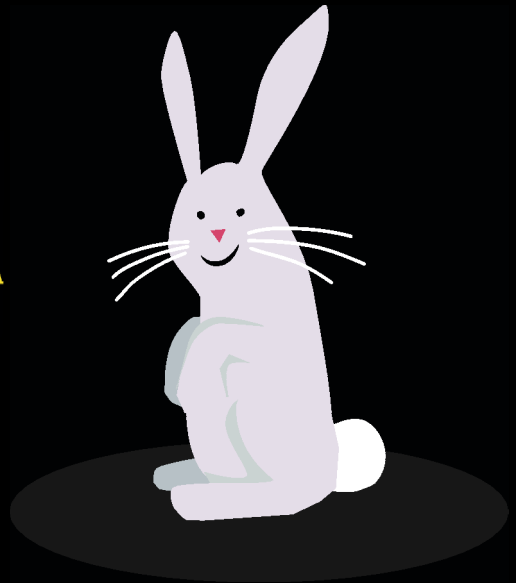


# Lifetime cover for rabbits

Your  
floppy eared  
friend

**PROTECTED**



Pet Insurance





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**POLICY SUMMARY** **1-2**

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**POLICY DOCUMENT** **3-11**

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<b>Contact Details</b>		<b>3</b>
<b>Section 1</b>	<b>Definition of Terms</b>	<b>3-4</b>
<b>Section 2</b>	<b>Eligibility and Cover Limits</b>	<b>4</b>
<b>Section 3</b>	<b>Your Insurance Cover</b>	<b>5-6</b>
	A - Veterinary fees	
	B - Finding your pet	
	C - Your hospitalisation and boarding fees	
	D - Waiver of premium	
<b>Section 4</b>	<b>General Conditions and Exclusions</b>	<b>6-9</b>
	A - Your rights and responsibilities	
	B - Our rights and responsibilities	
	C - General exclusions	
	D - Contract of insurance	
	E - General conditions	
<b>Section 5</b>	<b>Making a Claim</b>	<b>10</b>
	A - Veterinary fees	
	B - All other claims	
<b>Section 6</b>	<b>If you have a Concern</b>	<b>11</b>
	A - Customer service	
	B - Enquiries and complaints	
	C - Important information	
<b>Section 7</b>	<b>About your Information and Data Protection</b>	<b>11</b>

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**LIFETIME INSURANCE FOR RABBITS****POLICY SUMMARY**

This policy summary does not contain the full Terms and Conditions. Full details are included within the policy document 02536.

**WHO IS THE INSURER?**

This policy is underwritten by Pinnacle Insurance plc, Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX. Pinnacle Insurance plc (Company Registered number 1007798) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Financial Services Register number 110866). Cardiff Pinnacle is a trading style of Pinnacle Insurance plc.

**TYPE OF INSURANCE AND COVER**

The policy provides lifetime insurance cover for rabbits subject to certain Terms and Conditions being met.

**ELIGIBILITY**

You can start insurance for your pet from 8 weeks up to their 5<sup>th</sup> birthday.

Cover will continue beyond these entry ages for the lifetime of your pet subject to the Terms and Conditions of this policy. This insurance only applies to residents and pet living within England, Scotland, Wales, Northern Ireland or the Isle of Man.

**WHAT ARE THE MAIN FEATURES, BENEFITS, EXCLUSIONS AND LIMITATIONS OF THIS POLICY?**

The tables overleaf summarise the cover provided for your rabbit under this policy. For full details please refer to the relevant Sections in your policy document.

**YOUR RIGHT TO CANCEL**

If you are unhappy with your cover you can cancel it within 14 days of receiving your policy and receive a full refund of any premium paid providing you have not made a claim. If you have made a claim or you cancel after this period no refund of premium will be paid.

All cancellation requests should be made to:

Customer Services Department  
American Express Pet Insurance  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX  
Telephone: **0330 123 1924**

Please see Section 4 D 8 of the policy document.

**TERM OF CONTRACT**

This is a monthly renewable policy for the lifetime of your pet with the premium fixed for 12 month periods and reviewed annually on the anniversary of the policy start date. The cover will continue until you fail to pay the premium when due, you or we cancel your policy or your pet dies.

Please see Section 4 D 2 of the policy document.

**HOW TO CLAIM**

As soon as your pet shows any signs of injury, illness or distress, we suggest you telephone Petcall any time of day or night on **0330 123 1923**. Please make sure you have your policy number available when you telephone the helpline.

Please note that we cannot guarantee the validity of a claim over the phone. You will need to provide a completed claim form and we will notify you in writing of our decision. If your pet has collapsed, is unconscious or has been involved in a serious accident, you should consult your vet immediately.

In order to make a claim you should phone our claims department on **0330 123 1924** to request a claim form or write to: Claims Department

American Express Pet Insurance  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX

Your completed form should be sent to the above address.

Please see Section 5 of the policy document.

**PREMIUMS**

The premium for this policy is payable monthly. The amount you pay for cover may change during the time you have this policy. This may be because of changes to our expected future costs. We will only change your premium for this reason where there is a change to the specific factors we have set out in your policy, and that change results in our expected future costs being higher or lower than assumed when the premium was set.

Your premium will be reviewed annually on the anniversary of the policy start date. Each year, at least three weeks before the current policy year is due to end we will send you a review notice setting out the new premium for the next policy year.

If your premium is changed due to legislative, tax or regulatory requirements or changes to your circumstances (specifically notified to us by you), then we may change your premium at any time during the policy year.

