

policy terms  
and conditions

**pet**

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## Introduction

These Policy Terms and Conditions together with the Application and the **Policy Schedule** form the **Certificate of Insurance** and are part of an insurance contract. This insurance applies only to an **Event** and **Treatment** arising within Ireland.

Please read this document carefully and familiarise yourself with its contents, i.e. what the policy does cover and what the policy does not cover. Please also read the **Policy Schedule** carefully to ensure that the information contained within it is correct. If it is not, please notify **Us** immediately.

Please also notify us immediately of any change which may affect the cover provided.

Please note that these Terms and Conditions are subject to amendment from time to time and may vary according to details disclosed on **Your Application**.

In consideration of the payment of the premium, **We** will provide the insurance in this policy in respect of **Events** occurring during the **Period of Insurance**.



## Definitions

- **Behavioural Problems** – Any changes to **Your Pet's** normal behaviour, resulting from a mental or emotional disorder.
- **Bilateral Condition** - Any **Condition** affecting body parts of which **Your Pet** has two, one each side of the body (e.g. ears, eyes, knees, elbows, cruciate ligaments, patellas etc.).
- **Certificate of Insurance** – The Certificate forwarded in consideration of the payment of the Premium, evidencing the coverage set out herein, formed by these Policy Terms and Conditions and the **Policy Schedule**.
- **Claimable Amount** – The total that can be claimed under the benefit. The claimable amount is the amount of the claim prior to the deduction of the **Policy Excess**.
- **Clinical History** – A complete chronological record (computer printout or photocopy) of the original clinical notes as made by the **Vet** at the time of all consultations by any and all treating **Vets**.
- **Clinical Signs** – Changes in **Your Pet's** normal healthy state, its bodily functions and/or behaviour.
- **Condition** – Any **Illness, Injury** or disease, or any **Clinical Signs** or signs of **Injury, Illness** or disease including related problems, **Illnesses** and diseases.
- **Currency** – All figures in this policy are expressed in Euro, unless stated otherwise.
- **Degenerative Condition** – A **Condition** in which the function or structure of the affected tissues or organs will deteriorate progressively over time, including related or contributory **Conditions**.
- **End Date** – The day **Your** cover ends.
- **Event** – The manifestation of a **Condition** or **Illness** or an accident causing **Injury** to **Your Pet**.
- **Excess** – The amount payable by **You** for each **Illness** or **Injury** that is treated during the Policy Year that is not related to any other **Illness** or **Injury** treated during the same Policy Year. This also means that when the **Treatment** dates of an **Illness** or **Injury** fall into two or more Policy Years **You** pay an **Excess** for each Policy Year. The **Excess** payable will be shown in **Your Policy Schedule**.  
\* **Eye Conditions**; Cataracts, Cherry Eye, Congenital Eyelid deformities
- **Illness** – Any sickness, disease or changes to **Your Pet's** normal healthy state.
- **Injury** – Bodily **Injury** caused solely and directly by sudden violent, accidental, unexpected, external and visible means.
- **Market Value** – The price generally paid for an animal of the same age, breed, sex, breeding ability and pedigree at the time **You** got **Your Pet**.
- **Maximum Benefit** – The most **We** will pay in respect of any one **Event** as set out in the **Policy Schedule** or in aggregate for any one **Period of Insurance** per insured pet
- **Period of Insurance** – The period shown on the **Policy Schedule** or any renewal for which **You** have paid and **We** have agreed to accept a renewal premium.
- **Policy Schedule** – The document that details **Your** selected cover, the amount of **Your Maximum Benefit**, the person(s) and animal(s) who are insured, the premium payable and the **Start Date**.
- **Purchase Price** – The amount **You** paid for **Your Pet** named in the policy evidenced by an invoice from the seller.
- **Select Breeds** – Beauceron, Bulldog, Dogue de Bordeaux, Great Dane, Leonberger, Newfoundland, Pyrenean Mountain Dog, St Bernard, Bernese Mountain Dog, Deerhound, Estrela Mountain Dog, Irish Wolfhound, All Mastiff breeds, Old English Sheep Dog, Rottweiler (**We** may modify this list from time to time).
- **Stand-Down** – There is no cover under this policy for, any **Condition**, death from **Illness** or holiday cancellation costs which occur within 14 days of the inception date of the **Period of Insurance**.
- **Start Date** – The date on the **Policy Schedule** showing when the cover starts.
- **Territorial Limits** – Republic of Ireland.
- **Treatment** – Any examination, consultation, advice, tests, X-rays, medication, surgery, nursing or care provided by a Veterinary practice.
- **Vet** – Registered General Veterinary Surgeon or Registered Specialist Veterinary Surgeon.
- **Vet Fees** – The amount in general that a Registered General Veterinary Surgeon or a Registered Specialist Veterinary Surgeon charges.
- **We, Us, Our** – Alpha Insurance A/S, Amallegade 12, st Copenhagen K DK-1256, Denmark.
- **You, Your** – The person named on the **Policy Schedule**.
- **Your Pet** – Any dog, cat or rabbit named on the **Policy Schedule**.

