

Everything **you** need to know



Your **Rider Plan** Policy Booklet

**An insurance policy for people who ride
but don't own, or fully loan, a horse**

Please read in conjunction with your Certificates of Insurance and Insurance Product Information Document (IPID) to understand your cover.

Effective from 12th September 2018

This booklet contains your:

- Demands and Needs – who is this product suitable for?
- Terms and Conditions
- Fair Processing Notice - how we use personal information

Welcome

Dear policyholder,

Thank you for insuring with Petplan Equine, we're delighted you're part of the family.

If you need us we'll be here to help. We do all we can to make the claims process as quick and easy as possible so you can count on prompt and caring service from our experienced staff when you need it most.

The details of the cover your policy provides are included in this booklet as well as useful information to make claiming as straightforward as possible.

The Petplan Equine Team

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Please contact us if you require a copy of this booklet in large print or Braille

Petplan Equine does not provide advice or any personal recommendation about the insurance products offered.

Demands and Needs – who is this product suitable for?

This product meets the demands and needs of a person who rides horses, but doesn't own or fully loan a horse, and who while riding a horse wants cover for personal accident (if he/she is injured) and legal protection should a third party incident happen.

Your Terms and Conditions

Written in Plain English

The details of your cover are outlined in these Terms and Conditions. These Terms and Conditions are part of your insurance contract. The other parts of your contract are your Certificates of Insurance and your written, internet or telephone application. To understand exactly what your insurance contract covers you must read your Certificates of Insurance and Insurance Product Information Document, together with these Terms and Conditions.

We recommend you check your cover and contact us as soon as possible if this is not as expected.

Definitions

If we explain what a word means, that word has the same meaning wherever it appears in these Terms and Conditions. For ease, you'll see that these words appear in bold throughout.

- Certificates of Insurance:** The printed documents showing the Policy Details, Person Details and any extra exclusions and requirements that apply to your policy.
- Clinical sign(s):** A change(s) in the horse's normal healthy physical state, condition, appearance, or bodily function.
- Excess:** The excess is the amount you pay. The excesses that apply to your cover are shown on your Certificate of Insurance.
- Full loan:** Where you are the only person responsible for the horse's care. For the purpose of this insurance, you are responsible for the horse's care when you are carrying out the care and when you are paying a person to care for the horse (for example, but not limited to full livery or part livery).
- Horse:** Any horse or pony that you do not own or have on full loan.
- Immediate family:** Your husband, wife, civil partner, parent, parent-in-law, brother, brother-in-law, sister, sister-in-law, child or stepchild.
- Injury:** Physical damage or trauma caused immediately by an accident. Not any physical damage or trauma that happens over a period of time.
- Maximum benefit:** The most we will pay as shown on your Certificate of Insurance.
- Policy year:** The time during which we provide cover as shown on your Certificate of Insurance. This is normally 12 months but can be less if your policy has been cancelled.
- Riding:** Riding, driving, leading, mounting, dismounting and handling a horse and travelling in any horse-drawn vehicle.
- Riding equipment:** Saddles, bridles, rugs, riding tack, hats, boots, jodhpurs, jackets and body protectors.
- UK:** The United Kingdom, the Isle of Man and the Channel Islands.
- Vet:** A Veterinary Surgeon who is registered with the RCVS (Royal College of Veterinary Surgeons).
- Veterinary treatment:** The cost of the following when required to treat an injury:
- Any consultation, examination, advice, test, diagnostic procedure, surgery and nursing carried out by a vet, a veterinary nurse or another member of the veterinary practice under the supervision of a vet, and
 - Any medication legally prescribed by a vet.
- We, us, our:** Allianz Insurance plc.
- You, your:** The person named as the Insured Person on your Certificate of Insurance.

General conditions that apply to all sections of your policy

1. Conditions of the policy:

You must keep to the 'General conditions that apply to all sections of your policy' and the conditions stated under each section to have the full protection of **your** policy. If **you** do not, and the condition **you** have not kept to relates to a claim, **we** can refuse the claim.

