



DOCUMENT OF INSURANCE: PROTECTING YOU AND YOUR PET

Issued by Harvington Services Limited

In consideration of **You** having paid the premium or agreed to pay the premium on the date of inception of this contract **We** agree to provide the Insurance described in this Policy and Schedule. The Policy and Schedule should be read together as one contract and the Proposal Form/ Statement of Fact made by the **You** is the basis of the contract. The parties are free to choose the law applicable to this insurance contract. Unless specifically agreed to the contrary this contract shall be subject to English Law.

DEFINITIONS USED IN THIS DOCUMENT

A number of words used in this document have a specific meaning. Such words are written in bold and start with a capital letter. They always have the meaning shown below.

Accidental Injury	A sudden and unforeseen injury which is the result of an identifiable and known cause or event during the Period of Cover
Alternative Medicine	Herbal or homeopathic medicine
Clinical Signs	Changes in Your Pet's normal healthy state, its bodily functions or behaviour.
Commencement Date	The date on which Your Pet first becomes covered under this insurance as shown on Your first Schedule
Complimentary Treatment	Physiotherapy osteopathy acupuncture or chiropractic Treatment
Condition	Any Illness or Accidental Injury or symptoms of these whether or not it results in a diagnosis
Excess	The amount shown on Your Schedule. This is the part of each and every claim that You must pay yourself. If Your Pet is aged 8 years or more at the time of Illness or Accidental Injury the Excess will be the amount shown on Your Schedule plus 25% of the remaining cost of Treatment
Illness	Sickness, disease and any changes to Your Pet's normal healthy state, not caused by Accidental Injury and including mental disorders but not behavioural problems caused by inadequate or inappropriate training.
Period of Cover	The period of twelve months starting with the Commencement Date and any subsequent period for which We accept renewal of Your insurance in each case subject to Your payment of the premium.

Poisoning	The introduction of a substance into the body of Your Pet causing Accidental Injury or death
Pre-existing Condition	A Condition or any complication directly attributable to that Condition that has been investigated by Your Vet or is otherwise known to You prior to the Commencement Date
Schedule	The personalised document issued by Us which accompanies the terms and conditions of this insurance
Territorial Limits	The United Kingdom, the Isle of Man and the Channel Islands, and other member states of the European Union included in the Pet Travel Scheme (PETS) (England) Order 1999 or the Republic of Ireland for a total of thirty days in any Period of Cover in respect of Section 1 only
Treatment	Any examination, consultation, advice, tests, X-rays, medication, surgery, nursing and care provided by or arranged and specified by Your Vet.
We, Us, Our	Alpha Insurance A/S
You, Your	The person named on Your Schedule who is responsible for Your Pet. Only one person may be named.
Your Pet	The dog or cat named on Your Schedule and which is free from any Condition at the Commencement Date
Your Vet	An active working member of the Royal College of Veterinary Surgeons or the equivalent in another country within the Territorial Limits

ABOUT THIS INSURANCE POLICY

You should read the terms and conditions detailed in this policy including how to make a claim. Please read them carefully so that you know what cover is provided and what **You** should do if you need to make a claim.

If this insurance does not meet **Your** needs please contact **Your** insurance intermediary with whom **You** arranged this insurance that **You** no longer require cover. **You** should do so within 14 days of cover starting. Please also return this Policy and Schedule. Providing **You** have not made a claim **We** will refund **You** the total premium **You** have paid.

This Policy and the Schedule are important documents. Please keep them in a safe place where **You** can find them should **You** need to refer to them in the future.

Should **You** need to discuss any aspect of the cover then please contact **Your** insurance intermediary. When providing this insurance **We** have relied on the information and statements which **You** have provided in the Proposal Form/Statement of Fact when applying for this insurance.

Date: As shown on the Schedule.

Signed:



For and on behalf of Alpha Insurance A/S, Denmark.
CVR 2889 1458

SECTION 1 VETERINARY FEES

What We will pay

We will reimburse **You** up to the amount shown in the **Schedule** for the cost of **Treatment Your Pet** has received during the **Period of Cover** for an **Illness** or **Accidental Injury**.