## Conditions of Cover

- A) **You** cannot cancel the insurance if **You** have submitted a claim during the “free look” period or during the **Period of Insurance**. The free look period refers to the first 21 days of the policy during which **You** may examine the policy documents in full, and surrender the policy in exchange for a full refund of premium if not satisfied for any reason.
- B) Throughout the **Period of Insurance** **You** must arrange to take care of **Your Pet**, arrange and pay for **Your Pet** to have a yearly health check and dental examination and any **Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**. Failure to do so will affect payment of claims.
- C) **You** must arrange for **Your Pet** to be kept vaccinated for the duration of the policy. Dogs must be kept vaccinated against Distemper, Hepatitis, Parvovirus, Bordatella and Leptospirosis. Cats must be kept vaccinated against Feline Infectious Enteritis, Feline Leukaemia FIP, Coronavirus and Feline Influenza. Rabbits must be vaccinated against Myxomatosis and Viral Haemorrhagic Disease.
- D) Where **You** state that **Your Pet** has been vaccinated, failure to provide evidence of same, at least once per year for the duration of its life, will result in an automatic declination of any claim submitted by **You**.
- E) If, when **You** claim, there is any other insurance under which **You** are entitled to payment, **We** will only pay **Our** share of the claim. **You** must tell **Us** the name and address of the other insurance company and **Your** policy number with them and otherwise make full disclosure of all relevant facts. If **You** have any legal rights against another person in relation to **Your** claim, **We** may take legal action against them in **Your** name at **Our** expense. **You** must give **Us** all the help **You** can and provide any documents **We** ask for.
- F) If **You** make a false or exaggerated claim, this policy will end and **We** will not make any further payments. Any related payments must be returned to **Us**. For the avoidance of doubt, nondisclosure of information (previous **Conditions, Events** or veterinary surgeons attended), whether or not **You** deemed it to be relevant, will result in the automatic declination of **Your** claim. If **We** discover, subsequent to payments being made for any given **Condition**, that information has been withheld, all monies paid by **Us** will be immediately refundable.
- G) **Your Pet** is only insured under this policy if **You** have paid the premium. It is **Your** responsibility to ensure **Your** premiums are paid and up to date. The insurance will lapse without notice if payment of the premium is more than 10 days overdue.
- H) **We** reserve the right to deduct any outstanding premium from a claim. If a **Vet**, who has treated **Your Pet** or is about to treat **Your Pet**, asks for information about **Your** insurance that relates to a claim, **We** will, at **Our** discretion, tell the **Vet** what **Your** insurance covers, how the amount **We** pay is calculated and if the premium is up to date. By submitting a claim to **Us**, **You** are giving **Us** **Your** permission to provide whatever information is deemed necessary to any **Vet**, for the purposes of claims assessment and settlement. No information other than what **We** deem relevant will be shared.
- I) If **We** offer further periods of insurance, **We** may change the premium, **excess, Terms & Conditions** and/or add **exclusions** based on **Your Pets** history.
- J) **You** must send **Us** a claim form that has been properly filled in and **You** must have paid the **Vet**. **We** will then write to **You** with **Our** decision. When **You** claim, **You** agree to give **Us** any information **We** may reasonably ask for. **You** must get a **Vet** to examine and treat **Your Pet** as soon as possible after it shows **Clinical Signs** of an **Injury** or an **Illness** and, if **We** decide, **You** must also take **Your Pet** to a **Vet** that **We** choose. **We** will not give prior approval of **Your** claim.
- K) **You** may upgrade (or downgrade) the insurance at **Your** option upon receiving an offer of renewal of insurance. The Stand-Down period shall apply to the change. If **You** choose to upgrade the Insurance, the increased level of cover will not apply to any **Condition** which presented prior to the change in cover level.
- L) **We** will, at **Our** option, offer renewal of insurance. If renewed, the insurance shown on the new Policy Certificate is subject to the Terms and Conditions then required by **Us**. **We** reserve the right to modify or retract an offer of renewal in the event that any prior claim is received or processed after the date of that offer.
- M) **We** reserve the right to specify from time to time a maximum fees schedule pertaining to particular procedures and **Treatments**. The current schedule is available from **Us** upon request.
- N) **You** agree that any **Vet** has **Your** permission to release any **Clinical History** **We** ask for about

