

## POLICY WORDING

### CONTRACT OF INSURANCE

The Insurer will provide the cover explained in each policy section for an illness, injury or loss happening within the 35 days of this policy. The cover is based on your financial loss, which is the amount of money the illness, injury, loss or theft has cost you. This policy wording and your Schedule of Insurance form your contract of insurance.

### DEFINITIONS

Any word or expression that has a specific meaning is shown in bold and has the same meaning throughout this **policy**. These terms are explained below:

**35 days** - 35 days from the time and date this **policy** was activated, after **you** took ownership of **your dog**.

**Behavioural disorder** - changes to **your dog's** normal behaviour caused by a mental or emotional disorder.

### Behaviourist

A person accredited in clinical animal behaviour and a current member of an organisation governed by the Animal Behaviour and Training Council (ABTC), Canine and Feline Behaviour Association (CFBA), the UK Dog Behaviour and Training Charter, or a person who is accredited in behavioural training under the Kennel Club Accredited Instructors Scheme (KCAI Scheme), who is not a **vet**.

**Bilateral disorder(s)** - any medical disorder that can affect parts of **your dog's** body that it has one of on each side of its body, including ears, eyes, knees, front and back legs and paws, cruciate ligaments, hips, shoulders and elbows.

### Clinical Diet(s)

Food made by a pet food company for the purpose of a **vet** to prescribe to help with a specific **illness** or **injury**.

**Clinical sign(s)** - changes to **your dog's** normal healthy state, physical appearance, its bodily functions 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 or 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 who is a member of a **UK** registered professional pet physiotherapy or hydrotherapy organisation.
- Herbal medicine.
- Any consultation fee to administer any of the above.

### Excess

The excess is the amount that **you** will need to pay each time **you** make certain claims during the **35 days** of **your policy**. **You** will need to pay the fixed excess and the percentage excess.

#### Fixed Excess

The amount specified on **your Schedule of Insurance**. This is the fixed amount **you** pay towards claims made under Section 1 – Veterinary Fees.

The fixed amount applies to:

- all episodes of an **illness** with the same diagnosis or **clinical signs**; and,
- each **injury**,

**your dog** receives **veterinary treatment** for during the **35 days** of this **policy**.

#### Percentage Excess

The percentage amount shown on **your**

**Schedule of Insurance**. This is the percentage that **you** must pay towards all claims made under Section 1 – Veterinary Fees. **We** calculate the percentage amount on the amount left after the fixed excess is deducted. The percentage excess is applied to all claims.

### Experimental Veterinary Treatment

A treatment is considered experimental if any of the following apply:

- It is a new, unknown, or rarely used intervention, and there is uncertainty about safety and efficacy because of a lack of evidence.
- It does not conform to usual clinical practice.
- It is currently undergoing or has yet to undergo clinical trials.
- It has not received approval from a relevant regulatory body, for example the Veterinary Medicine Directorate (VMD).

**Illness/illnesses** - changes to **your dog's** normal healthy state; sickness, disease, **bilateral disorders**, defects and abnormalities, including defects and abnormalities **your dog** was born with or were passed on by its parents.

**Injury/injuries** - physical damage or trauma caused suddenly by an accident.

**Insurer(s)** - The insurer of this **policy** is Agria Försäkring, which is the UK branch of Försäkringsaktiebolaget Agria (publ).

**Policy** - this policy wording and the **Schedule of Insurance**. Together, they make up **your** insurance contract.

**Pre-existing illness or injury** - an **injury** that happened, or an **illness** that first showed **clinical signs** before **your dog's policy** started; or an **injury** or **illness** that is the same as, or has the same diagnosis or **clinical signs** as an **injury, illness** or **clinical sign** **your dog** had before **your policy** started; or an **injury** or **illness** that is caused by, relates to, or results from, an **injury, illness** or **clinical sign** **your dog** had before **your policy** started, no matter where any of the **injuries, illnesses** or **clinical signs** are noticed or happen in, or on, **your dog's** body.

