 - CANCELLATION RIGHTS

* 1. Once *You* have purchased a policy, *You* have 14 days from the *Commencement Dat*e within which *You* can cancel the policy. If *You* wish to cancel *Your* policy please contact *Insurance Factory‘ s* offices using the details below. Upon receipt of *Your* cancellation request *We* shall cancel *Your* policy and provided no claims have been made *You* shall receive a refund of any premium *You* have paid. Please refer to *Insurance Factory‘s* Terms of Business for full details.
  2. If *You* wish to cancel *Your* policy after 14 days from *Your Commencement Date,* a pro-rata charge will be made as well as the administration charge detailed in *Insurance Factory‘s* Terms of Business. If *You* wish to cancel *Your* policy please contact *Insurance Factory‘s* offices either in writing by post to Insurance Factory Limited, 2nd Floor, 5000 Lakeside, North Harbour, Western Road, Portsmouth, PO6 3EN, or by email to [cancellations@insurancefactory.co.uk](mailto:cancellations@insurancefactory.co.uk) or by telephone on 0330 102 5741.
  3. Should *You* wish to alter this policy or cancel it please contact *Insurance Factory‘s* office. This can be done by writing to the postal address or email address noted above, or by phone on 0330 102 5741. If *You* have not received an acknowledgement from *Insurance Factory* within 14 days, *You* must post the details by recorded delivery. An administration charge will be made for any policy alteration. Please refer to *Insurance Factory’s* Terms of Business for full details.
  4. *We* may cancel *Your* policy if there are serious grounds to do so, for example *You* have advised *Us* of a change in *Your* or *Your Pets* circumstances which means *You* no longer meet *Our* risk criteria; where we suspect fraud or *You* have deliberately or recklessly misrepresented the information provided in connection with this insurance. *We* will do this by writing to *You* at *Your* last known address. If *We* cancel *Your* policy all claim payments will cease from the date the policy is either lapsed or cancelled and no further monies will be due from *Us*
  5. The administration charge for cancellation as specified in *Insurance Factory‘s* Terms of Business will not be applied if *Your Pet* has died or has been reported as lost or stolen. If *Your Pet* dies or is reported as lost or stolen and *You* need to make a claim, the remaining premiums for the full policy year will not be charged.

# SECTION 12 – ADDITIONAL BENEFITS

* 1. *Your* policy includes the following additional benefits;
     1. Find a Pet- Sitter – *We* can put *You* in contact with members of the National Register of Pet- sitters. These are people who have registered with and abide by their Code of Practice. If *You* need to contact a pet-sitter call 0330 102 5743.
     2. Find a *Vet* - *We* can put *You* in touch with a local *Vet* wherever *You* are in the UK. If *You*

need to contact a *Vet* call 0330 102 5742.

# SECTION 13 - COMPLAINT HANDLING PROCEDURE

If *You* have a complaint please follow this procedure:

* 1. If *You* are unhappy with any part of *Our* service please write to the Complaints Department at *Insurance Factory* Limited, 2nd Floor, 5000 Lakeside, North Harbour, Western Road, Portsmouth, PO6 3EN. Alternatively *You* can call on 0330 102 5741 or email [complaints@insurancefactory.co.uk](mailto:complaints@insurancefactory.co.uk)
  2. In the event that our service providers have not resolved matters within 8 weeks of you writing to them the problem can be referred to the Financial Ombudsman service. You may go directly to the Financial Ombudsman service when you first make your complaint, but the Ombudsman will only review your complaint at this stage with our consent. However, we are still required to follow the procedure as stated in full in the policy booklet.

If you have received a final response but are dissatisfied, you have the right of referral to the Financial Ombudsman Service within six months of the date of your final response letter. You may only refer to the Ombudsman beyond this time limit if we have provided our consent.

Whilst we and our UK service providers are bound by the decision of the Financial Ombudsman Service, you are not. Following the complaints procedure above does not affect your right to take legal action.

You may contact the Financial Ombudsman Service at Exchange Tower, Harbour Exchange Square, London, E14 9SR, telephone 0800 023 4567 from a landline or 0300 123 9123 from a mobile phone.

A copy of Insurance Factory Limited’s complaints procedure is available on request.

## Financial Services Compensation Scheme

If *We* are unable to meet *Our* liabilities *You* may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Further information about compensation scheme arrangements is available at [www.fscs.org.uk,](http://www.fscs.org.uk/) by emailing [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk) or by phoning the FSCS on 0207 741 4100 or 0800 678 1100.

# SECTION 14 - NON PAYMENT

* 1. In the event of payment default *You* have 7 days from the date of default to contact *Us* to arrange payment. If payment is not received *Your* policy will be cancelled from the default date. A pro-rata charge for *Your* period on cover will be made. Where a claim has been made, the remaining premium for the policy year will be charged.
  2. In the event *Your* Direct Debit is cancelled *You* have 7 days from the date the Direct Debit is cancelled to contact *Us* to arrange payment and provide *Us* with valid bank details. If payment is not received *Your* policy will be cancelled from the date *We* are notified by *Your* bank that the Direct Debit is cancelled. A pro-rata charge for *Your* period on cover will be made and an administration charge will be made as detailed in *Insurance Factory’s* Terms of Business. Where a claim has been made, the remaining premium for the policy year will be charged.