**Your Pet. We** will not pay for this information. If **We** do not receive all information relating to **Your Pet** from all current and prior treating vets then **Your claim** will be declined.

- O) **We** reserve the right to cancel the insurance, for any reason, by notifying **You** in writing 14 days prior to the cancellation date. In this event **We** will refund any premium of any unused portion of the **Period of Insurance**.
- P) VAT – The maximum claimable amounts and **Excesses** shown on the Schedule of Benefits are inclusive of VAT. If **We** receive a request to make a claim payment to a veterinary practice, **We** reserve the right to decline this request.
- Q) A dog on a public highway must be under control on a collar and lead. Reasonable steps must be taken to ensure a dog does not escape or stray and any area in which the dog is kept must be secure and appropriately fenced or otherwise secured.
- R) This is a fixed term insurance policy. No claims whatsoever will be paid for any costs incurred after the End Date, if cover has been cancelled either by **You** or by **Us**.

## General Exclusions

- A) Claims for a pet less than 8 weeks of age.
- B) Costs resulting from any Event caused by or arising from use of an animal for hunting, guarding, racing or fighting.
- C) Costs relating to the destruction of or **Injury** to a pet to prevent **Injury** to people or livestock.
- D) Claim for loss resulting either directly or indirectly from an infringement of statute regulations or bylaws relating to animal health, bio-security or dog control statutes.
- E) If **Your** dog becomes designated individually or by breed as dangerous by statute, regulation or regulatory body **You** must tell **Us** and **We** will cancel the policy.
- F) Any loss caused by war, riot, revolution or any similar Event.
- G) Any costs incurred as a result of restrictions put on **Your Pet** by the Department of Food and Agriculture in the Republic of Ireland.
- H) Any amount if **You** break the Republic of Ireland animal health or importation laws or regulations.
- I) Claims for pets who have not been properly cared for and who have not been presented to a veterinary surgeon for an annual check-up while in **Your** possession.
- J) **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.

## Vet Fees

### What We Will Pay

- The cost of **Vet Fees** for **Treatment Your Pet** has received during the Period of Insurance for an Event.
- The **Maximum Benefit** for any one Event or in aggregate for one Period of Insurance per insured pet will be shown on **Your Policy Schedule**.

### What You Will Pay

For each claim, **You** must pay an amount as shown in **Your Policy Schedule** and as defined under **Excess** in this Terms and Conditions document.

### What We Will Not Pay

- More than the **Maximum Benefit** for any one Event or in aggregate for any one **Period of Insurance**.
- More than the maximum designated fee for any procedure that is subject to such a limit.
- Any amount if **Your** claim results from:
  - A **Condition** that first showed **Clinical Signs** before the **Start Date** or during the **Stand-Down** period.
  - A pre-existing **Condition**, i.e. a **Condition** that is the same as, or has the same diagnosis or **Clinical Signs** as an **Illness, Injury** or **Clinical Sign Your Pet** had before the **Start Date** or during the **Stand-Down** period.
  - A **Condition** that is caused by, relates to or results from an **Illness, Injury** or **Clinical Sign Your Pet** had before the **Start Date**, or during the **Stand-Down** period.
- Claims resulting from a **Condition** or **Injury** that is specifically excluded on the Policy Certificate or generally not covered by these Terms and Conditions.
- The cost of any **Treatment** a **Vet** normally recommends in preventing **Injury** or **Illness**, including (but not limited to) elective and cosmetic **Treatment**, neutering, worming, flea and tick **Treatments**, blood tests and screening, nail clipping, dewclaw removal, grooming, routine emptying of anal glands, removal of anal glands and use of pheromones and prescription diets.
- The cost of any **Treatment** that **You** choose to have carried out that is not directly related to an Event.
- Any **Treatment** in connection with breeding, pregnancy or giving birth including the cost of spaying and castration and including claims arising from these procedures (except in cases of an Event specific to the reproductive system).
- The cost of treating any **Event** caused by **You** or anyone living with **You**.
- Hospitalisation, house calls and after hours

consultation surcharges unless the **Vet** certifies that this is appropriate for the severity of **Your Pet's Condition**.