### Prosthesis

An artificial body part or implant, other than rods, screws and plates.

**Schedule of Insurance** - the document showing **your** details and **your dog's** details, the cover, the amount **you** pay towards a claim (the excess), the dates of **your policy** and anything extra that is not covered by **your policy**. This document is part of **your** insurance **policy**.

**Veterinary Treatment** - examinations, consultations, advice, tests, diagnostic tests or scans, prescribed medication, surgery, hospitalisation, bandages, nursing and care carried out by a **vet**, or a member of a veterinary practice supervised by a **vet**.

**Vet** - a person registered with the Royal College of Veterinary Surgeons.

**We/Us/Our** - Agria Pet Insurance Ltd acting as intermediary to the **Insurer**.

**You/Your** - the Policyholder named on your **Schedule of Insurance** and any Secondary Policyholder you choose to add to your **policy**.

**Your Dog(s)** - the dog specified on the **Schedule of Insurance**.

## LAW AND JURISDICTION APPLICABLE TO THIS POLICY

**Your policy** is governed by English Law and any dispute between the parties falls within the jurisdiction of the Courts of England and Wales unless **you** and **we** have agreed otherwise.

## RIGHTS OF THIRD PARTIES

**You** and **we** are the only parties to this insurance. No other person has any rights under the Contracts (Rights of Third Parties) Act 1999 and the Scottish equivalent Contract (Third Party Rights) Act 2017 to enforce any term of this insurance, but this does not affect any right or remedy of a third party

which exists or is available apart from this Act.

## SECTION 1. VETERINARY FEES

### We will pay:

The cost of **veterinary treatment** for an **illness** or **injury your dog** receives during the **35 days** of this **policy** up to £5,000.

Included in the £5,000 are the following:

1. 50% of the cost of a **clinical diet** up to £250 for each separate **illness** or **injury**.
2. Up to £750 towards the cost of **complementary treatment**.
3. Up to £250 towards the cost of behavioural therapy **your dog** receives from a **behaviourist** for a **behavioural disorder**.

### We will not pay:

1. The **fixed excess** and **percentage excess** shown on **your Schedule of Insurance**.

**You** will need to pay the **excess** amount, and **we** will pay the amount of a claim above the **excess** amount, up to the limits explained under 'we will pay' for this **policy** section.

2. More than the amount specified on **your Schedule of Insurance**.

The cost of:

3. **Veterinary treatment** for or resulting from a **pre-existing illness** or **injury**.
4. Any **veterinary treatment** received after the **35 days** covered by this **policy**.
5. Costs for and resulting from:
  - Preventative **veterinary treatment**, including removing dew claws that are not damaged and spaying to prevent false pregnancy, mammary tumours and vaginal prolapse.
  - **Veterinary treatment** and behavioural therapy **you** choose to have carried out that does not treat an **illness, injury** or **behavioural disorder**.
  - Post-mortem examinations.
  - Routine examinations, routine tests, routine treatment for **your dog's** general wellbeing and tests to investigate the general health of **your dog**.
  - Routine castration and routine spaying, other than the costs of **veterinary treatment** for complications arising from these procedures.
  - Vaccinations, other than the costs of **veterinary treatment** for adverse reactions arising from the vaccinations.
  - Nail clipping, grooming and de-matting, including syringing/removing hair from the ears when there is no infection present.
  - Removing retained testes or first teeth. However, **we** will pay for this if **your dog** was less than 16 weeks old when **your policy** started.
  - Emptying anal glands when they are not infected or narrowed (stenosed).
  - False pregnancy if **your dog** has already received **veterinary treatment** for two or more episodes of false pregnancy.
  - Products for killing or controlling fleas and intestinal worms, other than the costs of **veterinary treatment** for adverse reactions to these products.
  - Products for killing or controlling skin mites unless there is evidence **your dog** has a mite infestation.
  - De-scaling, polishing and cleaning **your dog's** teeth.
6. The cost of any routine post-operative diet.
7. The cost of **clinical diets(s)** and medicine(s) to help **your dog** lose weight.
8. The cost of any hydrotherapy session if it is performed to help **your dog** lose weight.
9. 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**.
10. Any costs for:
  - Matrix Energy Field Therapy.
  - Reiki massage.