2. Taking care:

Throughout the **policy year** **you** must take reasonable care:

- Of any **horse you** are riding,
- To prevent accidents, **injury**, loss, theft or damage, and
- To understand the **horse's** usual behaviour to make sure **you** have the experience, and are able, to ride him/her.

If there is a disagreement between **you** and **us** as to what reasonable care is, an animal welfare organisation or **vet** who **we** and **you** agree is independent can be appointed and both parties agree to accept this person's opinion. **We** will pay any costs relating to this.

3. Paying your premium:

a) This policy is only in force if **you** pay the premium. If **you** pay the yearly premium in Direct Debit instalments and **you** miss an instalment, **you** will have to pay the outstanding amount within 10 days of the date the instalment was due to be paid. If **we** do not receive **your** payment within 10 days of the date the premium was due, **your** insurance will automatically stop and **we** will make no further claim payments.

b) When **we** settle **your** claim, if there is any premium overdue **we** will deduct the amount outstanding from the claim.

4. Renewing your policy:

If **you** pay **your** premium by Direct Debit instalment, when **your** policy is due for renewal **we** will renew it for **you** automatically. **We** will write to **you** before the policy expires with full details of **your** premium and policy conditions for the next **policy year**. If **you** do not want to renew this policy let **us** know before **your** renewal date.

5. Changes at renewal:

- a) If **we** offer to renew **your** policy **we** can change the premium, excesses and policy Terms and Conditions.
- b) **We** have the right not to invite renewal and **we** will notify **you** in writing before **your** renewal date if **we** decide to do this.
- c) If, after **we** offer to renew **your** policy, **you** tell **us** about something that happened during an earlier **policy year** which could lead to a claim, **we** can change the premium and Terms and Conditions backdated to the date **your** policy renewed.

6. Providing the information we ask for:

Throughout the policy **you** must keep **us** informed of certain information. The information **we** need is stated in **your** policy documents; this can change so make sure **you** check any new documents **we** send **you**. If **you** don't provide the full and accurate information it could result in a claim not being paid or can affect the cover **we** provide.

7. Changes during the policy year:

Changes will only be made to **your** policy at renewal; **we** will not change the cover **we** provide during the **policy** year, unless:

- **You** decide to change **your** cover.
- **You** did not tell **us** about something when **we** previously asked.
- **You** provided **us** with inaccurate information when previously asked, regardless of whether or not **you** thought it was accurate at the time.

8. Young Rider - the renewal after the rider's 18th birthday:

The Young Rider plan is only available to people under the age of 18 years. Where a rider is covered under this plan at the renewal following their 18th birthday, the policy will be changed into the rider's name and they will become the policyholder. At the same time cover will be changed to the Basic plan.

9. Claiming:

Further details about making a claim can be found on page 14 of this Policy Booklet.

- a) **You** must let **us** know as soon as possible if anything happens which could lead to a claim.
- b) **We** will not guarantee on the phone if **we** will cover a claim. **You** must send **us** a claim form that has been fully completed and **we** will then write to **you** with **our** decision.
- c) When **you** claim **you** agree to provide **us** with any information connected with the claim **we** ask for. If there is a charge for this, **you** must pay the charge.
- d) If there is any other insurance under which **you** are entitled to make a claim, if the claim is payable **we** will only pay **our** share of the claim. **You** must tell **us** the name and address of the other insurance company and **your** policy number with them.
- e) If **you** have any legal rights against another person in relation to **your** claim, **we** can take legal action against them, in **your** name, at **our** expense. **You** must give **us** all the help **you** can and provide any documents **we** ask for.

10. Jurisdiction:

- a) The laws of England and Wales apply to this insurance contract.
- b) Unless **we** agree otherwise the language of the policy and all communications relating to it will be in English.

11. Residence:

You must live in the **UK**.

12. Cancellation rights:

- a) If, after receiving **your** Certificates of Insurance and full policy Terms and Conditions, **you** are not happy **you** have 14 days during which **you** can cancel the policy. If **you** cancel the policy within this time frame **you** will receive a full refund of any premium paid.
- b) **You** can cancel **your** policy at any time by calling or writing to **us** and **we** will give **you** a refund of the money **you** have paid for the cover after the cancellation date.
- c) **We** can cancel **your** policy at any time if **you** have been dishonest or fraudulent in any dealing with **us** or a **vet** has advised that **you** have been negligent towards any **horse you** are riding. **We** will give **you** 7 days' notice in writing to the last address **you** have given **us** and **we** will give **you** a refund of any money **you** have paid for cover after the cancellation date.