As a result of the premium review, your premium may go up, stay the same or go down, and there is no limit to the amount of any change. If a review results in an increase to your premium and you do not wish to continue your cover, you can contact us to discuss your options or cancel.

Please see Section 4 D 4 of the policy document.

**TERMS AND CONDITIONS**

Your Terms and Conditions will be reviewed annually on the anniversary of the policy start date. Each year, at least three weeks before the current policy year is due to end we will send you a review notice setting out the new policy Terms and Conditions for the next policy year.

If your Terms and Conditions must be changed due to legislative, tax or regulatory requirements or changes to your circumstances (specifically notified to us by you), then we may change them at any time during the policy year.

We may vary or waive the Terms and Conditions of this policy. This may be to:

- vary the cover provided under this policy because of changes to our expected future costs. We will only change your Terms and Conditions for this reason where there is a change to the specific factors we have set out in Section 4 D 4 (b) of your policy, and that change results in our expected future costs being higher or lower than assumed when the premium was set;
- improve your cover;
- comply with any applicable laws or regulations;

## LIFETIME INSURANCE FOR RABBITS

## POLICY SUMMARY

- reflect any changes to taxation; or
- correct any typographical or formatting errors that may occur.

Such changes may have the effect of increasing or reducing the cover previously provided under this policy. If you do not wish to continue your cover you can contact us to discuss your options or cancel.

Please see Section 4 D 5 of the policy document.

### OUR RIGHT TO CANCEL

We may cancel your insurance cover immediately where there is evidence of dishonesty or exaggerated behaviour by you (or by someone acting on your behalf) or where you have misrepresented or when asked failed to disclose something at the time of application which would have caused us to decline you for cover.

We may cancel your insurance cover but only in the circumstances as set out in Section 4 D 7 of your policy.

Please see Section 4 D 7 of the policy document.

### ENQUIRIES AND COMPLAINTS PROCEDURE

While it is always our intention to provide a first class standard of service, if you do have any concerns regarding your insurance cover, please address them to the:

Customer Relations Manager, Cardiff Pinnacle  
Pinnacle House, A1 Barnet Way  
Borehamwood, Hertfordshire WD6 2XX

If we cannot resolve your complaint to your satisfaction you may be entitled to complain to the Financial Ombudsman Service.

Please see Section 6 B of the policy document.

### COMPENSATION ARRANGEMENTS

We are covered by the Financial Services Compensation Scheme (FSCS). If we are unable to meet our liabilities to you, you may be entitled to compensation from the FSCS. Insurance advising and arranging is covered for 90% of the claim with no upper limit. Further information is available from their website: [www.fscs.org.uk](http://www.fscs.org.uk)

Please see Section 4 E 2 of the policy document.

Premier Lifetime Cover	Significant Exclusions and Limitations	Policy Reference
<b>VETERINARY FEES</b> Cover for illness or injury.	We will not pay for: <ul style="list-style-type: none"> <li>• veterinary fees excess;</li> <li>• any condition that has been investigated by a vet or is known to you prior to the policy start date;</li> <li>• veterinary fees to treat an illness or poisoning occurring or showing symptoms within the first 14 days of the policy start date;</li> <li>• preventative treatment such as routine vaccinations, cosmetics or voluntary treatment such as neutering for non-medical reasons, or for pregnancy and uterine cancer;</li> <li>• treating any injury or illness that is preventable by vaccination and you failed to vaccinate;</li> <li>• treatment related to a 2nd or subsequent instance of fly strike;</li> <li>• the cost of dental treatment to relieve suffering due to illness, <u>unless</u> the treatment was recommended and undertaken after the first 2 years of cover, there is a history of annual check-ups and the treatment is carried out within 6 months of recommendation. However the cost of trimming, burring or rasping rabbits' teeth is not covered under this policy; or</li> <li>• the cost of any transplants, artificial limbs and associated treatment.</li> </ul>	Section 3 A
<b>FINDING YOUR PET</b> Should your pet go missing or be stolen, the policy will pay for the cost of local advertising and offering a reward.	We will not pay for: <ul style="list-style-type: none"> <li>• any claim for searching for or finding your pet within the first 14 days of cover;</li> <li>• any amount more than the maximum benefit; or</li> <li>• any reward to a family member.</li> </ul>	Section 3 B
<b>YOUR HOSPITALISATION</b> If you spend more than 48 hours in hospital, the policy pays a daily rate for your pet's boarding fees or the cost of homecare with a friend or relative.	We will not pay: <ul style="list-style-type: none"> <li>• for hospitalisation for alcoholism, drug abuse, attempted suicide or self inflicted injuries;</li> <li>• if your accident or illness occurred or showed symptoms before the policy start date; or</li> <li>• for any claim if your illness first occurs or shows symptoms within the first 14 days of cover.</li> </ul>	Section 3 C
<b>WAIVER OF PREMIUM</b> We will during the policy year pay your premium for each complete 30 day period you are unable to work as a result of an accidental injury, illness or involuntary unemployment.	We will not pay: <ul style="list-style-type: none"> <li>• for any claim which occurs during the first 30 days from the start date;</li> <li>• more than 6 premiums;</li> <li>• if your claims results from any condition you had before you took out the policy;</li> <li>• if you are under 18 or over 65 years of age;</li> <li>• if you were working for less than 16 hours per week at the start of your policy year;</li> <li>• if you were aware of impending unemployment when you took out the policy; or</li> <li>• if you were self-employed but have not ceased trading.</li> </ul>	Section 3 D
<b>GENERAL CONDITIONS/EXCLUSIONS</b> <ul style="list-style-type: none"> <li>• You can start insurance for your rabbit from 8 weeks up to their 5<sup>th</sup> birthday.</li> </ul>		

UNDERWRITTEN BY : PINNACLE INSURANCE PLC  
 Head and Registered Office : Pinnacle House  
 A1 Barnet Way  
 Borehamwood  
 Hertfordshire WD6 2XX  
 United Kingdom  
 Company Registered Number : 1007798  
 Policy Number : 02536  
 Date of Policy : 1<sup>st</sup> August 2014

## INTRODUCTION

This policy provides **you** with everything **you** need to know about **your pet** insurance cover and contains all the contractual Terms and Conditions of **your** cover including the exclusions.