- Faith healing
  - Homeopathic medicine.
- Any costs for:
    - **Behavioural disorders** that **you** can prevent by normal puppy training and socialisation.
    - Training classes.
    - **Your dog** to stay and receive training or treatment from a **behaviourist** at a residential training or behavioural centre.
  - Pheromone products, including pheromone diffusers.
  - Treatment for a dental **illness**, under/overshot jaws, cosmetic dentistry, crowns and root canal procedures.
  - Costs for or resulting from:
    - Organ transplants.
    - The cost of any **prosthesis**, including any **veterinary treatment** needed to fit the **prosthesis**, other than the cost of elbows and hips.
    - Stem cell therapy.
    - Platelet Rich Plasma therapies.
    - **Experimental veterinary treatment**
  - Any costs for or relating to the production of a 3D printed model which is used for the planning of **your dog's** surgery.
  - Any claim that has been caused by **your dog** not being on a short lead while near livestock of any kind, including horses, whether kept for leisure or working purposes.
  - The cost of:
    - House calls unless **your vet** confirms that to move **your dog** would seriously endanger its health or significantly worsen the condition.
    - **Your dog's** stay at a veterinary practice, including any costs for examinations, unless it is for **veterinary treatment** that can only be given by a veterinary practice.
    - Bathing **your dog**, other than bathing with a medicated product that should only be administered by a **vet** or a member of a veterinary practice.
    - Transporting **your dog** to a veterinary practice, between veterinary practices and to move **your dog** within a veterinary practice.
    - **Your vet's** travel expenses.
    - House calls, moving, transporting, bathing, hospitalisation, boarding fees and travel expenses caused by or resulting from **your dog's** weight or **your** personal circumstances.
  - The cost of any additional **veterinary treatment** required because **you** are unable to administer medication due to **your dog's** behaviour or **your** personal circumstances.
  - The cost of recommended or prescribed medication purchased from an online retailer unless the online retailer is listed in the Veterinary Medicine Directorate's accredited internet retailer scheme. Details of the scheme can be found at the following web address: <https://www.vmd.defra.gov.uk/InternetRetailers/accredited-retailers.aspx>
  - Cost to put **your dog** to sleep if:
    - a **vet** can treat it and it is humane to keep it alive.
    - It is put to sleep because its aggressive unless an **illness** or **injury** covered by this **policy** section causes it to be aggressive.
  - Any charges in respect of disposal, cremation or burial of **your dog**.
  - The costs to:
    - Fill in and send a claim form.
    - Refer **your dog** to another veterinary practice.
    - Admit **your dog** to a veterinary practice.
 and the cost of:
    - Postage, packaging, importing medication and using a courier.
    - Obtaining urgent laboratory tests when **your dog** is not immediately at risk from a life-threatening **illness**.
  - The cost of out of hours fees unless an **illness** or **injury**:
    - happens or shows the first **clinical signs**; or,

- significantly deteriorates,
  - after 6 pm and before 8 am, during a weekend or during a bank holiday.
- Additional fees for fitting **your dog** into the working schedule of a veterinary practice between the hours of 8 am and 6 pm Monday to Friday, excluding bank holidays.
  - Vet's** administration costs and other charges a **vet** makes for things that do not directly involve the **vet's** expertise in treating an **illness** or **injury**.
  - Porterage fees charged by a **vet** to carry or move **your dog** whilst in the **vet's** care.
  - The cost of housing, including cages and bedding needed for the **veterinary treatment** or wellbeing of **your dog**.
  - Any costs for or resulting from a disease that the Department for Environment, Food and Rural Affairs (DEFRA) require notification of (for example, Rabies).
  - Any costs resulting from anything related to breeding, for example, fertility, pregnancy, giving birth, **veterinary treatment** for puppies and any complications arising as a result of these.