You are covered for

1. Fees charged by **Your Vet** for treating the **Illness** or **Accidental Injury** (including injuries caused by fire, lightning and **Poisoning**)
2. Fees for any **Alternative Medicine** recommended by **Your Vet**
3. Up to £250 per year towards **Complimentary Treatment** following an **Illness** or **Accidental Injury** when recommended by **Your Vet**
4. Fees for euthanasia on humane grounds of **Your Pet** When recommended by or agreed with **Your Vet** together with the cost of cremation up to a combined maximum of £200
5. Up to 20% of the cost of a clinical diet for **Your Pet** for a maximum **Treatment** period of 6 months, provided it is recommended by **Your Vet** for a treatable **Condition** other than weight loss
6. Fees for dental **Treatment** to relieve suffering provided **Your Pet** has been covered under this insurance for at least two years, no dental **Treatment** has been recommended during this time and there is a history of regular routine check ups

What We will not pay

We will not pay

1. More than the maximum benefit shown in the **Schedule**
2. The **Excess** shown in the **Schedule**
3. The cost of preventative vaccinations
4. The cost of routine and preventative treatments, cosmetic dentistry, cleaning and descaling of teeth, spaying, castration, removal of dew claws, killing and controlling fleas, **Treatment** of round worms and tapeworms, grooming and nail clipping, or any complications arising from any of these treatments excepting only spaying and castration
5. Costs of any **Treatment** related to pregnancy or giving birth
6. Charges for home visits, premium rate out of hours calls or ambulance fees unless **Your Vet** confirms these are essential to safeguard **Your Pet's** health
7. Any costs arising in connection with a **Pre-existing Condition** or any subsequent **Condition** related to one
8. The cost of treating any **Accidental Injury** or **Illness** deliberately caused by **You** or anyone living with **You**
9. Extra costs for treating **Your Pet** outside usual surgery hours, unless **Your Vet** believes an emergency consultation is essential and that **Treatment** could not be delayed until usual surgery hours.
10. Costs of any **Treatment** for a **Condition** or for **Poisoning** if this first occurred or showed **Clinical Signs** within 30 days of the **Commencement Date**
11. Any costs for **Treatment** that **Your Pet** has received after the end of the **Period of Cover**
12. Traveling expenses
13. Any fees charged by **Your Vet** for completion of claim forms or for the provision of information relating to a claim
14. Treatment fees for **Accidental Injury** caused by another owner's pet where recourse can be taken against the other owner
15. Fees for the **Treatment** of retained testes if **Your Pet** is over the age of 16 weeks at the **Commencement Date**
16. The cost of post-operative convalescent care which could reasonably be provided in **Your** home
17. Costs of any transplants or associated **Treatment**
18. Costs incurred outside the **Territorial Limits**
19. Fees for euthanasia and cremation if **Your Pet** was more than ten years old at the time of death

SECTION 2 HOSPITALISATION COSTS

What We will pay

1. **We** will reimburse **You** up to the amount shown in the **Schedule** for kennel or cattery fees if during the **Period of Cover** **You** are ill or injured and have to spend more than 48 hours in hospital and **Your Pet** stays in a licenced kennel or cattery while **You** are in hospital
2. **We** will instead pay a daily rate of £4, subject to the maximum benefit shown in the **Schedule**, for someone not living with **You** to look after **Your Pet** while **You** are in hospital.

What We will not Pay

We will not pay

1. Any costs resulting from **Your** pregnancy or giving birth
2. Any costs resulting from hospital treatment for alcoholism, drug abuse, attempted suicide or self inflicted injuries
3. Any costs for treatment arising from any illness or injury starting or occurring within the first 30 days of the **Period of Cover**
4. Costs incurred outside the **Territorial Limits**
5. Any costs relating to Hospitalisation for which you already had an appointment arranged at the start of the **Period of Cover** or for which you were on a hospital waiting list at that time.