Please read this policy carefully, and keep it in a safe place as it explains the benefits that are available to **you** and the conditions which must be met to qualify for those benefits. The policy, **certificate of insurance** and any endorsements should be read as one document. Any **excesses** or special conditions/exclusions are shown in **your certificate of insurance**. Please make sure that **you**:

- know what this insurance does and does not cover; and
- understand the Terms and Conditions of making a claim.

This policy uses words and phrases that have specific meanings. **You** will find these explained in Section 1 - Definition of Terms. Defined words are shown in "**bold**" wherever they appear.

## CONTACT DETAILS

As there may be times when **you** need to get in touch with **us**, **we** have put **our** contact details in this Section so that they are easy to find.

If **you** need to speak to **us**, please call **us** on **0330 123 1924**. Lines are open Monday to Friday, 8.30am to 6pm.

For non-emergency pet health queries:

Please call **our helpline** (Petcall) any time of the day or night on **0330 123 1923**. Please make sure that **you** have **your** policy number available when **you** telephone.

In case of emergencies:

If **your pet** has collapsed, is unconscious or been involved in a serious accident **you** should consult **your vet** immediately. Should this then result in **you** needing to make a claim, please contact **our** Claims Department on **0330 123 1924** as soon as possible.

To improve the quality of **our** service, **we** will be monitoring and recording some telephone calls.

If **you** need to write to **us**, **you** should address **your** letter to the relevant department and send it to the address below:

For general enquiries or cancellations:

Customer Services Department

For claims:

Claims Department

To make a complaint:

Customer Relations Department

Address:

American Express Pet Insurance  
 Pinnacle House  
 A1 Barnet Way  
 Borehamwood  
 Hertfordshire WD6 2XX

**You** can also download a **vet fees** claim form online at:

[www.support.cardifpinnacle.com](http://www.support.cardifpinnacle.com)

## SECTION 1 - DEFINITIONS OF TERMS

**Accidental injury** means a sudden and unforeseen injury which is the result of an identifiable and known cause or event during the **policy year**. This includes any **symptoms**, whether or not diagnosed.

**Alternative medicine** means herbal or homeopathic medicine.

**American Express** means American Express Insurance Services Europe Limited, registered in England and Wales Company Number 05048826, registered office 76 Buckingham Palace Road, London SW1W 9AX and authorised and regulated by the Financial Conduct Authority, registration no. 311684.

**Certificate of insurance** means the personalised document issued by **us** which sets out the details of **your** cover, and which should be read in conjunction with the Terms and Conditions of the policy.

**Complementary treatment** means physiotherapy, hydrotherapy, osteopathy, massage and healing, acupuncture or chiropractic treatment.

**Condition(s)** means any **illness** or **accidental injury** (whether or not it results in a diagnosis).

**Excess(es)** means the amount **you** are required to pay as part of each and every Veterinary Fees claim under this policy. The **excess** is applicable to each **condition** per **policy year** and is shown in **your certificate of insurance**.

**Family** means **your** spouse, civil partner, partner of the same or opposite sex whom **you** currently live with, children, parents or other relatives who normally live with **you**.

**Helpline** means the helpline operated by Petcall, a trading name of Vetsdirect Limited. Company Number: SC230445. Registered office: Monachyle, Watt Road, Bridge of Weir, Renfrewshire PA11 3DN.

**Illness(es)** means physical disease, sickness, abnormality, infection or failure which is not caused by an **accidental injury**. This includes any **symptoms**, whether or not diagnosed.

**Involuntary unemployment** means:

1. being entirely without paid employment (which includes the assisting, managing and/or the carrying on of any part of the day to day running of a business); and
2. being available for, and actively seeking work and registered with the:
  - (a) Department for Work and Pensions Jobcentre Plus; or
  - (b) Department for Social Development in Northern Ireland; or
  - (c) Department of Social Care in the Isle of Man; and
3. **you** must have signed a Jobseeker's agreement within the United Kingdom, or equivalent agreement in Northern Ireland or the Isle of Man; and
4. if **you** are self-employed, **you** must have ceased trading and that the final accounts for the winding up of the business have been prepared and submitted to HM Revenue & Customs.

**Maximum benefit(s)** means the most **we** will pay during the **policy year** in respect of any element of cover as set out in **your certificate of insurance**.

**Pet** means the rabbit named and described on the **certificate of insurance**.

**Poisoning** means the introduction of a substance into the body by any route which causes **accidental injury** or death to **your pet**.

**Policy year** means the 12 month period shown on **your certificate of insurance** during which **your** monthly **premium** and benefit levels are guaranteed. However, due to legislative, tax or regulatory requirements **we** may be required to alter **your premium** during that 12 month period. Section 4 D 4 (d) of this policy provides more detail.