## SECTION 2. DEATH FROM ILLNESS OR INJURY

### We will pay:

If during the **35 days** of this **policy**, **your dog** suffers an **illness** or **injury** and dies or is put to sleep as a result of this, **we** will pay:

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

- the adoption fee **you** paid for **your dog** up to the amount stated on **your Schedule of Insurance** up to a maximum of £2,500; or,
- the price shown on **your Schedule of Insurance**, up to a maximum of £100, if **you** do not have evidence of the adoption fee **you** paid when **you** acquired **your dog**.

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

- the amount **you** paid for **your dog** up to the amount stated on **your Schedule of Insurance**; or,
- if **you** do not have a purchase receipt, **we** will pay the price generally paid for a dog of the same age, breed, pedigree and sex at the time **your dog** was acquired, up to the amount stated on **your Schedule of Insurance**.
- In each case, **we** will pay up to a maximum of £2,500.

### We will not pay:

- If **your dog** dies or is put to sleep from an **illness** when it reaches or is over the maximum age shown on **your Schedule of Insurance**.
- Any amount if **your dog** dies or is put to sleep after the **35 days** covered by this **policy**.
- If **your dog** dies or is put to sleep as a result of a **pre-existing illness** or **injury**.
- If **your dog** dies or is put to sleep as a result of pregnancy and giving birth.
- If a **vet** can treat **your dog** and it is humane to keep it alive.
- If **your dog** is put to sleep because it is aggressive, unless an **illness** or **injury** covered by this **policy** caused the aggression.
- Any amount unless **your vet** certifies that **your dog** has died.
- If **your dog** dies as a result of extremes of temperature from being left unattended in a motor vehicle.

## SECTION 3. ADVERTISING AND REWARD

### We will pay:

If **your dog** is lost or stolen during the **35 days** of this **policy**, **we** will pay up to £1,000 for **you** to advertise to recover **your dog**. Included in the £1,000 is up to £250 for the cost of a reward **you** have advertised and paid if **your dog** is recovered.

### We will not pay:

- Any amount if **your dog** is lost or stolen before

**your policy** started.

- Any reward to **you** or paid to a person who is a member of **your** family, lives with **you**, works for **you**, or was looking after **your dog** at the time it was lost or stolen.
- Any amount if **you** do not report the theft of **your dog** to the police as soon as **you** can after **you** discover that **your dog** was stolen.
- Any amount if **you** do not report **your dog** is missing to the local  **vets**, rescue centres, **your** local authority and to the dog warden.
- Any amount for a reward if **you** do not have a receipt showing the full name and address of the person who found **your dog**.
- Any amount if **your dog** is taken by someone to obtain a ransom payment from **you**.
- Any amount if **you** employ a company or organisation to search for **your dog**, report **your dog** missing, provide a contact point or provide their branded advertising material for **you**.
- Any amount if **you** cannot provide **us** with **your dog's** microchip number.