13. Cover following cancellation of the policy:

If **your** policy is cancelled or comes to an end for any other reason all cover will stop on the date the policy is cancelled/ends and no further claims will be paid.

Cover

If **you** have paid **your** premium, **we** will provide cover for the sections of cover shown on **your Certificates of Insurance**. The cover applies in the **UK**.

SECTION 1 - Personal Accident

What we will pay

If **you** are injured, die or have to stay in hospital due to an accident that happens while **you** are **riding a horse**, during the **policy year**, **we** will pay up to the amount stated in the List of Cover.

What you pay

For each accident:

- The first £50 of dental treatment
- The first 4 weeks of tuition fees

List of Cover	Young Rider	Basic	Deluxe
1. Death	£5,000	£10,000	£20,000
2. Permanent blindness in one or both eyes	£10,000	£10,000	£20,000
3. Permanent deafness in both ears	£10,000	£10,000	£20,000
4. Loss of one or both hands or arms*	£10,000	£10,000	£20,000
5. Loss of one or both feet or legs*	£10,000	£10,000	£20,000
6. Permanent total disability If, as a result of the accident, you will never be able to carry out any type of work.	£10,000	£10,000	£20,000
7. Temporary total disability If, as a result of the accident, you cannot carry out all the duties of your job. If you do not have a job we will pay your medical expenses due to your injury up to the weekly amount shown in this table. If you are self-employed please refer to 'Conditions applying to Personal Accident' - point 6.	Not covered	£50 each week	£100 each week
8. Tuition fees If you cannot attend your usual place of education as a full-time student because of your injury we will pay for the cost of a private tutor.	£2,500	Not covered	Not covered
9. Dental treatment	£1,000	£1,000	£1,500
10. Hospital benefit For each 24 hours you are in hospital.	£25	£30	£50

*'Loss of one or both hands or arms' and 'Loss of one or both feet or legs' includes:

- Physical severance at or above the wrist or ankle, or
- The total and permanent loss of use of an entire hand, arm, foot or leg.

What we will not pay

- Any amount if **your** death, permanent total disability, permanent blindness, permanent deafness or loss of hand(s), arm(s), feet or leg(s) happens more than 24 months after the date **you** were injured.
- Any amount for permanent total disability until at least 52 weeks after the date of the accident.
- The first 7 days of temporary total disability for each accident.
- More than 52 consecutive weeks of the temporary total disability benefit for each accident.
- More than 30 days' hospital benefit for each accident.
- Any amount for dental treatment which is not directly related to the riding accident.
- Any amount if **you** are under 5 years old or over 75 years old.
- Any extra amount because of a medical condition, **injury** or illness **you** had before this cover started.
- Any amount if the **injury** or death resulted from suicide, attempted suicide or **you** deliberately injuring yourself.
- Any amount if the **injury** or death was caused because **you** deliberately put yourself in danger, unless it was in an attempt to save someone's life.
- Any amount if the **injury** or death results from **you** being under the influence of alcohol.
- Any amount if the **injury** or death results from **you** taking a drug unless it was under proper medical supervision and not to treat any drug addiction.

Conditions applying to Personal Accident

1. Timescales for making a claim:

A claim must be submitted to **us** within the timescales stated below. If a claim is submitted after these times it will not be covered by the policy.

- For death, permanent blindness, permanent deafness, loss of one or both hands or arms or loss of one or both feet or legs a claim must be submitted within 30 months of the **injury** occurring.
- For permanent total disability and/or temporary total disability a claim must be submitted within 18 months of the **injury** happening.
- For tuition fees, dental treatment and/or hospitalisation a claim must be submitted within 12 months of the **injury** happening.