**Pre-existing condition** means a **condition** or any complication directly attributable to that **condition** that has been investigated by a **vet** or is otherwise known to **you**, prior to the **start date** of the insurance. This also includes any **symptom** which clinical evidence shows **you** knew about or where **your pet** showed **symptoms** that **you** would have been aware of prior to the **start date**.

**Premium(s)** means the monthly premium payable by **you** in respect of this insurance.

**Start date** means the date on which **your pet** first becomes covered under this policy as shown on **your certificate of insurance**.

**Symptom(s)** means a change in **your pet's** normal healthy state, its bodily functions or behaviour.

**Territorial limits** means England, Scotland, Wales, Northern Ireland and the Isle of Man.

**Treatment(s)** means any examination, consultation, advice, tests, X-rays, medication, surgery, nursing and care provided by a **vet**, veterinary practice or member of an approved professional organisation following **your vet's** instruction, which a **vet** who may be appointed by **us** deems necessary in line with the Royal College of Veterinary Surgeons code of professional conduct up to the limits set out in **your certificate of insurance**. **We** may telephone **your vet** to ascertain that **treatment** was appropriate for the particular **condition**.

**Vet** means a member of the Royal College of Veterinary Surgeons and actively working as a veterinary surgeon or holding a veterinary degree approved by the Royal College of Veterinary Surgeons in the United Kingdom, the Channel Islands or the Isle of Man.

**Vet fees** means fees charged by a **vet** to provide **treatment** for a **condition**.

**We, us, our** means Pinnacle Insurance plc trading as Cardiff Pinnacle. Pinnacle Insurance plc (Company Registered number 1007798) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Financial Services Register number 110866) and whose registered office address is at Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX.

**You, your, yourself** means the person named in the **certificate of insurance** who is responsible for **your pet**. Joint policyholders are not permitted. If **your pet** is owned by more than one person **you** must select one to be the policyholder.

## SECTION 2 - ELIGIBILITY AND COVER LIMITS

**You** can start insurance for **your pet** from 8 weeks up to their 5<sup>th</sup> birthday.

Cover will continue beyond these entry ages for the lifetime of **your pet** subject to the Terms and Conditions of this policy.

The maximum benefits payable for each **condition** under this policy per **policy year** are shown in **your certificate of insurance**.

## A. VETERINARY FEES

**What we will pay:**

We will reimburse you the cost of any **treatment your pet** has received for a **condition(s)** during the **policy year**, up to the limits set out in your **certificate of insurance**. We may telephone your **vet** to confirm the **treatment** was appropriate for the particular **condition**. If a **vet** appointed by us advises these fees and **treatment** are excessive, we will negotiate with your **vet** on your behalf and we may ask you to seek an alternative **vet** for future **treatment**. Otherwise we may not be able to pay future claims.

**What you pay - the excess:**

For each **condition** that is treated during the **policy year** and which is not related to any other **condition** treated during the same **policy year** you will have to pay the **excess**.

**What you are covered for:**

1. **vet fees** incurred treating the **condition**;
2. any **alternative medicine** your **vet** recommends;
3. any **complementary treatment** your **vet** recommends up to £750 per **policy year**;
4. the cost of having your **pet** put to sleep (euthanasia) if recommended by or agreed with your **vet**;
5. 25% of the cost of a clinical diet for your **pet** for a maximum period of 6 months per **condition**, provided it is recommended by your **vet** for a treatable **condition** other than for obesity/weight loss;
6. the cost of dental **treatment** to relieve suffering due to **illness**, provided:
  - (a) the dental **treatment** was not recommended and undertaken within the first 2 years of cover; and
  - (b) there is a history of annual check-ups (or if not annual as recommended by your **vet**); and
  - (c) any **treatment** recommended is carried out within 6 months of that recommendation;
7. the cost of dental **treatment** as a result of an **accidental injury**;
8. ongoing **treatment** of a **condition** providing the policy remains in force; and
9. fees for treatment for the first instance of fly strike.

**We will not pay for:**

1. any **treatment your pet** has received outside the **policy year**;
2. the **excess**;
3. more than the **maximum benefit** in any **policy year**;
4. any excluded **condition** stated on your **certificate of insurance**;
5. any **pre-existing condition** or any subsequent condition related to any **pre-existing condition**;
6. the cost of any **treatment** for any **illness** or **poisoning** which occurs or shows **symptoms** within 14 days of the **start date**;
7. any routine and preventative **treatments**, cosmetic dentistry, cosmetic surgery, cleaning, trimming and descaling of teeth, spaying, castration, routine removal of dew claws, parasite control **treatments**, grooming and nail clipping or any complications arising from these **treatments**;
8. preventative vaccinations or any complications arising from these;
9. fees for **treatment** related to a second or subsequent instance of fly strike;
10. the cost of dental **treatment** to relieve suffering due to **illness**, unless:
  - (a) the dental **treatment** was not recommended and undertaken within the first 2 years of cover; and
  - (b) there is a history of annual check-ups (or if not annual as recommended by your **vet**); and
  - (c) any **treatment** recommended is carried out within 6 months of that recommendation.

