

Agria Care



Valid from 12/02/2024

Agria 
Petinsure

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INTRODUCTION

Agria Petinsure policies are underwritten by Försäkringsaktiebolaget Agria (publ). Försäkringsaktiebolaget Agria (publ), trading as Agria Petinsure, is authorised by Finansinspektionen in Sweden and is regulated by the Central Bank of Ireland for conduct of business rules.

These Policy Terms and Conditions together with the Policy Schedule constitute an insurance contract. This insurance applies only to an event and treatment arising within the Republic of 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 period of insurance.

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.

KEY FEATURES, BENEFITS AND SIGNIFICANT EXCLUSIONS

All policy sections have limits on the amount paid. Your policy schedule shows these amounts.

SECTION 1 – VETERINARY FEES

Features

Cover is provided for treatment your pet receives for an illness or injury, including:

- Complementary treatment up to the amount specified on your policy schedule.
- Treatment for behavioural disorders up to €150.
- Cost of a clinical diet up to €150.
- Costs for cremation, burial and a house visit by a vet to put your pet to sleep up to €100.

Significant Exclusions

- The fixed and percentage amounts you pay towards the cost of treatment your pet receives for each illness or injury in each period of insurance.
- Certain conditions have specified stand-down periods and exclusions depending on the age and breed of your pet at the inception of your policy.
- Illnesses and injuries that first showed signs before your policy started.
- Illnesses that show signs during the stand-down period of your policy.
- Dentistry that is not associated with an illness or injury.
- Costs to prevent an illness or injury, routine examinations, routine tests, routine treatment for your pet's general wellbeing, tests to investigate the general health of your pet, vaccinations, spaying, castration, caesarean section, pregnancy or giving birth.

SECTION 2 – ADVERTISING AND REWARD

Features

The cost of advertising to recover your pet if it is lost or stolen including the cost of a reward.

Significant Exclusions

- If your pet is lost or stolen during the stand-down period of your policy.
- If you do not report your pet is missing to rescue centres, vets and other organisations.
- If you do not report the theft of your pet to the police.

SECTION 3 – TRAVEL AND ACCOMMODATION

Features

The cost of travel and accommodation expenses if your usual vet refers your pet to another vet.

Significant Exclusions

- Any amount unless the cost of treatment is covered under policy Section 1 Veterinary Fees.

Sections 4, 5, 6, 7 and 8 ARE POLICY SECTIONS THAT YOU CAN CHOOSE TO ADD TO YOUR POLICY.

SECTION 4A – DEATH FROM ILLNESS OR INJURY

Features

The purchase price of your pet if it dies or has to be put to sleep by a vet as a result of an illness or injury.

Significant Exclusions

- Any claim if your pet dies from an illness and is over the maximum age for this policy section shown on your policy schedule.
- Illnesses and injuries that first showed signs before your policy started.
- Illnesses and injuries are repeat incidents of and are the same as illnesses and injuries your pet had before your policy started.
- Illnesses that show signs during the stand-down period of your policy

- If your pet dies as a result of extremes of temperature from being left unattended in a motor vehicle.

SECTION 4B – THEFT OR STRAYING

Features

Your pet's purchase price if it is lost or stolen and is not recovered within 45 days.

Significant Exclusions

- If your pet is lost or stolen during the stand-down period of your policy
- If you do not report your pet is missing to rescue centres, vets and other organisations.
- If you do not report the theft of your pet to the police.

SECTIONS 5A & 5B – FERTILITY EXAMINATION, PREGNANCY AND GIVING BIRTH

Features

The cost of fertility examinations and treatment costs for complications of pregnancy and giving birth.

Significant Exclusions

- The fixed and percentage amounts you pay towards the cost of treatment your pet receives for each complication in each period of insurance.
- More than the maximum benefit for Breeding Cover - Veterinary Fees for all claims under sections 5A, 5B and 5D.
- Complications that first showed signs before your policy started.
- Complications that show signs during the stand-down period of your policy
- Fertility examinations and complications that happen before or in the first 12 weeks of the start of this policy section.
- Any costs for treatment if your pet was pregnant at the start of this policy section, or became pregnant within the first 12 weeks of the start of this policy section.
- Female pets less than one year old or over the age of seven years.
- Any claim after your pet has had four pregnancies.

SECTION 5C – DEATH FROM PREGNANCY AND GIVING BIRTH

Features

Your pet's purchase price if it dies as a result of complications of pregnancy or giving birth.

Significant Exclusions

- Any claim if you have not also chosen Section 4. Death and Theft or Straying.
- Complications that first show signs before your policy started.
- Illnesses and injuries are repeat incidences of and are the same as illnesses and injuries your pet had before

your policy started.

- Illnesses that show signs during the stand-down period of your policy
- Complications that happen before or in the first 12 weeks of the start of this policy section.
- Female pets less than one year old or over the age of seven years.
- Any claim after your pet has already had four pregnancies.

SECTION 5D – VETERINARY FEES FOR KITTENS

Features

The cost of treatment your female pet's kittens receive for an illness or injury. This applies from birth to the age of 20 weeks for kittens, or from birth to the date the new owner collects the kitten, whichever comes first.

Significant Exclusions

- The fixed and percentage amounts you pay towards the cost of treatment the kittens receive for each illness or injury.
- More than the maximum benefit for Breeding Cover - Veterinary Fees for all claims under sections 5A, 5B and 5D.
- Treatment that is not covered under Section 1 Veterinary Fees.
- Any claim if your pet's kittens were conceived or born within the first 12 weeks of the start of this policy section.
- Any claim if your pet is under the age of one year or over the age of seven years at the time of giving birth.
- Any claim after your pet has had four pregnancies.

SECTION 6A – BOARDING FEES OR DAILY MINDING

Features

The cost to board your pet at a licensed premises or up to €5 a day for someone to look after your pet, if you or a member of your immediate family have to go into hospital for four or more days in a row.