2. Actions you must take:

- a) If **you** are injured **you** must get medical attention as soon as possible.
- b) **You** must wear approved protective headgear at all times when **riding a horse**. This must be manufactured to BSEN1384:1997 with CE mark, EN1384:1996 with CE mark, PAS015:2011 with BSI kitemark, ASTM F1163:2004a with SEI mark, E2001 with Snell certification label or AS.NZ 3838:2006 with SAI global mark. If **you** do not comply with the above **we** will not pay any amount resulting from a head **injury**.

3. Actions we may take:

- a) **We** can appoint and pay for **our** own medical advisers to examine **you** as often as **we** feel is necessary.
- b) If **you** are over 65 **we** can ask **you** to provide **us** with a certificate of fitness to ride from a doctor. If **we** ask for this, **you** must provide it and if the doctor makes a charge for this, **you** must pay the charge.
- c) If an **injury** is worse because of an old **injury**, physical disability or condition that **you** had before the accident, **we** will only pay a percentage of **your** claim. The percentage will be based on the amount **your** old **injury**, physical disability, or condition affects, or is part of, **your** new **injury**.

If there is a disagreement between **you** and **us** regarding to the percentage decided, a doctor who **we** and **you** agree is independent can be appointed and both parties agree to accept this doctor's opinion. **We** will pay any costs relating to this.

4. Multiple disabilities:

- a) If **you** suffer from more than one of the disabilities numbered 1, 2, 3, 4, 5 or 6 in the List of Cover, **we** will only pay one amount. The amount **we** will pay in total for all of the disabilities is limited to £10,000 for the Young Rider and Basic plans and £20,000 for the Deluxe plan.
- b) Once **we** have paid a claim for any of the disabilities numbered 2, 3, 4, 5 or 6 in the List of Cover, all cover for all of these stop. If **you** have another accident **you** cannot claim for any of these disabilities.

5. Permanent total disability:

To claim for permanent total disability **your injury** must be so severe that **you** will never be able to carry out any type of work. **You** cannot claim under permanent total disability if **you** can no longer carry out **your** current profession but are capable of carrying out any other type of work. This is the case even if **you** need to retrain to carry out an alternative type of work.

6. Temporary total disability - where you are self-employed:

If **you** are self-employed and have had to cancel work due to **your injury** **you** will need to provide evidence showing:

- The work had been arranged before the **injury** occurred, and
- The dates of the work that **you** had to cancel due to the **injury** and the amount **you** would have been paid.

If **you** do not provide this information, **we** will only pay **your** medical expenses due to **your injury** up to the weekly amount shown in the 'List of Cover' table.

SECTION 2 - Riding Equipment

What we will pay

If **your riding equipment** is stolen, damaged or destroyed during the **policy year**, while **you** are riding a **horse** or travelling to, or from, the place **you** are **riding**, **we** will pay:

- The cost of repairing the **riding equipment** if it is damaged to bring it back to the same condition it was in before it was damaged, or
- The cost of replacing the **riding equipment** with the same or very similar **riding equipment**, if the cost of repair is more than it was worth, or it is stolen or destroyed.

What you pay

The **excess** shown on **your** Certificate of Insurance for each incident.

What we will not pay

1. More than the **maximum benefit** for each incident.
2. More than the **riding equipment** was worth at the time it was stolen or damaged.
3. Any amount for stolen **riding equipment** unless there is proven forcible or violent entry to the premises or vehicle where the **riding equipment** was kept.
4. Any amount for **riding equipment** **you** do not own.
5. Any amount if the **riding equipment** is damaged or destroyed by wear and tear, the actions of moths, insects, vermin, pests or any other cause that happens slowly.
6. Any amount if the **riding equipment** is damaged or destroyed when it is being cleaned, dyed, repaired or restored.

Conditions that apply to Riding Equipment

1. Timescales for making a claim:

A claim must be submitted to **us** no later than 12 months after the loss or damage. Any claims received after this time will not be covered by the policy.

2. Actions you must take:

a) **You** must notify the police as soon as **you** discover any of **your** property has been stolen or deliberately damaged and obtain a crime reference number.

b) If **your riding equipment** is found, **you** must repay the full amount **we** have paid **you**.