## GENERAL EXCLUSIONS

**We** will not pay under any **policy** section for matters connected to or resulting from the following:

- If **your dog** is less than eight weeks old at the start of this **policy**.
- Your dog** if **you** do not own it, if **you** are the breeder of **your dog**, or if **you** live with the breeder of **your dog**.
- Anything that happens outside the Territorial Limits.
- War, invasion, act of foreign enemies, civil war, rebellion, revolution, insurrection or military or usurped power.
- Any act of force or violence, including:
  - Biological, chemical and/or nuclear force or contamination, or;
  - the threat of biological, chemical and/or nuclear force or contamination, by anyone;
  - acting alone, or;
  - acting for any organisation(s) or government(s), or;
  - connected with any organisation(s) or governments(s), carried out;
    - for political, religious, ideological or similar reasons, or;
    - to influence any government(s), or;
    - to put any section of the public in fear.
- Ionising radiations or contamination by radioactivity from:
  - any nuclear fuel.
  - any nuclear waste.
  - the combustion of nuclear fuel.
- The radioactive, toxic, explosive or other hazardous properties of any nuclear installation or part of any nuclear installation.
- Putting **your dog** to sleep following an order by a government, local authority or any person who has the legal authority to make the order.
- Any deliberate act by **you**, a member of **your** family, someone who works for **you** or someone who lives with **you**.
- Your** profession, **your** occupation and any business.
- The use of **your dog**, for guarding, security or racing. For the avoidance of doubt, agility competitions and Flyball are not considered racing in this respect.
- A claim covered by any other insurance, other than **our** proportional share.
- You** not complying with the UK animal health and animal import legislation.
- When **you** are no longer the owner of **your dog**, or **you** have loaned it to someone else.
- If **you** have already received cover under another of the **Insurer's** free policies, for the

same **dog**.

16. Cyber risks, including:
- the use or misuse of the internet or similar facility;
  - any electronic transmission of data or other information;
  - any computer virus or similar problem.
17. If **your dog** should be registered under the Dangerous Dogs Act 1991 and the Dangerous Dogs Act (Northern Ireland) Order 1991 or any amendments except for an XL Bully or XL Bully type dog with a valid exemption certificate issued by the Department for Environment, Food and Rural Affairs (DEFRA).

## GENERAL CONDITIONS AND CANCELLATION RIGHTS

If **you** do not comply Conditions 1 and 2 below **your policy** will stop immediately, or **we** treat it as being invalid from when it started. This would mean that **you** would not be able to make a claim under this **policy**. If **your policy** stops, **we** will write to **you** at the address shown on **your** latest **Schedule of Insurance** and tell **you** when it stopped.

1. **You** must be aged 18 or over, live in the United Kingdom, the Channel Islands or the Isle of Man, and be the owner of **your dog** which must live with **you**. If **you** move from the address on **your Schedule of Insurance**, are no longer the owner or **your dog** does not live with **you** all the time, **you** must tell **us**.
2. When **you** arrange or change this **policy** **you** must answer any questions **we** ask honestly and to the best of **your** knowledge. If **your policy** is in joint names, both policyholders accept either person can answer questions, and both accept responsibility for the accuracy and honesty of the answers.

**You** must comply with Conditions 3 to 8 to have the full protection of **your policy**. If **you** do not comply, **we** may cancel the **policy**, refuse to deal with **your** claim or reduce the amount of any claim payment.

3. **Your dog** must have had a course of primary vaccinations and **you** must keep it vaccinated within the manufacturer's guidelines against distemper, hepatitis, leptospirosis and parvovirus, or with the exception of leptospirosis, have a positive titre test reading every two years. If **you** do not keep **your dog** vaccinated, **we** will not help **you** with any costs that result from an **illness** **you** must vaccinate it against.
4. A **vet** must supervise all vaccinations. Homeopathic nosodes are not acceptable as vaccines.
5. **You** must take all reasonable precautions to maintain **your dog's** health, prevent the loss and theft of **your dog** and prevent **injury** or **illness** to **your dog**, including any instructions from a **vet** to reduce **your dog's** weight.
6. **You** must keep **your dog** in accordance with the Animal Welfare Act (2006), or the equivalent legislation that applies to **your** country of residence. If **we** suspect or it is proven that **you** have not, **we** will not help **you** with any costs that result from an **illness** or **injury** and may report **you** to the police, RSPCA, or the equivalent animal welfare organisation in **your** country of residence.
7. **You** agree that **your** current or previous **vet** can release information or records about **your dog**. If the **vet** charges **you** for this information **you** will have to pay.
8. **You** agree that **we** can contact the breeder of **your dog** and that they can release information or records about **your dog**.

Conditions 9 to 13 explain the things that **you** can choose and **we** can do that can affect **your** insurance.