Significant Exclusions

- Medical conditions that existed before your policy started.
- When a member of your family can look after your pet.
- If you go into a nursing home, are convalescing or in rehabilitation outside of a hospital.

SECTION 7 – HOLIDAY CANCELLATION

Features

The cost of travel and accommodation expenses if your pet needs emergency lifesaving treatment and/or surgery while you are on holiday or in the seven days before it starts.

Significant Exclusions

- Illnesses and injuries that first showed signs before your policy started or before you booked your holiday.
- Illnesses and injuries that happen again and are the same as illnesses and injuries your pet had before your policy started.
- Illnesses that show signs during the stand-down period of your policy.

SECTIONS 8A, 8B, 8C and 8D – OVERSEAS TRAVEL

Features

Cover while you are on a journey with your pet under the pet passport scheme:

- The cost of quarantine due to illness despite your compliance with all the requirements of the pet passport scheme
- Repeat worming treatment costs if delays mean your

pet's worming treatment is no longer valid.

- A replacement lost or stolen pet passport.
- Emergency expenses to stay and find a lost pet and travel home if the scheduled departure is missed.

Significant Exclusions

- If you are overseas for more than 90 days in a period of insurance.
- Illnesses and injuries that first showed signs before your policy started or before you booked your holiday.
- Illnesses and injuries are repeat incidences of and are the same as illnesses and injuries your pet had before your policy started.
- Illnesses that show signs during the stand-down period of your policy.

DEFINITIONS

- **Age at entry and breed specific policy limitations** – A detailed list of exclusions and extended **stand-down Periods** specific to the age and breed of **your pet** when first insured with us. Any **condition** subject to an extended **stand-down period**, arising or commencing during the **stand-down period** is not covered under the **policy**. Any **condition** specifically excluded is not covered under the **policy**.
- **Behavioural Disorder(s)** – Any change to **your pet's** normal behaviour that is caused by a mental or emotional disorder.
- **Behaviourist** – A person certified in clinical animal behaviour who is not a **vet**.
- **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, patella's 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 amount in Euro 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 Diet** – Food made by a pet food company for the purpose of a **vet** to prescribe to help with a specific **illness or injury**.
- **Clinical History** – All records held by any and all Veterinary practices (or other organisations) that

your pet has attended. This is to include a complete, unedited chronological record (computer printout, handwritten notes or photocopy) of the original clinical notes as made at the time of all consultations and **treatments**, radiographs, laboratory reports and referral letters (if applicable) as well as all financial records relating to **your pet**.

- **Clinical Signs** – Are **symptoms** of and / or changes to, **your pet's** normal healthy state, its bodily functions and / or behaviour.
- **Complementary Treatment** Means: Physiotherapy (including Laser Therapy, Pulsed Magnetic Field Therapy and Shock Wave Therapy) carried out by a **vet** or a member of a veterinary practice supervised by a **vet**. Physiotherapy (including Laser Therapy, Pulsed Magnetic Field Therapy and Shock Wave Therapy), osteopathy, chiropractic **treatment** recommended by a **vet** and provided by a qualified animal physiotherapist, osteopath or chiropractor. Acupuncture carried out by a **vet**. Hydrotherapy recommended by a **vet** and provided by a member of a veterinary practice supervised by a **vet** or a qualified animal hydrotherapist. Any consultation fee to administer any of the above.
- **Condition** – Any **illness, injury** or disease, or any **clinical signs, symptoms** or signs of **injury, illness** or disease including related problems, **illnesses** and diseases.
- **Congenital Condition** – An **illness** or physical abnormality present from birth.
- **Currency** – All figures in this policy are expressed in Euro, unless stated otherwise.
- **Deductible or Co-Pay** – The percentage of each and

every claim payable by **you** as outlined in **your policy schedule**.

- **Document History** - Original records, copies or images of any and all documents and records relating to **your pet** including but not limited to vaccination records and cards, registration documents, microchipping certificates and adoption papers.
- **End Date** - The day **your** cover ends, 364 days after the **start date**.
- **Event(s)** - The manifestation of a **condition**.
- **Eye Conditions** - Cataracts, cherry eye, eyelid deformities.
- **Fertility** - A female cat's ability to become pregnant or a male cat's ability to make a female cat pregnant.
- **Fixed Excess** - The amount specified on **your policy schedule**. This is the fixed amount **you** pay towards:
 - **treatment**;
 - behavioural therapy;
 - **complementary treatment**;
 - course of **fertility treatment**;
 received during each **period of insurance**.

The fixed amount applies to:

- all episodes of an **illness** with the same diagnosis or **clinical signs**; and,
- each **injury**, **your pet** receives **treatment** for in each **period of insurance**.

When **your pet** receives **treatment**, behavioural therapy, **complementary treatment** or course of **fertility treatment** that carries on into the next **period of insurance** and any more periods of insurance, the fixed amount applies to the **treatment** and therapy **your pet** receives in each **period of insurance** and **you** must pay two or more **fixed excesses**, one for each **period of insurance**.

- **Illness** - Any sickness, disease or changes to **your pet's** normal healthy state.
- **Immediate Family(s)** - **your** husband, wife, civil partner, life partner, children or parents living with **you**.
- **Injury** - Bodily **injury** caused solely and directly by sudden violent, accidental, unexpected, external and visible means.
- **Journey** - A **journey** is a trip or any period of time up to a maximum of thirty days spent by **you** with **your pet** when travelling within the the European Union, Norway, Switzerland and the UK.
- **Market Value** - The price generally paid for a pet of the same age, breed, pedigree and sex at the time **your pet** was acquired.
- **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.