- The cost of dentistry and dental related procedures (including gums) except for remedial **Treatment** of teeth following an injury. A **Vet** must have checked **Your Pet's** teeth within 12 months prior to the onset of a claim.
- **Behavioural Problems**.
- Contact skin allergies, e.g. from plants.
- The cost of having **Your Pet** put to sleep, disposed of, cremated or the cost of a post mortem.
- Any costs for treating an **Illness** or **Injury** after the last day of the **Policy Year**.
- Pre-anaesthetic blood screening and intraoperative fluids for short procedures (under 40 minutes) in healthy dogs under 8 years of age and in healthy cats under 12 years of age.
- The cost of out of hours emergency consultations, **Treatments** and hospitalisation unless the **Vet** certifies, in writing, (and **We** agree) that the consultation, **Treatment** or hospitalisation was absolutely necessary and that not taking that action would have seriously worsened **Your Pet's** condition.
- Repeat tests, diagnostics and consultations where these tests have been performed by an emergency service affiliated with **Your** normal veterinary surgeon.
- Any amount for Eye Conditions, **Degenerative Conditions** (or **Conditions** with secondary evidence of chronicity, no matter how minimal) commencing within 18 months of the policy **Start Date**.
- Any amount for a **Condition** or **Conditions** arising from the same or similar **Events** to those the same as, or similar to an **Event** or **Events** suffered by **Your Pet** prior to the **Start Date** of the policy.
- More than 5 Hydrotherapy or Physiotherapy sessions per **Condition**.
- Any homeopathy, acupuncture, alternative medicine, supplements or related **Treatments**.
- Any claims for skin **Conditions** for dogs first insured by **Us** over the age of 2 years old.
- The cost of any **Treatment** if a claim is not submitted within 90 days of the first diagnosis or **Clinical Sign** of the **Condition**.
- Costs for **Treatment** of **Conditions** arising from **Your Pet** being overweight, except for weight gain as a result of a diagnosed **Illness**.
- The cost of **Treatment** of a **Bilateral Condition** where pathology, **Clinical Signs** or process commenced, presented or occurred in



the contra lateral (opposite) limb or organ prior to the **Policy Start Date**.

- Fees for investigations, procedures and **Treatments** in excess of 50% of the fees charged for the equivalent investigations, procedures and **Treatments** by referral institutes and individuals with specialist qualifications.
- Any fees charged or costs for **Treatments** which **We** do not consider reasonable or necessary.
- Fees incurred where **We** deem the investigations and/or **Treatments** were not indicated or were inappropriate based on the **Clinical History** provided.
- Costs incurred as a result of complications associated with inappropriate **Treatment** or surgery as deemed by **Our** veterinary advisor.
- Costs for non-diagnostic quality radiographs

#### Claims Requirements/Special Conditions

Before **Your Pet** is treated, **You** must make sure that the **Vet** is prepared to complete the **Treatment** section of **Our** claim form and provide detailed invoices and full **Clinical History** of **Your Pet** if requested by **Us**. Any information not captured at the time of original examination/consultation will not be accepted.

**We** also reserve the right to speak with any previous Veterinary practices which **Your Pet** has attended and these details must be supplied by **You**. **You** must fill in all policy holders section of the claim form and ask **Your Vet** to fill in the **Treatment** section. We will not pay for the supply of this information.

**Please note that if the claim form is not fully completed it will be returned.**

#### Please send Us

- The claim form fully completed.
- The detailed invoices setting out the specific costs, charges and professional fees involved.
- In the case of claims for referral **Vets** please ensure that PetInsure has received a claim form from the original treating **Vet**.
- The full **Clinical History** of **Your Pet**. Failure to provide this will result in the declinature of **Your** claim.

#### How To Claim

Before **Your Pet** is treated, **You** must make sure that the **Vet** is prepared to provide the information or documentation to support the claim as set out on the claim form. Claims should be submitted at the end of the **Treatment** of any **Event**, but in any case no later than 3 months from the commencement of an **Event**. Claims submitted without the information or documentation to support the claim as set out on the claim form will not be eligible for reimbursement. All receipts to support costs must be provided. **You** must fill in a claim form which is available to download from **Our** website:

[www.PetInsure.ie](http://www.PetInsure.ie) or by telephoning **Us** on 1890 201 201.