3. Security:

When **your riding equipment** is left unattended it must be kept in:

- The locked boot or covered luggage area of a locked vehicle, or
- The house, bungalow, flat or other domestic building that **you** live in that has been locked with 5-lever mortise deadlocks on all doors, or
- A building or part of a building that **you** do not live in that has been locked with 5-lever mortise deadlocks on all doors and has steel bars or steel grids on all windows.

If **your riding equipment** is left unattended and it is stolen, or damaged during attempted theft, the claim will only be considered if the above security was in place at the time.

4. Saddlery and tack worth more than £400:

We will only pay more than £400 for any saddle or item of tack if **you** provide:

- Formal proof of purchase which shows the make, model, purchase price and the date of purchase, or
- A saddler's valuation, which shows the make, model and value of the item and the date the valuation was carried out. The saddler's valuation must have been carried out and submitted to **us** before the item is stolen, damaged or destroyed.

If **you** cannot provide the above the amount **we** will pay for that item is limited to £400.

SECTION 3 - Emergency Veterinary Fees

What we will pay

If the **horse** is injured during the **policy year** because of an accident that happens when **you** are **riding** it and the **horse** needs immediate **veterinary treatment we** will pay:

- The cost of the **vet** attending the scene of the accident,
- The cost of **veterinary treatment** at the scene of the accident and for the following 24 hours,
- The cost of moving the **horse** from the scene of the accident to the place it is usually kept, and
- The cost of euthanasia by the **vet** at the scene of the accident and disposal of the **horse's** body.

What you pay

The **excess** shown on **your** Certificate of Insurance for each separate accident.

What we will not pay

1. More than the **maximum benefit** for each accident.
2. The cost of treating any **injury** first showing **clinical signs** before the accident.
3. Any amount if a **vet** does not attend the scene of the accident.
4. The cost of a post-mortem examination and/or report.
5. The cost of **veterinary treatment** for any **injury** that occurred as a result of an accident that happened before the **policy year**.
6. The cost of any medicines or materials prescribed or supplied to be used more than 24 hours after the time of the accident.
7. The cost of any **veterinary treatment** for any **injury** deliberately caused by **you** or a member of **your immediate family**.

Conditions applying to Emergency Veterinary Fees

1. Timescales for making a claim:

A claim must be submitted to **us** no later than 12 months after the **horse** received treatment. Any claims received after this time will not be covered by the policy.

2. Actions we may take:

- a) If **we** receive a request to pay the claim settlement direct to a veterinary practice, **we** have the right to decline this request.
- b) If a veterinary practice asks **us** for information about **your** insurance cover and **we** agree to provide it, **we** will only do this if the veterinary practice confirms they:
 - Recently provided treatment for the **horse**, or
 - Have spoken with **you** about providing treatment for the **horse** in the near future.

In these cases, **we** will only tell the veterinary practice if **you** have an active insurance policy with **us**, and if **you** do – the date cover started, the type of cover in place, the monetary limits of your policy, the excesses **you** pay and if any exclusions have been placed on **your** cover.

3. When the horse is staying at a veterinary practice or hospital:

If the **horse** stays at a veterinary practice or hospital the policy covers the cost of veterinary and nursing care. This policy does not cover any charges made by the practice/hospital for livery, stabling, grazing, bedding and feeding.

SECTION 4 - Third Party Liability

What we will pay

If property is damaged, or someone is killed, injured or falls ill, as a result of an incident which happens while **you** are riding a horse during the policy year and **you** are legally responsible, **we** will pay:

1. Compensation and claimant's costs and expenses, and
2. Legal costs and expenses for defending a claim against **you**.

What you pay

The **excess** shown on **your** Certificate of Insurance for each incident where property has been damaged.