- **Orthopaedic Conditions** - Any **condition** affecting the normal function of **your pet's** joints or bones including but not limited to cruciate disease and rupture, arthritis, joint dysplasia, spinal disc disease and luxating patella.
- **Percentage Excess**
The percentage shown on **your policy schedule**. This is the percentage that **you** must pay towards the cost of:
 - **treatment**;
 - behavioural therapy;
 - **complementary treatment**;
 - **fertility treatment**, received during each **period of insurance**.
- **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.
- **Pet History** - All **clinical history** and **document history** relating to **your pet**.
- **Pet Passport** - A valid document that allows people in the Republic of Ireland to take **your pet** to certain countries and bring them back again without the need for quarantine.
- **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**.
- **Pre-Existing Condition** - 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** including **congenital conditions**.
- **Prosthesis** - An artificial body part or implant, other than rods, screws and plates.
- **Purchase Price** - The amount **you** paid for **your pet** evidenced by the original receipt, from the breeder, at time of purchase of **your pet**.
- **Self-injury** - Any physical harm that **your pet** does to their own body either internally or externally, whether intentionally or unintentionally, eg. ingesting or swallowing foreign bodies or substances (human food, stones, toys etc)
- **Skin Conditions** - Any **conditions** affecting the skin, including ear canals.
- **Specialist, Specialist Vet, Specialist Veterinary Surgeon** - A **vet** on the Irish Veterinary Council's Register of Specialists, or a **vet** that has achieved a European, American or Royal College Diploma status in their respective field.
- **Stand-Down Period** - Within 14 days of the inception date of the **period of insurance** in all instances or as may be outlined additionally in relation to specific **conditions** in the **age at entry and breed specific policy**

limitations table.

- **Start Date** – The date on the **policy schedule** showing when the cover starts.
- **Symptom** – A feature (whether clinically evident or not) that indicates the existence of something else. It is the evidence of a physical or mental **condition, illness** or **injury** being suffered by **your pet**.
- **Territorial Limits** – The Republic of Ireland.
- **Treatment** – Any examination, consultation, diagnostics, advice, test, X-ray, medication, surgery, nursing or care provided by any veterinary professional.
- **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** – Försäkringsaktiebolaget Agria (publ), c/o Agria Petinsure, PO Box 911, Little Island, Cork, T45 HP92 Ireland.
- **You, Your** – The person named on the **policy schedule**.
- **Your Pet** – Any cat named on the **policy schedule**, where **you** are the registered owner, is living with **you** at **your** permanent registered address and is in **your** permanent & full-time care.

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, on an annual basis, for the duration of the policy. Cats must be kept vaccinated against Feline Infectious Enteritis, Cat Flu and Feline Leukaemia
- D. Where **you** state that **your pet** has been vaccinated, failure to provide evidence of a full annual vaccination record will result in the automatic declination of any claim submitted by **you** and the immediate cancellation of **your policy** with only the unused (if any) portion of premium paid by **you** refunded.
- 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 pet's** 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**. **We** will not give prior approval of **your** claim. If **we** decide, **you** must take **your pet** to a **vet** that **we** choose.
- K. **We** also reserve the right to refuse payment of any **vet fees** arising from the **treatment** of **your pet** by any particular **vet** (or by any particular practice) after **you** have been notified by **us**.
- L. It is not possible to upgrade **your policy** plan after the

policy commences.

- M. **We** will, at **our** option, offer a 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 or modify **your policy** terms and premium (including after the renewal date of **your policy**) in the **event** that any prior claim is received or processed at any time after the date of that offer.
- N. **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.
- O. **You** agree that anyone who has treated or cared for **your pet** has **your** permission to release any **pet 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.
- P. **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**.
- Q. 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.
- R. This is a fixed terms 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**.
- S. It is **your** responsibility to ensure that **you** are not attempting to claim for a **pre-existing condition** or **event**. If **you** attempt to claim for a **pre-existing condition** or **event** knowingly or unknowingly **your policy** will be cancelled. Only the unused portion of **your** premium will be refunded to **you**.
- T. **You** and **your pet(s)** must live within the **territorial limits**, on a permanent basis, at the address shown on **your certificate of insurance**.
- U. Throughout the **period of insurance**, **you** must take all reasonable steps to: maintain **your pet's** health; provide a safe and secure environment for **your pet** to prevent an **event** (including but not limited to ingestion of foreign bodies once **you** have become aware that **your pet** is pre-disposed to this behaviour); control **your pet** to prevent **injury** to a person or another animal or damage or destruction to any

property.

- V. **You** can only choose to have policy **Sections 4 - Death or Loss by Theft or Straying, 667 - Boarding Fees due to Hospitalisation or Holiday Cancellation** at the start of **your policy** and can only remove them at the renewal of **your policy**.
- W. **You** can chose to have policy **Sections 5 - Breeding Cover and 8 - Overseas Travel** at the start of **your policy** or add them at a later date and can only remove them at the renewal of **your policy**.

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 statutes.
- E. Any loss caused by war, riot, revolution or any similar **event**.
- F. Any costs incurred as a result of restrictions put on **your pet** by the Department of Food and Agriculture in the Republic of Ireland.
- G. Any amount if **you** break the Republic of Ireland animal health or importation laws or regulations.
- H. 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.
- I. **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.
- J. A **stand-down period** applies to the **vet fees**, death from **illness** and holiday cancellation costs benefits of **your policy**.
- K. **You** must care for **your pet**, in accordance with the advice of **your vet**. **We** shall not be liable for any claims arising from **conditions** or **events** resulting from, accentuated by or caused by **your** failure to follow **your vet's** advice.
- L. Any claims for **conditions** specifically excluded under the policy based on the breed of **your pet** and / or the age of **your pet** at the **start date** of **your** policy.
- M. Any claims for **conditions**, subject to **stand-down periods**, arising during the specified **stand-down period** depending on the age of **your pet** and the breed of **your pet** when first insured with **us**.

SECTION 1 – VETERINARY 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**. Including:
 - The cost of a **clinical diet** up to €150 to treat the **illness** or **injury**, for each separate **illness** or **injury**;
 - Up to the amount specified on **your policy schedule** for **complementary treatment** for each separate **illness** or **injury**;
 - Up to 10 sessions of hydrotherapy for each separate **illness** or **injury**;
 - The cost to put **your pet** to sleep;
 - The cost of cremation, burial and a house visit by a **vet** to put **your pet** to sleep €100;
 - Up to €150 towards the cost of behavioural therapy **your pet** receives from a **behaviourist** for a **behavioural disorder**.