## Third Party Liability Cover

This cover only applies if **You** (or any member of **Your** family permanently living with **You**, or any person whom **You** have asked to look after **Your Pet**) are not covered under any other liability insurance or household insurance or unless the cover provided by another insurance has been used up.

#### What We Will Pay

**We** will pay all amounts **You** (or any member of **Your** family permanently living with **You** or any person whom **You** have asked to look after **Your Pet**) become legally liable to pay as compensation, for accidental bodily **Injury** or accidental damage to property caused by the insured pet that happens within the **Territorial Limits** during the Period of Cover. **We** will also pay any extra costs or expenses **You** have to pay, but only if **We** have agreed to them in writing beforehand. Whether **You** pay **Your** premium annually or monthly, the most **We** will pay in total in any 12 month period is stated in **Your Policy Schedule**.

#### What You Will Pay

For each claim, **You** must pay an amount as shown in **Your Policy Schedule** and as defined under **Excess** in this Terms and Conditions document.

#### What We Will Not Pay

- Any liability under any agreement or contract, unless **You** would have been liable anyway.
- Deliberate acts by **You**, members of **Your** family or anyone who **You** asked to look after **Your Pet**.
- Loss or damage to property belonging to or in custody or control of **You** and **Your** family, any person employed by **You**, members of **Your** household or people whom **You** have asked to look after **Your Pet**.
- Accidental bodily **Injury** to **You**, a member of **Your** family, people permanently living with **You** or people whom **You** have asked to look after **Your Pet**.
- Accidental bodily **Injury** to any person who is under a contract of service or employment or apprenticeship with **You** when the **Injury** or disease arises out of and in the course of employment by **You**.
- Any compensation, costs or expenses if **You**, any member of **Your** family, any person living with **You**, working with **You** or working for **You** is either responsible for or is looking after the property that is damaged.
- Any compensation, costs or expenses that result from **Your** profession, business or employment.

- Any claim arising outside the **Territorial Limits**.
- Any compensation, costs or expenses if **We** have not agreed to these before they arose.
- Any amount if **Your Pet** is a specified breed (or strains or crosses of them regardless of how far back in its lineage) under the Control of Dogs Act 1986, Control of Dogs (Amendment) Act 1992 and Control of Dogs Regulations 1998 or any changes to those laws.
- Any amount if **Your** dog is one of the following breeds or any dog crossbred with one of the following breeds:
  - American Bandogge/Bandogge, Mastiff, American Bull Dogs, Pit Bull Terriers, Staffordshire Bull Terriers, Bull Mastiff, Canary Dogs, Cane Corsos, Czechoslovakian Wolfdogs, Doberman Pinscher, Dogo Argentinos, Dogue Brasileiro, English Bull terrier, Fila Brasileiro, German Shepherd (Alsatian), Akita, Japanese Tosas, Korean Jindo, Northern Inuit Dogs, Perro de Prensa Canarios, Pit Bull Terriers, Presa Canarios, Rhodesian Ridgeback, Rottweiler, Saarlooswolfhonden, Shar Pei, Tosa Inus, Utonagans, Wolf.
- Any amount if **Your Pet** was not under effectual control at the time of the accident.
- Any amount as a result of **Your Pet's** interaction with other animals.

#### Claims Requirements/Special Conditions

##### Special Conditions that apply to this section

- **You** must not admit responsibility, agree to pay any claim or negotiate with any other person following an incident.
- **You** must agree to provide **Us** with any information

**We** ask for.

- **You** must allow **Us** to take charge of **Your** claim and allow **Us** to prosecute in **Your** name for **Our** benefit.
- **You** must immediately send **Us** any writ, summons, legal documents or correspondence **You** receive and **You** must never send any replies to any of these documents.

#### How To Claim

For a claim form for third party liability, please phone **Us** on 1890 201 201. Send **Us** the claim form together with all correspondence, writs, summons or any other legal documents. **You** must not have answered any of these documents.

## Death from Accident

#### What We Will Pay

**We** will pay **You** the **Purchase Price** of **Your Pet**, as proven by **You**, if **Your Pet** dies as a result of an accident or as a result of being put to sleep following an accident (but only if confirmed in writing by a **Vet** as necessary to prevent the pet from suffering). The most **We** will pay in total is stated in **Your Policy Schedule**.