However the cost of trimming, burring or rasping rabbits' teeth is not covered under this policy;
11. any **treatment** related to pregnancy, giving birth or breeding, uterine cancer and any complications thereof;
12. house calls, premium rate out of hours **treatment**, or ambulance fees unless your **vet** confirms these were essential for your **pet's** health;
13. any **treatment** for an injury or **illness** deliberately caused by you or anyone living with you;
14. any **treatment** for an injury or **illness** that is preventable by vaccination and you failed to vaccinate as recommended by your **vet**;
15. any fees for **treatment** where a claim for such fees can be made against another party;
16. claims resulting from your **pet** being involved in a fight where your **pet** has a history of **treatment** following fighting;
17. any **treatment** following a fight between two or more of your **pets**, or where one of your **pets** injures the other;
18. any **treatment** where another owner's pet has injured your **pet** and the **treatment** costs can be recovered from the other pet's owner;



19. any fees charged by **your vet** for completing claim forms;
20. travelling expenses;
21. the cost of any post mortem, cremation, burial or disposal of **your pet**;
22. any post operative or convalescent **treatment** which **your vet** confirms **you** could have provided in **your home yourself**;
23. any transplants, artificial limbs and any associated **treatment**; or
24. the cost of any food except as set out in Section 3 A 'What you are covered for' 5.

#### B. FINDING YOUR PET

##### What we will pay:

We will reimburse **you** for any local advertising expenses, rewards and other costs **you** have had to pay to help recover **your pet** after it is stolen or strays during the **policy year**, up to the **maximum benefit**.

##### We will not pay:

1. if **your pet** is stolen or strays within 14 days of the **start date**;
2. any reward not supported by a signed receipt giving the name, address and telephone number of the person who found and returned **your pet** to **you**; and
3. any reward to a **family** member.

#### C. YOUR HOSPITALISATION AND BOARDING FEES

##### What we will pay:

We will reimburse **you** rabbit hotel fees **you** have had to pay up to the **maximum benefit**, if during the **policy year**:

1. **you** are ill or injured and have to spend more than 48 hours in hospital; and
2. **your pet** stays in a licensed rabbit hotel while **you** are hospitalised.

Alternatively, if **you** ask someone who is not living with **you** to look after **your pet** while **you** are in hospital, we will pay a daily rate of £4, subject to the **maximum benefit**.

##### We will not pay any costs resulting from:

1. **your** hospitalisation for alcoholism, drug abuse, attempted suicide or self-inflicted injuries; or
2. **your** hospitalisation for an **illness** or **accidental injury** first occurring or showing **symptoms** before the **start date** or an **illness** first occurring or showing **symptoms** within 14 days of the **start date**.

#### D. WAIVER OF PREMIUM

##### What we will pay:

We will during the **policy year** pay **your premium** for each complete 30 day period **you** are unable to work as a result of an **accidental injury**, **illness** or **involuntary unemployment**.

##### We will not pay:

1. more than 6 **premiums** per **accidental injury**, **illness** or period of **involuntary unemployment**;
2. if **your accidental injury**, **illness** or **involuntary unemployment** first occurs during the first 30 days from the **start date**;
3. if **your** inability to work results from a condition or any complication directly attributable to that condition or any **symptoms** related to that condition **you** had before **you** took out the policy;
4. if **you** are under 18 years or over 65 years of age;
5. if **you** were working for less than 16 hours per week at the start of **your policy year**;
6. if **you** were aware of impending unemployment when **you** took out the policy; or
7. if **you** were self-employed but have not ceased trading.

### SECTION 4 - GENERAL CONDITIONS AND EXCLUSIONS

#### A. YOUR RIGHTS AND RESPONSIBILITIES

1. Any claim **you** make will be assessed fairly, reasonably and promptly against the information **you** provide and the terms of the policy.
2. **You** must take proper and reasonable care of **your pet** at all times. This includes, but is not limited to, ensuring **your pet** is handled correctly and safely at all times and that **your pet** is fed a wholesome and nutritionally adequate diet and **your pet's** body weight is maintained within a normal range (as recognised by **your vet**).
3. **You** must take **your pet** for regular annual check-ups (or as otherwise recommended by **your vet**) and vaccinations with licensed products as recommended by **your vet**.
4. **You** must respond honestly to any request for information **we** make when **you** take out cover under this policy, or apply to vary **your** cover under this policy. In the event that any statement of fact **you** make is untrue or misleading, this may affect the validity of **your** policy, and whether **you** can make a claim.

5. This is a monthly renewable policy and **you** must pay **your premium** in full and on time to remain covered.
  6. **You** must check **your certificate of insurance** on receipt and return it to **us** for correction if **you** find any mistakes.
  7. **You** must keep to the conditions of the policy.
  8. **You** must never make any claim **you** know is false, dishonest or exaggerated.
  9. If **you** wish to cancel **your** policy, please do so in accordance with Section 4 D 8.
  10. This insurance only applies to residents and **pet** living within the **territorial limits**. Should **you** or **your pet** take up residence outside of the **territorial limits**, **you** must notify **us** as **your** insurance cover will be cancelled.
- If **you** fail to carry out these responsibilities, **we** may reduce or refuse to pay any claim **you** may make.

#### B. OUR RIGHTS AND RESPONSIBILITIES

1. **We** will assess all claims fairly, reasonably and promptly against the information **you** provide and the terms of the policy.
2. When **you** claim, if **you** have other insurance cover under which **you** can claim, **you** must notify **us** of the other insurer and give **us** authority to contact them to discuss how **we** apportion liability for the claim.
3. **We** may need to see **your pet's** records from any **vet** who has treated it and any other information about **your pet** before **your** claim is paid. If the **vet** charges for this information, **you** will have to pay.
4. **We** may need to arrange for a representative to visit **you** and **your pet** if **we** feel **we** need further information to properly validate **your** claim.
5. **We** will conduct all communications with **you** in English.