The amounts for cremation, burial and a house visit by a **vet** to put **your pet** to sleep, **clinical diet** or **complementary treatment**, which includes the cost of up to 10 hydrotherapy sessions, are all included in the **maximum benefit** for this **policy** section. **you** can only claim up to these amounts once, per **illness** or **injury**, during the whole time **your pet** is insured with **us**. The limit for behavioural therapy is included in the **maximum benefit** for this **policy** section and apply once for each **behavioural disorder** during the whole time **your pet** is insured with **us**.

WHAT YOU WILL PAY

The **fixed excess** and **percentage excess** shown on **your policy schedule**.

These excesses do not apply to the costs of cremation, burial or a house visit by a **vet** to put **your pet** to sleep.

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 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** regardless of whether or not **you** were aware of it;
 - A **condition** that first showed **clinical signs** before the **start date** or during the **stand-down period**;
 - A **pre-existing condition**.
- Any amount for claims resulting from a **condition** or

injury that is specifically excluded under the **certificate of insurance** 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 & wart removal, grooming, routine emptying of anal glands, removal of anal glands and use of pheromones.
- Routine castration and routine spaying, other than the costs of **treatment** for complications arising from these procedures.
- Removing retained testes or first teeth unless **your pet** was less than 16 weeks old when it was first insured with **us**.
- The cost of **clinical diets** and medicines to help **your pet** lose weight or any routine post-operative recovery diet.
- Any amount for claims for **treatments** for congenital heart **conditions**, eye **conditions**, Brachycephalic Airway Syndrome, **skin conditions** or **orthopaedic conditions** that are subject to specific exclusions and / or **stand-down periods** as outlined in the **age at entry and breed specific policy limitations**.
- 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 (except for claims arising from these procedures) and (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**.
- The cost of house calls unless **your vet** confirms that moving **your pet** would damage **your pet's** health, regardless of **your** personal circumstances.
- Afterhours consultation charges except in an emergency.
- 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.
- The cost of a post-mortem.
- Any costs for treating an **illness** or **injury** after the last day of the policy year.
- Any amount for pre-anaesthetic blood screening, nor intraoperative fluids for short procedures (under 40 minutes) in healthy cats under 10 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** health.

- The cost of any additional **treatment** required because **you** are unable to administer medication due to **your pet's** behaviour or **your** personal circumstances.
- The cost of housing, including cages and bedding needed for the **treatment** or wellbeing of **your pet**.
- 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 or during the **stand-down period**.
- Any homeopathy, alternative medicine, supplements (unrelated to **illness** or **injury**) or related **treatments**.
- The cost of **treatment** if a claim is not submitted within 90 days of the first diagnosis or **clinical sign** of the **condition** whichever the earlier.
- The cost of any **treatment** if a claim is not submitted within 90 days of the **end date** of **your policy**.
- Costs for **treatment** of **conditions** arising from or exacerbated by **your pet** being overweight, except for weight gain as a result of a diagnosed **illness**.
- The cost of any hydrotherapy session if it is performed to help **your pet** lose weight.
- 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** or during the policy **stand-down period**.
- Any amount for **veterinary fees** where **we** deem the investigations and / or **treatments** were not indicated based on the **clinical history** provided.
- Costs incurred as a result of complications associated with veterinary error as deemed by **our** veterinary advisors.
- Any amount for advanced imaging (CT and MRI) unless it has been preauthorised by **us** or by direction of a **specialist** (in the specific field) that has examined the case. Full copies of the images for assessment and a detailed report by a **specialist** will need to be provided.
- Any amount for allergy testing or immunotherapy unless preliminary investigations have excluded other possible underlying aetiologies (causes) (such as food allergies and parasites) and the pet has a chronic (more than 6 months) history of skin issues.
- Experimental **treatment**.
- Any amount for advanced diagnostics and / or **treatments** unless preliminary investigations and / or

treatments have excluded other possible underlying aetiologies (causes).

- Any amount for stem cell therapy, platelet-rich plasma and related **treatment** unless recommended, approved as appropriate and performed by a **specialist**.
- Any amount that would not otherwise be payable under the **vet fees** section of these terms and conditions.
- Any amount if **your** claim falls outside the general or specific claims requirements related to this section of cover.
- The cost of **treatment** for or arising from recurrent **self-injury**.
- Any costs for **complementary treatment** and the **treatment** of **behavioural disorders** that are not recommended by a **vet** and are not carried out under the direction of a **vet**.

Any costs for:

- **Behavioural disorders** that **you** can prevent by normal training and socialisation.
- Training classes.
- **Your pet** to stay and receive training or **treatment** from a **behaviourist** at a residential training or behavioural centre.
- **Treatment** and behavioural therapy **you** choose to have carried out that does not treat an **illness, injury** or **behavioural disorder**.
- **Treatment, complementary treatment** and behavioural therapy received outside the **Republic of Ireland** if **you** have not chosen the overseas travel **policy** section and this is shown in the **your cover** section of **your policy schedule**.

SECTION 2 - 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 a maximum as shown in **your policy schedule** and for a suitable reward to be offered for recovery of **your 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**.

SECTION 3 - TRAVEL AND ACCOMMODATION

WE WILL PAY

If **your pet** has an **illness** or **injury** during the **period of insurance** and **your** usual **vet** refers **your pet** to another **vet** for **treatment**.

we will pay up to the **maximum benefit** for this **policy** section for:

- travel expenses of 42 cents a kilometre to and from the **vet your pet** is referred to;
- toll road charges;
- standard ferry fees; and,
- accommodation expenses, during the **period of insurance** for **you** or a member of **your immediate family**.