# SECTION 15 – HOW WE USE YOUR INFORMATION

*We* believe in keeping *Your* information safe and secure. Full details of what data *We* collect and how *We* use it can be found in *Our* privacy policy which *You* can access by requesting a copy from *Our* Data Protection Officer (contact details below). This section provides *You* with some basic information and briefly explains what *We* do with *Your* information.

*We* are governed by the Data Protection legislation applicable in both the United Kingdom and Gibraltar.

*We* collect details in order to consider *Your* application for insurance and to administer insurance services to *You*, including claims investigation and management.

*We* may use *Your* information for a number of purposes. These include: providing *You* with *Our* services; dealing with *Your* claim; carrying out checks such as fraud checks and credit checks; and where agreed, providing *You* with information about *Our* products and services.

In order to provide *Our* services to *You*, *We* may share *You*r information with other insurance companies, solicitors, regulators, business partners and third party suppliers. *We* may also have a legal obligation to provide *Your* information, in certain circumstances, with regulators, police and other public bodies. Information *You* supply may be used for the purposes of insurance administration by *Us* and third parties. These third parties may share *Your* information with their own agents.

## Providing you with details on our Products and Services

Where *You* have given *Us Your* consent to do so, *We* will send *You* information about products and services of *Ours*

or other third parties which may be of interest to *You* via telephone, letter or email (as *You* have indicated).

*You* have a right at any time to stop *Us* from contacting *You* for marketing purposes or giving *Your* information to other third parties.

If *You* no longer wish to be contacted for marketing purposes then please contact *Us* by e-mailing [customerqueries@insurancefactory.co.uk](mailto:customerqueries@insurancefactory.co.uk)

## *Your* Rights as a Data Subject

Under Data Protection Laws *You* have certain rights; these include for example, a right to understand what data *We* hold on *You* and a right to ask *Us* to amend that data if it is incorrect. If *You* would like to exercise any of *Your* rights please contact *Our* Data Protection Officer (contact details below).

**Claims Processing**

As part of *your* policy, *you* agree to and accept the following conditions in order for the policy administrator (*Insurance Factory Limited*) to process any claims you submit:

1. *Insurance Factory Limited* will request relevant information or records from *your* current or previous veterinary practice, specialist, breeder or rescue centre at any time in order for *Insurance Factory limited* to be able to fully assess *your* claim.
2. *Your* veterinary practice, or any veterinary practice treating *your pet*, can openly discuss and receive information about *your* claims with your policy administrator (*Insurance Factory Limited*) where appropriate. This also includes the transfer of *your* claim via an electronic service using third party application.
3. *Insurance Factory Limited* will only ever ask for information which is relevant to the details and circumstances of the claim and previous medical history, which is necessary for claims processing purposes

## Data Protection Officer

If *You* have any questions about how *We* use *Your* data, or to exercise any of *Your* data rights please contact *Our*

Data Protection Officer at:

Data Protection Officer

Insurance Factory Limited 45 Westerham Road Bessels Green

Sevenoaks, Kent TN13 2QB

Please make sure *You* provide *Your* name, address, policy number and other relevant information to allow *Us* to respond to *Your* query.

*You* understand that all personal data *You* supply must be accurate.

If *You* would like any other person to discuss *Your* policy or make amendments then *We* must have *Your* permission

# SECTION 16 – OTHER INFORMATION

## Language

All communication between *You* and *Us* will be conducted in English.

**Updating *Your* Records**

If *You* think *Insurance Factory‘s* records are wrong or out of date, particularly *Your* contact details, *You* must contact *Insurance Factory* immediately to correct them. *You* can do this by calling 0330 102 5741 or by emailing [customerqueries@insurancefactory.co.uk.](mailto:customerqueries@insurancefactory.co.uk)

**Altering *Your* Policy**

Should *You* wish to alter this policy please contact *Insurance Factory‘s* office. This can be done in writing by post to Insurance Factory Limited, 2nd Floor, 5000 Lakeside, North Harbour, Western Road, Portsmouth, PO6 3EN, or by email to [customerqueries@insurancefactory.co.uk](mailto:customerqueries@insurancefactory.co.uk) or by telephone on 0330 102 5741. If *You* have not received an acknowledgement from *Insurance Factory* within 14 days, You must post the details by recorded delivery. An administration charge will be made for any policy alteration as detailed in *Insurance Factory’s* Terms of Business.

**The Information *You* Gave *Us***

*We* rely upon the information *You* provide to *Us* to decide whether to insure *Your Pet* and the terms and conditions under which *We* will offer cover. English Law requires *You* to inform *Us* about all known factors relating to the health, condition and behaviour of *Your Pet* in answer to *Our* questions which may influence *Our* decision. *You* must take care in response to the questions and statements concerning this insurance. If *You* fail in *Your* duty of taking care not to make a misrepresentation to *Us, We* may exercise certain remedies that include cancelling this policy, retaining premiums or reducing the benefits due in terms of the policy. If *You* are in any doubt as to whether a fact is or may be important to *Us*, *You* must tell *Us* about it.