9. If **you** take out one of **our** annual policies during the **35 days** of this free insurance, **you** accept that this insurance stops at the time and date

the annual policy starts.

10. **You** may cancel this **policy** at any time by emailing **us** at [info@kcinsurance.co.uk](mailto:info@kcinsurance.co.uk), by telephoning **us** on 03330 30 83 96, or by writing to **us** at: Kennel Club Five Weeks Free, PO Box 506, Manchester, M28 8EN.
11. This **policy** is non-transferable.
12. **We** may agree to issue this **policy** to two people as joint policyholders. If **we** do agree, **we** will accept instructions to make any changes, payments, claims, cancellations and anything else to do with this **policy** from either person and both policyholders accept that the other person is also acting on their behalf.
13. **We** do not tolerate any abusive, aggressive or inappropriate behaviour towards **our** staff and if **you** act in such a way **we** may cancel **your policy**.

## TERRITORIAL LIMITS

The **policy** is valid in the United Kingdom, the Channel Islands and the Isle of Man.

## CLAIMS CONDITIONS

**You** must comply with the following conditions to have the full protection of **your policy**. If **you** do not comply, **we** may cancel the **policy**, refuse to deal with **your** claim or reduce the amount of any claim payment.

1. **You** must submit **your** claim within three months of the expiry of **your policy**. If **you** do not submit **your** claim to **us** within this time frame **we** will not deal with **your** claim.
2. If **you** make a claim under this **policy** and another insurance also provides cover, **you** must tell **us** the name and address of the other insurance company, provide **us** with the reference number and notify them about **your** claim. If **you** do not notify the other insurance company, **we** will not help **you** with **your** claim.
3. **You** must give **us** all information that **we** reasonably ask for in connection with a claim, be available for interviews and cooperate with **us** or anyone acting for **us**.
4. If **you** have any legal rights against any other person resulting from the circumstances that led to **your** claim, **we** may take legal action against them in **your** name at **our** expense. **You** must help **us** by providing any documents, written statements, names and addresses of people involved. **You** agree to go to court if necessary.
5. **You** agree that any **vet** can provide any information about **your dog** that is relevant to any claim. If the **vet** makes a charge for this, **you** agree to accept the cost.
6. If there is a disagreement between **your vet** and **our vet**, **we** will appoint an independent **vet**, agreed by **you**, to arbitrate and **you** and **we** agree to accept the independent **vet's** decision.
7. When a **vet** or complementary therapist who has, or is about to treat **your dog** contacts **us** about **your policy** and **we** agree to give them information, **we** will tell them:
  - If **you** have a current **policy**;
  - The start and expiry date of **your policy**;
  - What **your policy** covers;
  - **Your fixed excess** and **percentage excess** amounts.
8. **We** may use external claims investigators to help **us** deal with **your** claim, which may delay the time it takes to process **your** claim.
9. **We** will not pay **your** claim if:
  - **Your** claim form is not correct and complete;
  - **We** do not have all the information needed to support **your** claim;
  - **We** are not sure **your** claim is valid; and
  - Any legal action or other action is outstanding.
10. If **your policy** is in joint names, **we** will accept a claim from either person and, if **we** agree, may make claim payments and premium refunds in

line with either person's instructions.

11. If **we** make a payment that is later found to have been made in error, **you** must repay this to **us** when asked.
12. Unless **we** receive:
  - a full breakdown of the costs of **veterinary treatment your dog** is about to have; and,
  - **your dog's** full medical history,**we** cannot tell **you** on the telephone or by email if **your policy** covers a claim under the Veterinary Fees **policy** section either:
  - before **your dog** receives **veterinary treatment**; or,
  - after **your dog** receives **veterinary treatment** and before **you** make a claim.If **we** provide some information about a possible claim or what **your policy** covers, **you** accept that this does not mean **we** will pay **your** claim.
13. **You** must not make a claim that involves **your** dishonesty or that is false, fraudulent or exaggerated; make a statement or submit a document in support of a claim that is false or incorrect or make a claim for any loss or **injury** **you** cause deliberately, allow or are involved in.
14. If **we** suspect or it is proven that a claim involves **your** fraud or dishonesty, **we** are entitled to recover from **you** the amount of any claims already paid, tell the Police and any other appropriate authorities, cancel all **your** policies and refuse to offer **you** insurance again.