#### C. GENERAL EXCLUSIONS

##### **We will not pay for:**

1. Any other costs that are indirectly caused by the event which led to **your** claim, unless specifically stated in this policy.
2. Any claim arising from a malicious or intentional act, wilful injury or gross negligence by **you** or any member of **your family**.
3. Any pet less than 8 weeks old.
4. Any claim where United Kingdom animal health or importation legislation has been contravened or broken.
5. Any claims arising as a result of war, civil war, hostilities (whether war be declared or not), terrorist activity, revolution, civil unrest or any similar event.
6. Any claims arising from radiation, nuclear explosion or radioactive contamination.
7. Any claims arising from air, water or soil pollution.
8. Any claim arising from pressure waves from supersonic aircraft.
9. Any claim which **your vet** confirms has arisen as a result of **you** not taking reasonable care of **your pet**.

#### D. CONTRACT OF INSURANCE

1. The contract of insurance between **you** and **us** consists of these policy Terms and Conditions, **your certificate of insurance** and any endorsements.
2. **Your** cover under this policy will end on the earliest of the following:
  - (a) the date **your pet** dies;
  - (b) the date **you** fail to pay the **premium** when due;
  - (c) the date **you** or **we** cancel **your** cover subject to the Terms and Conditions of this policy.
3. If **we** make any claim payments as a result of dishonesty or exaggerated behaviour by **you** (or by someone acting on **your** behalf) **you** will no longer be entitled to any benefits under this policy and **we** may demand that any payments made by **us** are paid back. **We** may take legal action against **you** for the return of such monies and **we** may demand that **you** reimburse **us** for any costs incurred.
4. **Premiums**
  - (a) The **premium** for this policy is fixed for 12 months and reviewed annually on the anniversary of the policy **start date**. Each year, at least three weeks before the current **policy year** is due to end, **we** will send **you** a review notice to **your** last known address setting out the new **premium** for the next **policy year**. However, please note that due to legislative, tax or regulatory requirements or changes to **your** circumstances (specifically notified to **us** by **you**), **we** may be required to alter **your premium** during that 12 month period. Section 4 D 4 (d) below of this policy provides more detail.
  - (b) When reviewing **your** premiums, **we** will only consider any future impact to one or more of the following:
    1. changes due to new information arising from **our** own experience suggesting that **our** future claims experience is likely to be better or worse than previously assumed. This information includes changes to the number and types of claims **we** expect to pay or changes to the average expected amount paid per claim;
    2. changes due to new information arising from external sources such as general industry, population or reinsurer experience suggesting that **our** future claims experience is likely to be better or worse than previously assumed. This includes information on the cost of veterinary treatments (which may vary depending upon **your** location) and general information about the breed of **your** pet;
    3. changes to **your** circumstances such as the age of **your** pet or any change to **your** address;

4. relevant changes to **our** previous assumptions in relation to:
    - (a) expenses related to providing the insurance;
    - (b) policy lapse rates which means the average time policies are held;
    - (c) interest rates;
    - (d) tax rates;
    - (e) the cost of any legal or regulatory requirements.
  - (c) Any changes to **your premium** we make will not:
    1. be made as a result of any reason other than changes in the assumptions mentioned in Section 4 D 4 (b) above; or
    2. be made to recover any previous losses.
  - (d) If we change **your premium** under this policy due to legislative, tax or regulatory requirements, then we will endeavour to give **you** at least three weeks' written notice of this change. However we may not be able to give **you** three weeks' notice as legislative, tax or regulatory requirements are outside **our** control.
  - (e) As a result of the premium review, **your premium** may go up, stay the same or go down, and there is no limit to the amount of any change.
  - (f) If we change **your premium** and **you** do not wish to continue **your cover** **you** should contact **us** to discuss **your options**. Depending on the type of policy **you** have, **you** may be able to change **your** level of cover. Alternatively **you** can cancel at any time as set out in Section 4 D 8.
  - (g) **You** must continue to pay the **premium** when **you** are making a claim under this policy to ensure that cover can continue in respect of any further treatment provided or costs incurred. Claims can only be considered in respect of treatment provided or costs incurred during the period for which **premium** has been paid.
5. **Terms and Conditions**
- (a) The Terms and Conditions of this policy are fixed for 12 months and reviewed annually on the anniversary of the policy **start date**. Each year, at least three weeks before the current **policy year** is due to end, **you** will be given written notice to **your** last known address of any alteration to the Terms and Conditions of cover under this policy. However, please note that due to legislative, tax or regulatory requirements or changes to **your** circumstances (specifically notified to **us** by **you**), we may be required to alter **your** policy Terms and Conditions during that 12 month period. Section 4 D 5 (e) below of this policy provides more detail.
  - (b) We may vary or waive the Terms and Conditions of this policy to reflect changes in the assumptions set out in Section 4 D 4 (b) above which we use to design and price **your** cover. Such changes may have the effect of increasing or reducing the cover previously provided under this policy.
  - (c) When changing **your** Terms and Conditions we will only consider any future impact of changes in one or more assumptions due to the reasons set out in Section 4 D 4 (b) above.
  - (d) In addition, we may also vary or waive **your** Terms and Conditions to:
    1. improve **your** cover;
    2. comply with any applicable laws or regulations;
    3. reflect any changes to taxation;
    4. correct any typographical or formatting errors; or
    5. provide additional clarity to the existing Terms and Conditions.
  - (e) If any change to the Terms and Conditions of this policy is due to legislative, tax or regulatory requirements, then we will endeavour to give **you** at least three weeks' written notice of this change. However we may not be able to give **you** three weeks' notice as legislative, tax or regulatory requirements are outside **our** control.
  - (f) Any changes to **your** Terms and Conditions we make will not:
    1. be made as a result of any reason other than changes in the assumptions mentioned in Section 4 D 4 (b) or for the reasons set out in Section 4 D 5 (d) above; or
    2. be made to recover any previous losses.
  - (g) If we vary or waive **your** Terms and Conditions and **you** do not wish to continue **your** cover **you** should contact **us** to discuss **your options**. Depending on the type of policy **you** have, **you** may be able to change **your** type of cover. Alternatively **you** can cancel as set out in Section 4 D 8.
6. **Annual Review**
- At least three weeks before the current **policy year** is due to end we will send **you** a review notice setting out the new policy Terms and Conditions for the next **policy year**. If **you** have already given **your** consent for **us** to collect the **premium**, **your** payment will continue to be taken from **your** designated bank or credit card account unless **you** instruct **us** otherwise. **Your** cover under this policy will continue as long as **you** pay the **premium**.
7. **Our Right to Cancel**
- (a) We may cancel **your** insurance cover immediately:
    1. where there is evidence of dishonesty or exaggerated behaviour by **you** (or by someone acting on **your** behalf) in relation to the cover provided under this policy;