WE WILL NOT PAY

Any amount:

1. Unless the cost of **treatment** for the **illness** or **injury** is covered under **Section 1. Veterinary Fees**.
2. For travel:
 - To or from **your pet's** usual veterinary practice.
 - To, from or in between any practice or branch practice of a group of veterinary practices **your** usual veterinary practice belongs to.
 - From the Republic of Ireland to a veterinary practice in another country, or from a veterinary practice in another country to the Republic of Ireland.
3. If the **treatment** the **vet** referred **your pet** for does not happen in the **period of insurance**.
4. For travel to a **behaviourist** or for **complementary treatment**.
5. For food and drink.
6. More than the amount **you** have paid for **your** travel and accommodation.

SECTION 4 - DEATH AND THEFT OR STRAYING

Sections 4a and 4b only apply if **you** chose them and they are shown in the **your** cover section of **your policy schedule**.

SECTION 4A - DEATH FROM ILLNESS OR INJURY

WE WILL PAY

If **your pet** dies or is put to sleep by a **vet** during the **period of insurance** as a result of an **illness** that first shows **clinical signs** or **injury** that happens during the **period of insurance**:

If **you** did not acquire **your pet** from a rehoming or rescue centre:

- the amount **you** paid for **your pet** up to the amount declared on **your policy schedule**; or,
- **your pet's market value**, up to the maximum of the amount declared on **your policy schedule**, if **you** do not

have a purchase receipt, up to the **maximum benefit** for this **policy** section.

If **you** acquired **your pet** from a rehoming or rescue centre:

- The adoption fee **you** paid for **your pet** up to the amount declared on **your policy schedule** up to the **maximum benefit** for this **policy** section; or,
- The price shown on **your policy schedule**, up to a maximum of €100, if **you** do not have evidence of the adoption fee **you** paid when **you** acquired **your pet**.

WE WILL NOT PAY

1. If **your pet** dies from an **illness** when it is over the maximum age shown on **your policy schedule**.
2. If **your pet** dies from a **pre-existing condition**.
3. If **your pet** dies from or as a result of pregnancy and giving birth.
4. If a **vet** can treat **your pet** and it is humane to keep it alive.
5. If **your pet** is put to sleep because it is aggressive unless an **illness** or **injury** covered by this insurance caused the aggression.
6. Any amount unless **your vet** certifies that **your pet** is dead.
7. If **your pet** dies as a result of extremes of temperature from being left unattended in a motor vehicle.

SECTION 4B - THEFT OR STRAYING

WE WILL PAY

If **your pet** is stolen or goes missing during the **period of insurance**:

If **you** did not acquire **your pet** from a rehoming or rescue centre:

- the amount **you** paid for **your pet** up to the amount declared on **your policy schedule**; or,
- **your pet's market value**, up to the maximum of the amount declared on **your policy schedule**, if **you** do not have a purchase receipt, up to the **maximum benefit** for this **policy** section.

If **you** acquired **your pet** from a rehoming or rescue centre:

- the adoption fee **you** paid for **your pet** up to the amount declared on **your policy schedule** up to the **maximum benefit** for this **policy** section; or,
- the price shown on **your policy schedule**, up to a maximum of €100, if **you** do not have evidence of the adoption fee **you** paid when **you** acquired **your pet**.

WE WILL NOT PAY

Any amount if:

1. **Your pet** has been missing for less than 45 days.
2. **You** do not notify the police if **your pet** is stolen.

3. **You** do not report **your pet** is stolen or has gone missing to:
 - the appropriate local authority within 48 hours of **your pet** going missing;
 - **your vet**;
 - other local **vets**;
 - local animal rescue centres.
4. **Your pet** is stolen or goes missing during the **stand-down period**.
5. **Your pet** is taken by someone to obtain a ransom payment from **you**.
6. **Your pet** is left in an unlocked vehicle.

SECTION 5 - BREEDING COVER

Sections 5a, 5b and 5d only apply if **you** chose them and they are shown in the **your cover section of your policy schedule**.

Section 5c only applies if **you** have also chosen **Section 4: Death and Theft or Straying** and they are shown in the **your cover section of your policy schedule**.

Sections 5a, 5b and 5d are shown on **your policy schedule** under the heading Breeding Cover - Veterinary Fees. Section 5c is shown on **your policy schedule** under the heading Breeding Cover - Death.

SECTION 5A - FERTILITY EXAMINATION

WE WILL PAY

FEMALES

If **your pet** does not become pregnant after two matings with two different and proven fertile males during the time **your pet** is insured with **us**. **We** will pay up to the **maximum benefit** for Breeding Cover - Veterinary Fees the cost of the following **your pet** receives during the **period of insurance**:

- a physical examination by a **vet**, including the reproductive organs and vaginocopy;
- an ultrasound of the uterus and ovaries;
- vaginal cytology, blood tests, a complete blood count, including haematology, biochemistry blood platelets and ALT, creatinine, glucose and total T4 and TSH;
- **treatment** (excluding surgery) to restore **fertility**.

MALES

If **your pet** does not successfully impregnate after two matings with two different and proven fertile females during the **period of insurance**. **We** will pay up to the **maximum benefit** for Breeding Cover - Veterinary Fees for the cost of the following **your pet** receives during the **period of insurance**:

- a physical examination by a **vet** including the reproductive organs;
- blood tests - haematology, blood tests, a complete

- blood count, including haematology, biochemistry blood platelets and ALT, creatinine, glucose and total T4 and TSH;
- a test of sperm quality with a six month interval;
- **treatment** (excluding surgery) to restore **fertility**.

WE WILL NOT PAY

1. The **fixed excess** and **percentage excess** shown on **your policy schedule**.
2. More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 5a, 5b and 5d.
3. Fees for **fertility** examinations or tests for **your pet**, if he has successfully impregnated on three occasions or is aged seven or more and has not had a successful mating before.
4. Infertility resulting from a **pre-existing illness or injury**.
5. The cost of **treatment** received when the **policy** is not in force.
6. Any costs for a **fertility** disorder, which first shows signs before or within 12 weeks of the start of this **policy** section.
7. Any costs if **your female pet** is less than one year old or over the age of seven years.
8. Any costs if **your female pet** has had four pregnancies.
9. The cost of tests to predict ovulation and to find out the best time for fertilisation.