## HOW TO CLAIM

### General Requirements

These are the General Requirements that apply to all claims **you** make under the **policy**. Please note, there are Additional Requirements immediately below which must also be followed and are specific to the nature of the claim being made.

1. **You** will need **your**:
  - **Policy** number (this can be found at the top of **your Schedule of Insurance**).
  - Itemised invoice or receipt from **your vet** or online pharmacy.
  - **Dog's** clinical history from **your** veterinary practice.
  - **Dog's** microchip number.
  - Reference number from **your** last claim, if this is a further claim for an ongoing condition.
2. **You** must always use a claim form to submit **your** claim unless the Additional Requirements section says **you** can send an email or letter.
3. **You** can submit a claim:
  - For Section 1 – Veterinary Fees: online at [www.kcinsurance.co.uk/how-to-claim/](http://www.kcinsurance.co.uk/how-to-claim/)
  - For all other **policy** sections: email **us** at [kcpiclaims@agriapet.co.uk](mailto:kcpiclaims@agriapet.co.uk)
  - Or call **us** on 03330 30 83 97 to ask for a claim form.
4. If **you** are submitting **your** claim via post, send **your** completed claim form and supporting documents to:  
Kennel Club Five Weeks Free  
PO Box 506  
Manchester  
M28 8EN
5. **You** do not need to contact **us** before any **veterinary treatment** begins.
6. Please note that calls may be monitored or recorded to assist with training and for quality control purposes.

### Additional Requirements

For certain claims, **we** will need additional information from **you**. The information **we** need depends on the nature of the claim that **you** are making. Please check which section of the **policy** applies to the claim **you** are making and then check the details below to see what is required.

If further information is required from **you** during the handling of **your** claim, **we** will contact **you**.

### Section 1. Veterinary Fees:

1. If it is more convenient, **your vet** agrees and **we** agree, **we** can make payments directly to **your vet**. **You** can ask **us** to do this when **you** make a claim. If a claim is submitted by **your vet**, **you** accept that **we** will pay who **your vet** has

indicated.

2. If **you** claim for medication bought on the internet, from a chemist or from a pharmacy **you** must provide a copy of the prescription from **your vet** and the purchase receipt.

### Section 2. Death from Illness or Injury

Send **us** an email or letter explaining what **you** are claiming for, confirmation from **your vet** of **your dog's** death, along with the purchase receipt.

### Section 3. Advertising And Reward

1. Send **us** an email or letter explaining what **you** are claiming for, a description of the events leading up to the loss or theft of **your dog**, along with the receipts for **your** advertising costs and copies of all adverts.
2. If **you** are claiming for a reward **you** have paid, **we** will also need:
  - An explanation of where and how **your dog** was found.
  - A receipt for the amount of the reward **you** paid with the full name and address of the person **you** paid it to.

### FRAUD

**We** will investigate any activity that **we** suspect may be fraudulent.

**You** must not act in a fraudulent manner. If **you** or anyone acting for **you**:

- Provide information when **you** take out this **policy** knowing the information is false or fraudulently exaggerated in any way; or,
- Know that a breeder or someone else authorised by **us** to give information that **we** base insurance upon has provided false or fraudulently exaggerated information for this **policy**; or,
- Make a claim knowing it is false, dishonest or fraudulently exaggerated in any way; or,
- Make a statement or submit a document in support of a claim knowing it is false or incorrect in any way; or,
- Make a claim for anything **you** have done deliberately or deliberately allowed to happen; or,
- Make a claim that involves **your** dishonesty; or,
- Gives **us** reasonable grounds to suspect **you** have acted fraudulently or dishonestly.