SECTION 3 HOLIDAY CANCELLATION

What We will pay

We will reimburse **You** up to the amount shown in the **Schedule** if during the **Period of Cover**, **You** cancel **Your** holiday less than 7 days before **You** were due to leave, or come home early, because **Your Pet** goes missing while **You** are away or **Your Vet** advises that **Your Pet** needs life-saving **Treatment**

What We will not pay

We will not pay

1. Costs for anyone else who was on holiday with **You**
2. If **You** cancel **Your** holiday or come home early because **Your Pet** needs **Treatment** that is not life-saving
3. For **Treatment** arising from an **Illness** first occurring or showing **Clinical Signs** before the **Period of Cover** started or within 30 days of the **Commencement Date**
4. If **You** booked **Your** holiday less than 28 days before **You** were due to leave
5. If **You** can get **Your** expenses back from any other source such as travel insurance.

SECTION 4 THIRD PARTY LIABILITY

What We will pay

If **Your Pet** causes an **Accidental Injury** to anyone or damages anyone's property during the **Period of Cover** and within the **Territorial Limits** and **You** are legally responsible **We** will pay up to the amount shown in the **Schedule** in aggregate for

1. Any compensation and legal costs awarded by a court for their **Accidental Injury** or damage to their property
2. The legal costs of defending the claim
3. If more than one person is injured or has their property damaged **We** will pay compensation and legal costs awarded by a court and the legal costs of defending the claims until the limit shown in the **Schedule** is reached
4. If someone else is looking after **Your Pet** when the **Accidental Injury** or damage occurs, **We** will pay provided
 - a. **You** asked them to look after **Your Pet**
 - b. **You** did not agree to pay them to look after **Your Pet**
 - c. The **Accidental Injury** or damage was not to them or their property, and
 - d. **You** are not aware that **Your Pet** has previously caused any **Accidental Injury** or damage
5. If other dogs were involved with **Your Pet** in causing **Accidental Injury** or damage to property **We** will only pay for the share **Your Pet** caused. The owners of the other dogs will have to pay their own share, as will **You** if **You** own any of them.

What We will not pay

We will not pay

1. Any amount if **Your Pet** is not a dog
2. Compensation or legal costs if the injured person or owner of the damaged property
 - a. Is **You** or part of **Your** family
 - b. Lives in **Your** home
 - c. Works for **You**
 - d. Was looking after **Your Pet** with **Your** permission
3. If **You** or someone listed above is looking after the property or holding it in trust
4. The first £250 of any compensation or legal costs for property which has been damaged
5. Any liability arising from an agreement which would not have existed in the absence of the agreement
6. Any liability arising as a result of **Your** occupation or business
7. For any liability arising from pollution of air water or soil.

Condition applying to this Section

If any claim against **You** results in legal action, **We** can take over the case in **Your** name at **Our** expense. **We** require **You** to help **Us** by providing any documents and information **We** need to pursue the case.

EUROPEAN EXTENSION COVER

What We will pay

In respect of cover provided under Section 1 Veterinary Fees the total amount for which **We** will reimburse **You** will be limited to £750 if the fees are incurred during a visit to any country included in the Pet Travel Scheme (PETS) (England) Order 1999 (as amended, supplemented or re-enacted) or the Republic of Ireland.

This cover will apply only if

1. **You** comply with the requirement of the PETS
2. The fees are normally payable under Section 1 Veterinary Fees
3. If **Your Pet** has been abroad for less than an aggregate of 30 days during the **Period of Cover** at the time the fees are incurred.

What We will not pay

We will not pay

1. Any costs associated with complying with the requirements of PETS
2. Claims arising outside the **Territorial Limits**
3. Any claims for **Treatment** not supported by a receipt showing the address and telephone number of the veterinary surgery providing **Treatment**
4. Any claim made under any section of this insurance other than Section 1 Veterinary Fees.

GENERAL CONDITIONS APPLYING TO THIS INSURANCE

Conditions affecting You

- 1 Throughout the **Period of Cover** **You** must take care of **Your Pet** and submit it for any **Treatment** recommended by **Your Vet** to prevent **Illness** or injury.
- 2 **You** must arrange for **Your Pet** to receive the annual vaccinations recommended by **Your Vet**.
- 3 **You** must comply with the terms and conditions of this insurance at all times.