SECTION 5B- PREGNANCY AND GIVING BIRTH

WE WILL PAY

The cost of **treatment**, including **the cost of a clinical diet up to €150** up to the **maximum benefit** for Breeding Cover - Veterinary Fees, **your pet** receives during the **period of insurance** as a result of the following happening in the **period of insurance**:

- complications from pregnancy;
- complications from giving birth;
- weak or fading kittens.

The amount for **clinical diet** is included in the **maximum benefit** for this **policy** section. **You** can only claim up to this amount once, per complication relating to pregnancy or from giving birth, during the whole time **your pet** is insured with **us**.

WE WILL NOT PAY

1. The **fixed excess** and **percentage excess** shown on **your policy schedule**.
2. More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 5a, 5b and 5d.
3. Cost for complications resulting from a **pre-existing illness or injury**.

- Costs for complications resulting from an **illness** the commenced during the **stand-down period**.
- The cost of **treatment** received when the **policy** is not in force.
- Any amount if **your pet** has had two or more caesarean sections.
- Any amount if the **clinical signs** that the kittens are weak or fading are first noticed when they are eight days old or more.
- The cost of caesarean sections that are not carried out as a result of complications of pregnancy or giving birth.
- The cost of examinations to confirm pregnancy.
- Any costs for **treatment** as a result of complications of pregnancy, complications of giving birth, weak or fading kittens that happen or first show **clinical signs** before or in the first 12 weeks of the start of this **policy** section.
- Any costs for **treatment** if **your pet** was pregnant at the start of this **policy** section, or became pregnant within the first 12 weeks of the start of this **policy** section.
- Any costs if **your pet** is female and has already had four pregnancies.
- Any costs if **your pet** is less than one year old or seven years old or more.

SECTION 5C - DEATH FROM PREGNANCY AND GIVING BIRTH

WE WILL PAY

If **your pet** dies during the **period of insurance** as a result of complications of pregnancy or giving birth during the **period of insurance**:

- the amount **you** paid for **your pet**; or,
- your pet's market value** if **you** do not have a purchase receipt.

up to the **maximum benefit** for Breeding Cover - Death.

WE WILL NOT PAY

Any amount:

- Unless **you** have also chosen **Section 4. Death and Theft or Straying** and it is shown in the **your** cover section of **your policy schedule**.
- If **your pet** dies when it is less than one year old or more than seven years old.
- If **your pet** dies when it is over the maximum age for death from an **illness** for the policy **Section 4a Death from Illness or Injury** shown on **your policy schedule**.
- If **your pet** dies in the first 12 weeks of the start of this policy section.
- If **your pet** dies from complications as a result of a **pre-existing illness or injury**.

- If a **vet** can treat **your pet** and it is humane to keep it alive.
- If **your pet** has already had four pregnancies.

SECTION 5D- VETERINARY FEES FOR KITTENS

WE WILL PAY

If **your pet** is female and gives birth during the **period of insurance**, we will pay the cost of **treatment** for an **illness or injury your pet's** kittens receive, including the cost of a **clinical diet** €100 per litter to treat the **illness or injury**, up to the **maximum benefit** for Breeding Cover - Veterinary Fees during the **period of insurance**:

- from when they are born to the age of 20 weeks for kittens; or,
- from when they are born to the date the new owner collects them;

whichever date comes first.

The amount of €150 for **clinical diet** is included in the **maximum benefit** for this **policy** section. **You** can only claim up to this amount once, per **illness or injury**, during the whole time **your pet's** kittens are insured with **us**.

WE WILL NOT PAY

policy Section 1, Veterinary Fees, we will not pay, applies to this **policy** section as well as the following:

- The **fixed excess** and **percentage excess** shown on **your policy schedule** for the **treatment** of all kittens in a litter.
- More than the **maximum benefit** for Breeding Cover - Veterinary Fees in each **period of insurance** for the total of all claims under sections 5a, 5b and 5d.
- Any costs for **treatment** for an **injury** that happens or an **illness** that first shows **clinical signs** before or within 12 weeks of the start of this **policy** section.
- Any costs for **treatment** if **your pet's** kittens were conceived or born within the first 12 weeks of the start of this **policy** section.
- Any costs for **treatment your pet's** kittens receive;
 - when they are 21 weeks old or more; or,
 - after the date the new owner collects them if this is before they are 21 weeks old.
- Any costs if **your pet** is female and is less than one year old or seven years old or more at the time the kittens are born.
- Any costs if **your pet** is female and has had more than four pregnancies.
- Any amount for the **market value** of the kittens.
- The cost of formula milk or equipment needed for hand rearing.
- Any charges in respect of cremation, burial or disposal of **your pet's** kittens.

SECTION 6 - BOARDING KENNELS / CATTERY FEES

Section 6 will only apply if **you** chose it and it is shown in the **your** cover section of **your policy schedule**.

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** or anybody in **your** immediate family 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**.

SECTION 7 - HOLIDAY CANCELLATION COSTS

Sections 7 only applies if **you** chose it and it are shown in the **your** cover section of **your policy schedule**.

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, lifesaving **treatment** 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 **treatment**.
- Costs for any **condition** that is likely to need emergency life-saving **treatment** 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.
- Any costs relating to the holiday cancellation of any individual not named on **your policy schedule** (e.g. another family member).

SECTION 8 - OVERSEAS TRAVEL

Section 8 only applies if **you** chose it and it is shown in the **your** cover section of **your policy schedule**.