## Fraud

Fraudulent information and claims inevitably result in increases on all policyholder’s premiums. If *You* make a false or exaggerated claim or provide *Us* with false information *We* will not pay *Your* claim and *We* will void *Your* policy (cancel *Your* policy and not return any premiums paid to date) and all other policies *you* have with *us*. If *We* have already issued payments in settlement of any claim, *We* will request reimbursement of the full amount. *We* also have the right to inform the relative authorities or share this information with the Insurance Fraud Investigators Group (IFIG) or other relevant Fraud authorities.

## Policy Duration

All *Our* policies are annual policies which run for 12 consecutive calendar months. Before the end of each 12 month period, *We* will write to *You* to inform *You* about any changes to the premium and/or policy terms and conditions for the next 12 months. In the event of payment default *You* have 7 days from this date to contact *Us* to arrange payment. If payment is not received *Your* policy will be cancelled from the default date.

## Renewal

*We* will write to *You* by email or post where more appropriate at least 14 days before the *Anniversary Date* of *Your* policy. *We* will inform *You* about any changes to the premium and/or policy terms and conditions for the next *Policy Period*.

If *You* pay *Your* premium by Direct Debit there is no need for *You* to take further action, *Your* policy will automatically continue at the end of the 12 month period subject to policy terms and conditions. A further 12 equal monthly payments will be taken, reflecting the premiums stated within *Your* renewal documentation. If *You* pay by debit or credit card *You* need to contact *Us* to make payment before the renewal date.

If *You* pay *Your* premium by credit/debit card and have agreed to allow *Us* to collect the renewal payment automatically each year, unless *We* hear from *You*, *Your* policy will automatically renew at the end of the 12-month period. If *You* pay by Continuous Annual Payment on a credit card, and *Your* payment details change, *Your* card provider may provide *Us* with updated card details. *We* will use these new details at *Your* next renewal in order to help prevent any interruption to *Your* cover, unless otherwise stated by *You.* Failure to update *Us* with new details may result in continuous cover being stopped.

If *You* do not wish *Your* policy to renew at the end of the *Policy Period You* should inform *Us* immediately and before the date of renewal at the latest. *You* should also cancel *Your* Direct Debit or continuous credit card mandate.

*Your* renewal documents will be sent to *You* by email at least 14 days before the renewal date of *Your* policy. *We* will email the last email address given to *Us* by *You. We* are unable to prevent these from going into *Your* spam or junk folders so please check these folders as well as *Your* current inbox. If *Your* email address changes between the *Commencement Date* and renewal date please inform *Us* so that *We* can keep *Your* record up to date.

*You* should take care to inform *Us* of any factors relating to *Your Pet* which have changed since the policy started or since the last renewal.

If *We* offer further *Policy Periods, We* may change the premium and the policy terms and conditions as *Your Pet* gets older and to allow for future increases in *Treatment* costs.

At renewal, *We* have the right to limit or withdraw Third Party Legal Liability cover based on a review of *Your Pets* claims or clinical history where *Your Vet* has raised concerns around *Your Pets’* behaviour. For example, any aggressive tendencies shown or any incidents where *Your Pet* has caused *Injury* to a person or another animal.

## Telephone Call Charges

Calls to 0330 and 0344 numbers are charged at a local rate from land lines and standard rates from mobiles and are also included in minutes for mobile calling plans.

## About the Insurer

West Bay Insurance plc, registered in Gibraltar No.84085 with registered office address: 846 - 848 Europort, Gibraltar. West Bay Insurance plc is authorised by the Gibraltar Financial Services Commission and subject to a limited regulation by the Financial Conduct Authority and Prudential Regulation Authority in respect of underwriting business in the UK (No: 211787). West Bay Insurance Plc is a member of the UK’s Financial Services Compensation Scheme and is a member of the Association of British Insurers

This can be checked on the Financial Services register by visiting the FCA’s website at [www.fsa.gov.uk/register/firmSearchForm.do](http://www.fsa.gov.uk/register/firmSearchForm.do) or [www.fca.org.uk/register](http://www.fca.org.uk/register) which includes a register of all the firms they regulate.

As the underwriter West Bay Insurance Plc is responsible for this policy document.

## About the Administrator

Insurance Factory Limited is registered in England and Wales No 02982445. Registered Office: 45 Westerham Road, Bessels Green, Sevenoaks, Kent TN13 2QB. Insurance Factory Limited is authorised and regulated by the Financial Conduct Authority (No. 306164).

## Changes to the Policy

If there are changes to *Your* policy which change the risk covered, *We* may either decline any insurance risk or make changes to the premium and the terms quoted.

In the event of a change in *Your Pet* details or *Your* details *We* will amend the premium from the date of those changes.

If *You* are not resident in the *United Kingdom* this contract is not suitable.

## Governing Law and Courts

This (contract)/policy) will be governed by English law, and *You* and we agree to submit to the non-exclusive jurisdiction of the courts of England and Wales.