- 4 **Your Pet** must be in good health and free from **Illness** or **Accidental Injury** when **You** apply for this insurance.
- 5 **Your Pet** is only covered under this insurance while **You** continue to pay the premium. If **You** elect to pay by monthly direct debit and **We** do not receive **Your** monthly payment within 10 days of the date of a missed installment, **We** will cancel this insurance with effect from the date of the missed installment. **We** do not have to give **You** any further notice of this provision.
- 6 You must give Us full and accurate information about **Your Pet** and **You** agree that **Your Vet** has **Your** permission to release to **Us** any information **We** ask for about **Your Pet**. **You** will meet any charges levied for this.
- 7 **You** must never make a claim that **You** know to be false or dishonest.
- 8 You must take all reasonable steps to control and regulate the behaviour of Your Pet at all times.
- 9 This insurance is an annual contract but **You** may have chosen to pay monthly. In this case claims will only be paid on the understanding that **You** will still pay the remaining monthly payments for that **Period of Cover**.
- 10 If **You** wish to cancel this insurance **You** must advise **Us** in writing.

Please note that if **You** fail to comply with these **Conditions**, **We** may reduce or refuse to pay any claim made under this insurance.

Conditions Affecting Us

- 1 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.
- 2 At each renewal of **Your** insurance **We** may change the premium and/or **Conditions** and add exclusions because of **Your Pet's** history. We will only do this at renewal date.
- 3 **We** may terminate this insurance at any time by giving **You** seven days notice in writing to the address held on **Our** records. If **We** do this **We** will refund any premium paid for the cancelled period, unless payment has been made for a claim in the same **Period if Cover**.
- 4 **We** may cancel this insurance and recover any payments made if **You** make a false or dishonest claim.
- 5 **We** reserve the right to reclaim any unpaid premiums out of any outstanding claim payments.
- 6 **We** may arrange for a representative to visit **You** and **Your Pet** in order to obtain information necessary to validate your claim.
- 7 **We** will undertake to deal with **Your** claims fairly and without undue delay.
- 8 **We** will forward any settlement cheques within 7 days of **Your** claim being finalised.

EXCLUSIONS APPLYING TO THIS INSURANCE

This insurance does not cover the following

- 1 **Your Pet** if it is less than eight weeks old.
- 2 Dogs being used for guarding or racing or any other commercial purposes.
- 3 Any loss if **You** break United Kingdom animal health or importation laws or regulations.
- 4 Any loss caused by Your Pet being confiscated or destroyed by government or public authorities, or under the Animals Act 1971 or Control of Dogs Act 1986 because it was worrying livestock.
- 5 Any costs caused by the imposition of restrictions on Your pet by the Ministry of Agriculture Fisheries and Food.

- 6 Any loss caused by pressure waves from supersonic aircraft, radioactive contamination, war, riot, revolution or any similar event.
- 7 Any consequential loss unless specified by the policy
- 8 Any claim arising from a malicious or intentional act, willful injury, gross negligence or worrying or chasing livestock.
- 9 Any injury loss or damage caused by Your Pet if Your Pet is a dangerous dog as defined under the Dangerous Dogs Act.

CLAIMS PROCEDURES

Section 1 Veterinary Fees

You must

- 1) let **Us** know as soon as possible when **Your Pet** is ill or injured. Unless **Your Vet** agrees otherwise **You** will need to settle the **Treatment** fees in the first instance
- 2) complete a claim form with the help of **Your Vet** and have it signed by **Your Vet**
- 3) forward the completed claim form to **Us** together with all receipts and any other relevant documents. **You** should do this at the end of **Treatment** or within a month of the end of the **Period of Cover** if the **Treatment** is not finished at that time.
- 4) give all information and assistance required by **Us**

Section 2 Hospitalisation Costs

You must

1. Ask **Us** for a claim form
2. Have the completed form signed by **Your** doctor or consultant
3. Send **Us** the completed form together with **Your** kennel or cattery receipts.

Section 3 Holiday Cancellation

1. Ask **Us** for a claim form
2. Complete the claim form together with **Your Vet**
3. Send us the form together with the details of any expenses **You** cannot recover and the booking and cancellation invoices from **Your** travel agent, tour operator or holiday organiser showing
 - a. The booking date
 - b. Dates and cost of the holiday
 - c. Cancellation or return home date

Section 4 Third Party Liability

You must

1. give immediate notice in writing to **Us** of any event or notification which might give rise to a claim for **Accidental Injury** loss or damage to anyone else under this insurance
2. give all information and assistance required by **Us**
3. send to **Us** immediately on receipt every letter writ summons or other document
4. notify **Us** in writing of any impending prosecution inquest or fatal accident inquiry in connection with any event for which there may be liability under this insurance

You must not

- 1) admit to being at fault or make any offer promise or payment without **Our** written consent
- 2) give anyone information or help them to make a claim against **You** without **Our** written consent
- 3) answer any communication from anyone in connection with any claim without **Our** written consent. Forward the communication to **Us** immediately.