Section 8 extends the cover under all **policy** sections, if **you** chose them and they are shown in the **your** cover section of **your policy schedule**, for a **journey** up to a maximum of 90 days in each **period of insurance** in a country or territory that is covered under the **pet passport** scheme, in the the European Union, Norway, Switzerland and the UK.

Section 8 includes cover under section 8a, 8b, 8c and 8d.

SECTION 8A - QUARANTINE COSTS

WE WILL PAY

If during the **period of insurance**, while on a **journey** with **you**:

- **your pet's** microchip fails; or,
 - **your pet** has an **illness**; and,
- is not allowed back into the Republic of Ireland despite **your** compliance with all the requirements of the **pet passport** scheme. **We** will pay up to the **maximum benefit** for this **policy** section towards the costs;
- for the time it is put in quarantine before being allowed back into the Republic of Ireland.

WE WILL NOT PAY

1. More than the **maximum benefit** for this **policy** section in each **period of insurance**.

Any amount:

2. If **you** have not complied with all regulations of the **pet passport** scheme.
3. If **your pet** has been outside the Republic of Ireland for more than 90 days during the **period of insurance**.
4. If the microchip that fails is not to ISO Standard 11784 or Annex A to ISO Standard 11785.
5. If the microchip was not checked and found to be working properly in the 14 days before the start of **your journey**.
6. As a result of any **pre-existing condition** or an **illness** or an **injury** that happened or first showed **clinical signs** before this section was added to **your policy**.
7. As a result of an **injury** that happened or an **illness** that first showed **clinical signs** before **you** booked **your journey**.

SECTION 8B - REPEAT WORMING TREATMENT

WE WILL PAY

If, during the **period of insurance**, **your** carrier delays **your** return to the Republic of Ireland and **your pet's** worming **treatment** is no longer valid. **We** will pay up to the **maximum benefit** for this **policy** section towards **your pet's** repeat worming **treatment**.

WE WILL NOT PAY

Any costs:

1. For the initial worming **treatment**.
2. If the initial worming **treatment** was not given in the

timescale required by the **pet passport** scheme.

3. If the repeat worming **treatment** was not necessary to comply with the **pet passport** scheme.
4. If **your pet** has been outside the Republic of Ireland for more than 90 days during the **period of insurance**.

SECTION 8C - LOSS OF PET PASSPORT

WE WILL PAY

If **your pet's pet passport** is lost or stolen while **you** are on holiday during the **period of insurance**. **We** will pay up to the **maximum benefit** for this **policy** section for the cost of:

- replacement **pet passport**; and,
- quarantine for **your pet** while **you** get a new **pet passport**.

WE WILL NOT PAY

Any amount:

1. If the **pet passport** is lost or stolen before the start of **your journey**.
2. If **you** do not report the **pet passport** as lost or stolen to the issuing **vet** within 24 hours of the time **you** discover it is missing.
3. If **your pet** has been outside the Republic of Ireland for more than 90 days during the **period of insurance**.

SECTION 8D - EMERGENCY EXPENSES ABROAD

WE WILL PAY

Up to the **maximum benefit** for this **policy** section for each of the following that happen during the **period of insurance**:

1. If **your pet** needs emergency **treatment** for an **illness** or **injury** while **you** are on a **journey** and this means **you** miss **your** scheduled return travel to the Republic of Ireland. **We** will pay the cost of accommodation for **you** and **your pet** until **your pet** is well enough to return to the Republic of Ireland and the cost for **you** and **your pet** to travel back to the Republic of Ireland.
2. If **your pet** is lost or goes missing while **you** are on a **journey**. **We** will pay for extra accommodation and transport costs while **you** try to find **your pet** before the date **you** are due to return to the Republic of Ireland.
3. If **your pet** is lost or goes missing before the date **you** are due to return to the Republic of Ireland and **you** stay to try to find **your pet**. **We** will pay accommodation and transport costs for up to four days while **you** try to find **your pet**.
4. If **your pet's pet passport** is lost or stolen while **you** are on a **journey** and this means **you** miss **your** scheduled return. **We** will pay:
 - accommodation costs for **you** and **your pet** while **you** get a new **pet passport**; and,

- the costs for **you** and **your pet** to travel back to the Republic of Ireland.
5. If **your** carrier delays **your** return to the Republic of Ireland and **you** have to get **your pet's** worming **treatment** repeated and this means **you** miss the rescheduled travel back to the Republic of Ireland. **We** will pay:
 - accommodation costs for **you** and **your pet** while **you** wait for the next available departure; and,
 - the costs for **you** and **your pet** to travel to the Republic of Ireland.

WE WILL NOT PAY

1. If **your pet** has been outside the Republic of Ireland for more than 90 days during the **period of insurance**. Any costs as a result of:
2. Any **pre-existing illness** or **injury** or an **illness** or **injury** that happened or first showed **clinical signs** before this section was added to **your policy**.
3. As a result of an **illness** in the first 14 days of this section being added to **your policy**.
4. An **injury** that happened or an **illness** that first showed **clinical signs** before **you** booked **your** holiday.

HOW TO CLAIM

Please visit www.agriapetinsure.ie and download a claim form. Alternatively, please contact **us** on 021 202 9119 where **we** would be delighted to talk **you** through the process.

CLAIMS INFORMATION

We attempt to make claiming as easy as possible for **you**. The first claim is always the hardest and there are certain requirements, as well as information that **we** will require in order to be able to process **your** claim. **We** will not require the same level of information for second and subsequent claims.

Please read the details below carefully for both, the general claims requirements and any claims requirements specific to each section of cover under this **policy of insurance**.

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

GENERAL CLAIMS REQUIREMENTS

All Sections:

For a claim under any section of this policy please submit:

- A fully completed claim form via email to claims@agriapetinsure.ie or by post. PO Box 911, Little Island Cork T45 HP92
- Detailed valid VAT invoices and receipts for costs incurred setting out the specific costs, charges and / or professional fees involved. Failure to supply any and all of

this information will result in **your** claim being declined.