Then **we** will:

- Not pay **your** claim or any other claims.
- Cancel any policy **you** have with **us**, either from the start or after giving **you** seven days' notice.
- Take legal action against **you** to recover the amount of any claims already paid.
- Tell the police Insurance Fraud Enforcement Department (IFED) and any other appropriate authorities.
- Tell other insurance companies and the Insurance Fraud Investigators Group (IFIG).
- Refuse to offer further policies to **you**.

### CUSTOMER SERVICE AND COMPLAINTS

If **you** have a question or would like more information about **your policy** or claim **you** can contact **us**:

- By email at [info@kcinsurance.co.uk](mailto:info@kcinsurance.co.uk)
- By telephone:
  - Kennel Club Pet Insurance Customer Service: Telephone 03330 30 83 96
  - Kennel Club Pet Insurance Claims: Telephone 03330 30 83 97

In most cases the Customer Service and Claims teams can answer **your** questions or resolve any issues within 24 hours.

**We** and the **insurer** are committed to provide **you** with an exceptional level of service and customer care. However, things can go wrong and there may be times when **you** feel **you** have not received the service **you** expect. When this happens, **we** and the **insurer** want to hear about it to try to put things right.

### HOW TO COMPLAIN

**We** take complaints seriously and want to hear from **you** if **you** are not completely happy with the service **you** have been provided with so **we** can try to address **your** concerns. If **you** wish to make a complaint, please contact **us** by telephone, in the first instance, so **we** can try and resolve **your** issue.

Detailed below are all the methods that **you** can use to contact **us**:

Telephone: Customer Service 03330 30 83 96  
Claims 03330 30 83 97

Email **us** at: [info@kcinsurance.co.uk](mailto:info@kcinsurance.co.uk)

Post: Complaints, Kennel Club Five Weeks Free, PO Box 506, Manchester, M28 8EN.

If **your** complaint cannot be resolved within three working days, **we** will:

- Acknowledge **your** complaint promptly by email or post.
- Investigate **your** complaint thoroughly and as quickly as possible.
- Keep **you** informed of the progress of **your** complaint within four weeks of receiving it, if it has not already been resolved.
- Provide **you** with a final response letter confirming **our** investigation and conclusion in no later than eight weeks of receiving **your** complaint.

If **you** remain dissatisfied **you** have the right to refer **your** complaint to the Financial Ombudsman Service, free of charge - but **you** must do so within six months of the date of **our** final response letter. If **you** do not refer **your** complaint in time, the Ombudsman will not have **our** permission to consider **your** complaint and so will only be able to do so in very limited circumstances.

They can be contacted at:

Financial Ombudsman Service

Exchange Tower, London E14 9SR

Telephone: 0300 123 9 123 or 0800 0234 567

Email to:

[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Referral to the Financial Ombudsman does not affect **your** right to take legal action against Agria Försäkring.

### REGULATORY INFORMATION

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### FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

Försäkringsaktiebolaget Agria (publ) is covered by the FSCS, which is triggered when an authorised firm goes out of business. In this unlikely event **you** may be entitled to compensation from the scheme:

**You** can get more information from the Financial Services Commission Scheme at [www.fscs.org.uk](http://www.fscs.org.uk) or by calling 0800 678 1100 or 020 7741 4100.

### AGRIA PET INSURANCE PRIVACY NOTICE

**We** will keep **your** personal information confidential at all times and only process it in accordance with **our** Privacy Policy which **you** can find on **our** website [www.kcinsurance.co.uk](http://www.kcinsurance.co.uk). If **you** would like a hard copy of **our** Privacy Policy, **you** can request this by emailing **us** at [info@kcinsurance.co.uk](mailto:info@kcinsurance.co.uk) or calling 03330 30 83 96.

All documentation is also available in large print, Braille or audio file, please contact us if you require any of these.