2. where **you** deliberately tell **us** something which is untrue or misleading in response to any question **we** ask **you** when **you** take out cover under this policy, or apply to vary **your** cover under this policy (or **we** can demonstrate from the relevant circumstances that **you** did not take reasonable care to ensure the statements **you** made to **us** were true);
3. where **you** unintentionally tell **us** something which is untrue or misleading in response to any question **we** ask **you** when **you** take out cover under this policy which, if correctly answered, would have caused **us** to decline **you** for cover; or
4. where necessary to comply with any applicable laws or regulations.

If **your** policy is cancelled as a result of Section 4 D 7 (a) 1, 2 or 4, **we** will not return any **premiums you** have paid under the terms of this policy. If **your** policy is cancelled as a result Section 4 D 7 (a) 3, **we** will return any **premiums you** have paid under the terms of this policy provided no claim has been made.

- (b) Any decision to cancel cover will not be made at an individual level and will not be based on whether **you** have made a claim, except where Section 4 D 7 (a) 1, 2 or 3 applies.
  - (c) Cancellation of **your** policy will not affect **your** entitlement to claim for any event occurring before the date of cancellation, except where Section 4 D 7 (a) 1, 2 or 3 applies.
  - (d) **Your** policy will be cancelled immediately, if **you** or **your pet** take up residence outside the **territorial limits**. If **your** policy is cancelled as a result of Section 4 D 7 (d), **we** will not return any **premiums you** have paid under the terms of this policy.
8. **Your Right to Cancel**

- (a) Within the “cooling off period” - if **you** decide **you** do not want the cover and wish to cancel **your** policy, **you** can do so within 14 days of the **start date** or the date **you** receive these policy documents (the “cooling off period”). **You** will receive a full refund of any **premium you** have paid provided no claim has been made under the terms of this policy. If **you** have made a claim, no refund of **premium** will be payable.
- (b) Outside the “cooling off period” - if **you** cancel outside the initial 14 day cooling off period, no refund of **premium** will be payable.
- (c) If **we** change **your premium** and/or vary or waive **your** Terms and Conditions and **you** do not wish to continue **your** cover **you** should contact **us** to discuss **your** options. Depending on the type of policy **you** have, **you** may be able to change **your** type of cover. Alternatively **you** can cancel without notice and without penalty. Any cancellation will take effect at the end of the period for which **you** have already paid **your premium**.
- (d) All cancellation requests should be made to:  
Customer Services Department  
American Express Pet Insurance  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX  
Telephone: 0330 123 1924

9. **Reinstatement**

If **you** cancel **your** cover under this policy, or the cover lapses due to unpaid **premium**, **you** may ask **us** to reinstate the policy. If **we** accept **your** request, any claim or **condition** arising during the period when **you** were not covered i.e. the lapse period, will not be accepted.

E. **GENERAL CONDITIONS**

1. **Choice of Law** - this policy is governed by English law. Any legal proceedings will be held in the courts of England and Wales unless **you** live in Scotland, Northern Ireland, or the Isle of Man, in which case **you** will be entitled to commence legal proceedings in **your** local courts.
2. **Compensation** - **we** are covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet **our** liabilities to **you**, **you** may be entitled to compensation from the FSCS. Insurance advising and arranging is covered for 90% of the claim with no upper limit. Further information is available from their website - [www.fscs.org.uk](http://www.fscs.org.uk)
3. **Surrender Value** - when **your** cover under this policy ends it will not have a cash value.
4. **Transfer Rights** - the rights given under this policy can be transferred directly to another individual taking on the full responsibility of the **pet** provided **you** obtain **our** consent. In order to transfer the rights of **your** policy, please contact **our** Customer Services Department using the details in Section 6. Transfer of rights may result in a change to the **premium** amount.
5. **Telephone Recording** - to improve the quality of **our** service, **we** will be monitoring and recording some telephone calls.
6. Failure to comply with any condition of this policy may result in the suspension or the stopping of the benefits.
7. **We** have a regulatory obligation to prevent fraud. In the event of a claim, any information **you** have supplied relevant to this insurance and on the claim form, together with other information relating to the claim may be shared with other insurers in order to prevent fraudulent claims.