#### What We Will Not Pay

- More than **You** have paid for **Your Pet**.
- Any amount unless a **Vet** has put **Your Pet** to sleep as a result of an accident that cannot be treated and believes it was not humane to keep **Your Pet** alive because it was suffering.
- Any claim arising from the death of **Your Pet** because of a **Condition** which is not covered under the policy.

#### Claims Requirements/Special Conditions

For a claim form for accidental death, please phone **Us** on 1890 201 201.

#### Please Send Us

- A death certificate from **Your Vet**.
- The pedigree certificate and original receipt showing the amount **You** paid for **Your Pet**.
- **Your** claim forms fully completed.
- **We** will not pay for the supply of this information.

#### Important Note

- Inability to provide **Us** with Pedigree and original receipt will materially influence **Our** valuation of **Your Pet**. If **You** cannot provide **Us** with this information a **Maximum Benefit** of 100 or 50% of the **Market Value** of **Your Pet** will be applied, whichever is the lesser of the two.
- If **You** did not pay for **Your Pet**, a **Maximum Benefit** of €100 or 50% of the **Market Value** of **Your Pet** will be applied, whichever is the lesser of the two.
- If **Your Pet** had no **Market Value** at the time of purchase, no benefit will be payable under this section.

Call  
1890 201 201

## Death from Illness

### What We Will Pay

We will pay **You** the **Purchase Price of Your Pet**, as proven by **You**, if **Your Pet** dies from an illness or a disease or as a result of being put to sleep (but only if confirmed in writing by a **Vet** as necessary to prevent the pet from suffering) because of an **Illness** or a disease. The most **We** will pay in total is stated in **Your Policy Schedule**.

### What We Will Not Pay

- Any claims for dogs aged 8 years and older, Select Breeds aged 5 years or older or for cats aged 8 years and older.
- More than **You** have paid for **Your Pet**.
- Any claim arising from the death of a rabbit from Myxomatosis.
- Any claim arising from the death of **Your Pet** because of a **Condition** or **Treatment** which is not covered under the policy.
- Any amount unless a **Vet** has put **Your Pet** to sleep because of an incurable **Illness** and believes it was not humane to keep **Your Pet** alive because it was suffering.
- Any death resulting from breeding, pregnancy or giving birth.

### Claims Requirements /Special Conditions

For a claim form for accidental death, please phone **Us** on **1890 201 201**.

### Please send Us

- A death certificate from **Your Vet**.
- The pedigree certificate and original receipt showing the amount **You** paid for **Your Pet**.
- **Your** claim form fully completed.
- **We** will not pay for the supply of this information.

### Important Note

- Inability to provide **Us** with Pedigree Papers and original receipt will materially influence **Our** valuation of **Your Pet**. If **You** cannot provide **Us** with this information a **Maximum Benefit** of 100 or 50% of the **Market Value of Your Pet** will be applied, whichever is the lesser of the two.
- If **You** did not pay for **Your Pet**, a **Maximum Benefit** of 100 or 50% of the **Market Value of Your Pet** will be applied, whichever is the lesser of the two.
- If **Your Pet** had no **Market Value** at the time of purchase, no benefit will be payable under this section.

## Advertising and Rewards

### What We Will Pay

If **Your Pet** is lost or stolen **We** will refund **You** for the costs of local advertising up to 15% of the **Purchase Price of Your Pet**, and a maximum as shown in **Your Policy Schedule** and for a suitable reward to be offered for recovery of the pet. This includes the cost of bringing **Your Pet** back to **Your** home address. The most **We** will pay in total in any 12 month period is stated in **Your Policy Schedule**. The reward to be offered for the recovery of **Your Pet** if it is stolen or goes missing during the **Policy Year** must first be agreed with **Us**.

### What We Will Not Pay

- Any reward claimed by a member of **Your** family or anyone living with **You**.
- Any amount that **We** have not agreed to before **You** advertised it.
- Any reward not supported by a signed receipt giving the full name and address of the person who found **Your Pet**.

### Claims Requirements/Special Conditions

Please phone **Us** on **1890 201 201** for approval of any reward before **You** advertise it.

### Please Send Us

- A claim form fully completed.
- Invoices and receipts to show the costs involved, including a receipt for any reward **You** paid.