COMPLAINTS PROCEDURE

If you have cause for complaint, it is important you know we are committed to providing you with an exceptional level of service and customer care. We realise that things can go wrong and there may be occasions when you feel that we have not provided the service you expected. When this happens, we want to hear about it so that we can try to put things right.

WHO TO CONTACT

The most important factors in getting your complaint dealt with as quickly and efficiently as possible are:

- to be sure you are talking to the right person, and;
- that you are giving them the right information.

WHEN YOU CONTACT US

- Please give us your name and a contact telephone number
- Please quote your Policy and/or claim number, and the type of Policy you hold
- Please explain clearly and concisely the reason for your complaint

So we begin by establishing your first point of contact.

STEP ONE . INITIATING YOUR COMPLAINT

Does your complaint relate to:

A: Your Policy

B: a claim on your Policy

If **A**, Please write to

The Underwriting Director
Harvington Services Limited
Harvington House
9 Abbey Lane Court
Abbey Lane
Evesham
WR11 4BY

If **B**, You need to contact

The Managing Director
Harvington Services Limited
Harvington House
9 Abbey Lane Court
Abbey Lane
Evesham
WR11 4BY

In either case, if you wish to provide written details, the following checklist has been prepared for you to use when drafting your letter.

- Head your letter **COMPLAINT**
- Give your full name, post code and contact telephone number(s)
- Quote the type of Policy and your Policy and/or claim number
- Explain clearly and concisely the reason(s) for your complaint

The letter should be sent to the person dealing with your complaint along with any other material required.

We expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if you are not satisfied, you can take the issue further:

STEP TWO . IF YOU ARE STILL UNHAPPY

Should the response you receive be unsatisfactory please contact us using the relevant details below.

You may ask Alpha Insurance A/S Amaliegade 12 st. DK-1256 Copenhagen K, Denmark to review Your case (This would not affect Your rights to take legal action if necessary). Please provide written details and head Your letter **Complaint** and give Your full name, address, postcode and Your contact telephone number. Quote the type of policy and policy and or claim Number and explain clearly and concisely the reason(s) for Your complaint. Please send the letter to the person dealing with Your complaint along with a requested material.

STEP THREE

If You still remain dissatisfied after following the above procedures in full, You can ask the Financial Ombudsman Service to review Your case. Their address is Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR.

The Financial Ombudsman Service cannot consider Your complaint if it is: -

- a) less than eight weeks after receipt of the complaint by the sales agent, Administrator or Us, or;
- b) more than six months after the date on which the sales agent, Administrator or Us provided Our final response advising that You may refer Your complaint to the Financial Ombudsman Service, or;
- c) more than six years after the event complained of or more than three years from the date on which You became aware that You had cause for complaint unless You have already referred the complaint to the sales agent, Administrator or Us.

Internet Pets Insurance is underwritten by Alpha Insurance A/S and administered by Harvington Services Ltd.

Alpha Insurance A/S is authorised and regulated by Finanstilsynet (The Danish FSA). As an insurance company authorised within the European Union Alpha Insurance is permitted to conduct business in the United Kingdom and authorised by the FSA under reference 451184. You can check this by visiting the FSA website at <http://www.fsa.gov.uk/consumer>

Harvington Services is an independent insurance intermediary authorised and regulated by the Financial Services Authority.

Harvington Services Ltd.,
Harvington House,
9 Abbey Lane Court
Abbey Lane,
Evesham WR11 4BY
Tel: 01386 442722
Fax 01386 421155
Email: information@harvington.co.uk
Registered Number 3574553

Alpha Group, Amaliegade 12, st. DK-1256 Copenhagen, Denmark.
Telephone: 0045 7025-2595
Fax: 0045 7026 2595