## SECTION 5 - MAKING A CLAIM

Before making any claim please check **your** policy and **certificate of insurance** to see if **you** are covered. Please remember that any costs relating to the completion of claim forms must be paid by **you**.

Please note that we cannot guarantee the validity of a claim over the phone. You will need to provide a completed claim form and we will notify you in writing of our decision.

### A. VETERINARY FEES:

#### Step 1 Ring the **helpline**

As soon as **your pet** shows any signs of an injury, **illness** or distress, **we** suggest **you** telephone the **helpline** any time of the day or night on **0330 123 1923**. Please make sure that **you** have **your** policy number available when **you** telephone the **helpline**.

Special Note: If **your pet** has collapsed, is unconscious or been involved in a serious accident **you** should consult **your vet** immediately and then phone **our** Claims Department on **0330 123 1924** as soon as possible.

#### Step 2 Check with **your vet**

Before **your pet** is treated, check **your vet** is prepared to complete a claim form and provide invoices.

#### Step 3 Request and complete a claim form

**You** can download a claim form online at: [www.support.cardifpinnacle.com](http://www.support.cardifpinnacle.com) or alternatively request one from **our** Claims Department on **0330 123 1924**. Complete **your** sections of the claim form and ask **your vet** to fill in their part. Remember **you** and **your vet** must both sign the form.

#### Step 4 When to claim

**You** should normally send **us** **your** claim form at the end of the course of **treatment**, or within 6 weeks of the end of the **policy year** if the **treatment** is not complete by that time.

#### Step 5 Return the claim form

Return the claim form to **us** together with the invoices showing the costs/fees **you** have incurred.

### B. ALL OTHER CLAIMS:

#### Step 1 Request a claim form

Request a claim form from **our** Claims Department on **0330 123 1924**.

#### Step 2 Complete and return the claim form

Complete the relevant sections of the claim form, sign and return together with:

#### Finding Your Pet:

- (a) if applicable, the pedigree certificate; and
- (b) receipts for any advertising costs and rewards.

#### Your Hospitalisation and Boarding Fees:

- (a) **your** rabbit hotel receipts; and
- (b) evidence from **your** doctor or hospital confirming **your** hospital stay.

#### Waiver of Premium:

- (a) Disability claims - details of **your** doctor, and a copy of **your** medical certificate; or
- (b) **Involuntary unemployment** claims - a copy of any correspondence from the Department for Work and Pensions with regards to benefits **you** have received and details of **your** former employer if **you** were in full-time employment, or **you** are self-employed confirmation from **your** accountant that **you** have involuntarily ceased trading and that the final accounts for the winding up of the business have been prepared and submitted to HM Revenue & Customs. If **you** live and work in the Isle of Man, in respect of any Sections relating to HM Revenue & Customs, the local equivalent shall apply.

## SECTION 6 - IF YOU HAVE A CONCERN

### A. CUSTOMER SERVICE

If **you** have any queries during **your policy year** or **you** need to change **your** address, **your** payment details or **your pet** dies from natural causes, please contact **our** Customer Services Department on **0330 123 1924**.

### B. ENQUIRIES AND COMPLAINTS

#### Step 1:

Policy administration and claims - while it is always **our** intention to provide a first class standard of service, if **you** do have any concerns regarding **your** insurance cover, please address them to:

Customer Relations Manager  
American Express Pet Insurance  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX

#### Step 2:

Should **you** remain dissatisfied with the outcome of any internal enquiries **you** have the right to refer **your** complaint to:

The Financial Ombudsman Service  
Exchange Tower  
Harbour Exchange Square  
London E14 9SR

This procedure will not prejudice **your** right to take legal proceedings. However, please note that there are some instances when the Financial Ombudsman Service cannot consider complaints.

A leaflet detailing **our** full complaints/appeals process is available from **us** on request.

### C. IMPORTANT INFORMATION

**Your American Express** Pet Insurance is underwritten under policy number 02536 (1<sup>st</sup> August 2014) by Pinnacle Insurance plc and arranged by **American Express** a United Kingdom based insurance intermediary authorised and regulated by the Financial Conduct Authority.

## SECTION 7 - ABOUT YOUR INFORMATION AND DATA PROTECTION

As part of **your** application for a product or service offered by **us** or an intermediary of **ours**, **you** were asked to provide personal contact details (for example name, postal address and e-mail address), financial information (for example, account or credit card details) and demographic/profile information (for instance, **your** postcode).

**Your** personal information may be held by **us** on computer or manual files and will be used for administration purposes including carrying out customer surveys, claims handling, fraud prevention as well as for underwriting any insurance cover **we** provide to **you**. **We** may need to provide **your** data to reinsurance companies and other firms who provide services associated with **your** insurance policy. **We** will not hold **your** data for any longer than is necessary to provide **our** services to **you**. By entering into **your** policy, **you** give **your** consent to the transfer of data outside of the European Economic Area (including to the United States of America) for the purposes stated above.

**We** have a regulatory obligation to prevent fraud. In the event of a claim, any information **you** have supplied relevant to this insurance and on the claim form, together with other information relating to the claim may be shared with other insurers in order to prevent fraudulent claims. The details of the participants in the scheme and the name and address of the scheme operator are available on request by contacting **our** Data Protection Officer at:

American Express Pet Insurance  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX

**We** will only provide **your** information to a third party where **we** have a legal or regulatory obligation to do so.



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