- Any other information to support **your** claim. There are general timelines related to claims as follows:
 - Notwithstanding the specific claims requirement, all claims relating to **your policy** must be submitted within 90 calendar days of the final day of **your last period of insurance**. Claims submitted outside this timeframe are not admissible.
- NB – Any claims received more than 90 days after the end of **your period of insurance** will not be admissible or considered for payment.

SPECIFIC CLAIMS REQUIREMENTS

VET FEES

- **You** must fill in all policy-holder sections of the claim form and ask **your vet** to fill in the **treatment** section. **We** will not pay for the supply of this information.
- Claims for new **conditions** must be submitted within 90 days of the first **treatment** date.
- Claims for **events** which have previously been approved for payment by **us**, should be submitted at the end of the **treatment** for the **event**, but in any case, no more frequently than every 90 calendar days unless approved by **us**.
- Payment of **specialist** fees and fees for referral cases is dependent upon the provision of a detailed referral letter from the **specialist** of a standard expected by Irish, European or American college combined with a detailed surgical report. In the absence of this information no fees will be paid in respect of the **specialist** procedures completed.

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 **pet history** of **your pet** if requested by **us**. Claims submitted without the information or documentation to support the claim as set out on the claim form and / or as requested by **us** will not be eligible for reimbursement.
- 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**.

TRAVEL AND ACCOMMODATION

Please send us:

Send **us** a letter explaining the reasons for **your** travel and accommodation, where **you** travelled from and to, how many times **you** made the **journey** and how many

days **you** stayed away from home. Send the letter to **us** with receipts for any travel and accommodation expenses.

ADVERTISING AND REWARDS

CLAIMS REQUIREMENTS / SPECIAL CONDITIONS

- Please phone **us** on 021 202 9119 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.

Important Note:

- **We** will not pay for the supply of any information required for **your** claim.

DEATH AND THEFT OR STRAYING

CLAIMS REQUIREMENTS / SPECIAL CONDITIONS

Please send us:

- A death certificate from **your vet**.
- The original receipt showing the amount **you** paid for **your pet**.
- **Your** claim form fully completed.
- Details of the specific accident and Garda report if applicable.

Important Note:

- Inability to provide **us** with a purchase receipt will result in a settlement based on **your pet's market value**, up to the maximum of the amount declared on **your schedule of insurance**.
- A **vet** must have examined, and certified **your pet** as deceased for any benefit to be payable.
- **We** will not pay for the supply of any information required for **your** claim.

THEFT AND STRAYING

CLAIMS REQUIREMENTS / SPECIAL CONDITIONS

Please send us:

- A police crime reference number or written confirmation of **your** report (in the case of theft only).
- A completed claim form if **your pet** has not been found or returned within 45 days.

Important Note:

- Inability to provide **us** with a purchase receipt will result in a settlement based on **your pet's market value**, up to the maximum of the amount declared on **your schedule of insurance**.
- 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 report **your pet** missing to the Police, Local Animal Care Centres and veterinary practices 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.

BREEDING COVER

CLAIMS REQUIREMENTS / SPECIAL CONDITIONS

SECTION 5A – FERTILITY EXAMINATION

Please send us:

- After **your pet** has had the **fertility** examination and/or **treatment** please submit a fully completed claim form in addition to:
 - the examination and **treatment** invoices;
 - evidence of the two failed matings;
 - details of the previous pregnancies for the two animals **your pet** unsuccessfully mated with.

SECTION 5C – DEATH FROM PREGNANCY AND GIVING BIRTH

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.

Important Note:

- Inability to provide **us** with a purchase receipt will result in a settlement based on **your pet's market value**, up to the maximum of the amount declared on **your schedule of insurance**.
- A **vet** must have examined, and certified **your pet** as deceased for any benefit to be payable.
- **We** will not pay for the supply of any information required for **your** claim.

BOARDING KENNEL / CATTERY FEES

CLAIMS REQUIREMENTS / SPECIAL CONDITIONS

Please send us:

- A letter from **your** doctor or consultant stating the **condition** did not pre-date the policy and 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**.

Important Note:

- **We** will not pay for the supply of any information required for **your** claim.

HOLIDAY CANCELLATION COSTS

CLAIMS REQUIREMENTS / SPECIAL CONDITIONS

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 **you** decided to cancel or return home and any expenses **you** cannot recover.

Important Note:

- **We** will not pay for the supply of any information required for **your** claim.

OVERSEAS TRAVEL

CLAIMS REQUIREMENTS / SPECIAL CONDITIONS

SECTION 8A – QUARANTINE COSTS

Please send us:

- A letter explaining what **you** are claiming for.
- A receipt for the kennel or quarantine costs.
- Documentary evidence that **your pet** was microchipped before **your** holiday with a microchip of ISO Standard 11784 or Annex A to ISO Standard 11785.

SECTION 8B – REPEAT WORMING TREATMENT

Please send us:

- A letter explaining the delay to **your journey** and what **you** are claiming for.
- Receipts for the costs **you** are claiming for.
- **Your** booking invoice or other documents showing the dates of **your** scheduled return to the Republic of Ireland.
- Confirmation from the carrier of **your** delayed return to the Republic of Ireland.
- A receipt for the initial worming **treatment**.

SECTION 8C – LOSS OF PET PASSPORT

Please send us:

- A letter explaining when and how the **pet passport** was lost or stolen and what **you** are claiming for.
- Receipts for the costs **you** are claiming for.
- A letter from the issuing **vet** to say when **you** reported the **pet passport** as lost or stolen.

SECTION 8D – EMERGENCY EXPENSES ABROAD

Please send us:

- A letter explaining what **you** are claiming for.
- Receipts for the costs **you** are claiming for.
- Details of the emergency **treatment your pet** needed; or,
- The name and address of the appropriate authority **you** reported **your pet** was missing to.
- **Your** booking invoice or other documents showing the dates of **your** scheduled return to the Republic of Ireland.

NOTES

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Agria Care



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