## Theft and Straying

### What We Will Pay

**We** will pay **You** the **Purchase Price of Your Pet** as proven by **You** if **Your Pet** is lost or stolen and has not been found after 45 days. The most **We** will pay in total is stated in **Your Policy Schedule**.

### What We Will Not Pay

- More than **You** paid for **Your Pet**.
- Any payment until more than 45 days after **Your Pet** first went missing.
- Theft which does not involve forcible and violent entry to a secure area, such as a kennel, a run or **Your** home.
- Any claim where **You** or the person looking after **Your Pet** has voluntarily parted with it, even if tricked into parting with it by a third party, or in circumstances where the loss of the **Pet** would not be deemed to be theft.

### Claims Requirements /Special Conditions

If **Your Pet** is found or returns, **You** must repay the full amount **We** have paid **You**. As soon as **You** discover **Your Pet** is missing, **You** must:

- Send **Us** a Garda crime reference number or written confirmation of **Your** report.

- Report **Your Pet** missing to the local Dog Warden, Garda Síochána, Local Animal Care Centres and Veterinary Practices within 48 hours of **Your** dog going missing or within 10 days in the case of a cat. **We** will require evidence of these reports having been made and failure to do so will affect approval of **Your** claim.
- A completed claim form if **Your Pet** has not been found or returned within 45 days.

### Important Note

- Inability to provide **Us** with Pedigree Papers and original receipt will materially influence **Our** valuation of **Your Pet**. If **You** cannot provide **Us** with this information a **Maximum Benefit** of 100 or 50% of the **Market Value of Your Pet** will be applied, whichever is the lesser of the two.
- If **You** did not pay for **Your Pet**, a **Maximum Benefit** of 100 or 50% of the **Market Value of Your Pet** will be applied, whichever is the lesser of the two.
- If **Your Pet** had no **Market Value** at the time of purchase, no benefit will be payable under this section.

## Boarding Kennels/ Cattery Fees

### What We Will Pay

The cost of boarding **Your Pet** at a kennel or cattery or 5 a day towards the cost of someone who does not live with **You** looking after **Your Pet** while **You** are in hospital during the **Policy Year**. The most **We** will pay in total in any 12 month period is stated in **Your Policy Schedule**.

### What We Will Not Pay

- If **You**, or any member of **Your** family living with **You**, goes into hospital as a result of pregnancy.
- Any period in hospital that **You** were aware was likely at the **Start Date** of this insurance.
- Costs as a result of nursing-home care or convalescence care that **You** do not receive in hospital.
- Any amount if **You** are in hospital for less than 4 days.
- Any costs resulting from **You** going into a hospital for the treatment of alcoholism, drug abuse, drug addiction, attempted suicide or self-inflicted injuries.
- Any period in hospital for a condition that first showed **Clinical Signs**, that existed or that **You** were aware was likely to require treatment, before the **Start Date** or during the **Stand-Down Period**.

### Claims Requirements /Special Conditions

#### Please send Us

- A letter from **Your** doctor or consultant stating that **You** were unable to care for **Your Pet** and that **You** were not aware, at the **Start Date** of the policy, of any requirement to spend any period in hospital.
- An invoice from the kennel or cattery or written confirmation from the person looking after **Your Pet**. **We** will not pay for the supply of this information.

## Holiday Cancellation Costs

### What We Will Pay

**We** will refund **You** any cancellation costs **You** cannot recoup from any other source if, in **Your Vet's** opinion, **Your Pet** needs emergency, life saving surgery within 7 days of **Your** scheduled departure, or if **You** have already departed and **You** must cancel or cut short **Your** holiday. The most **We** will pay in total in any 12 month period is stated in **Your Policy Schedule**.

### What We Will Not Pay

- Costs for non life-saving operations.
- Costs for any **Condition** that is likely to need emergency life-saving surgery that **You** were aware of before booking the holiday.
- Any costs relating to a holiday **You** booked less than 28 days before **You** were due to leave.

### Claims Requirements /Special Conditions

For a claim form for holiday cancellation, please phone **Us** on **1890 201 201**.

### Please Send Us

- A claim form which **You** and **Your Vet** have filled in and the booking invoice and cancellation invoice from the travel agent, tour operator or other holiday sales organisation. The invoices must show the date of the booking, the dates of the holiday, the total cost of the holiday, the date **You** decided to cancel or return home and any expenses **You** cannot recover.
- **We** will not pay for the supply of this information.



# Contact us

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