What we will not pay

1. More than the **maximum benefit** for each incident.
2. Any compensation, costs and expenses for defending **you** that **we** have not agreed beforehand.
3. Any compensation, costs and expenses if **you** are legally responsible only because of a contract **you** have entered into.
4. Any compensation, costs and expenses for the death, injury or illness of an **immediate family** member or anyone who lives with **you** or is employed by **you**.
5. Any compensation, costs and expenses for property that belongs to **you**, an **immediate family** member or anyone who lives with **you** or is employed by **you**.
6. Any compensation, costs and expenses for property that belongs to, or is the responsibility of, **you**, an **immediate family** member or anyone who lives with **you** or is employed by **you**.
7. Any compensation, costs and expenses that result from an incident if **you** have not followed instructions or advice given to **you** by the owner of the **horse**, or the person responsible for him/her.
8. Any compensation, costs and expenses if the incident happens in an area or place where horses are specifically prohibited, unless the **horse** escapes and enters the area outside of **your** control.
9. Any compensation, costs and expenses for an incident which occurs when the **horse** is tethered or when the **horse** had escaped from, or has been purposefully released from, a tether.
10. Any compensation, costs and expenses if all or part of a fence, a wall, a gate or an agricultural crop is damaged.
11. Any compensation, costs and expenses if the **horse you** are driving is attached to a vehicle that needs third party cover under any road traffic law.
12. Any compensation, costs and expenses if **you** are legally responsible under the laws of any country, other than members of the European Union.
13. Any compensation, costs and expenses if **you** are responsible for air, water or soil pollution, unless it can be proven that the pollution took place immediately after and as a result of an accident involving a **horse you** are riding.

Conditions apply to this section - please also read 'Conditions applying to Third Party Liability and Custodial Liability' on page 10

SECTION 5 - Custodial Liability

What we will pay

If, during the **policy year**, the **horse** is injured or dies as a result of an accident that happens while **you** are **riding** it, or a horse-drawn vehicle attached to a **horse you** are driving is damaged, and **you** are legally responsible, **we** will pay:

1. Compensation and claimant's costs and expenses, and
2. Legal costs and expenses for defending a claim against **you**.

What you pay

The **excess** shown on **your** Certificate of Insurance for each claim for each accident.

What we will not pay

1. More than the **maximum benefit** for each accident.
2. Any amount for defending **you** that **we** have not agreed beforehand.
3. Any amount if **you** are legally responsible only because of a contract **you** have entered into.
4. Any amount if the **horse** or horse-drawn vehicle belongs to **you**, an **immediate family** member or anyone who lives with **you** or is employed by **you**.
5. Any amount if **you** are legally responsible under the laws of any country, other than members of the European Union.

Conditions applying to Third Party Liability and Custodial Liability

1. Actions you must take:

- a) **You** must not admit responsibility, agree to pay any claim or negotiate with any person following an incident.
- b) **You** must notify **us** as soon as possible:
 - If an incident occurs which could lead to a claim under this section, even if **you** don't believe a claim will be made against **you** at the time.
 - Upon being advised of any prosecution, inquest or enquiry which could lead to a claim under this section.
- c) **You** must immediately send **us** any writ, summons or legal documents **you** receive and **you** or any other person must not respond to any of these documents.
 - d) **You** agree to provide **us** with any information connected with the claim **we** ask for including details of the **horse's** history.
 - e) **You** agree to tell **us** or help **us** find out all the circumstances of an incident that results in a claim, provide written statements and go to court if needed.
 - f) **You** must allow **us** to take charge of **your** claim and allow **us** to prosecute in **your** name for **our** benefit.

General exclusions that apply to all sections of your policy

This policy does not cover the following:

1. The horse:

Any incident or **injury** which involves a **horse** that is:

- Owned by, or
- On **full loan** to,

You, an **immediate family** member or anyone who lives with **you** or is employed by **you**.

2. Activities your policy does not cover:

- a) Any incident or **injury** that happens when **you** are taking part in horseball, arab racing, team chasing, hunter chasing, point-to-pointing, polocrosse, polo and any unlawful activities.
- b) Any incident or **injury** that happens when **you** are taking part in any professional competition or racing, including point-to-point racing.

3. Business activities:

Any incident or **injury** that happens while **you** are carrying out **your** business activity, **your** profession, **your** occupation or while **you** are working for someone, including voluntary work.

4. Exclusions:

Any **injury** or incident which is related to anything that is excluded on **your Certificates of Insurance**.

5. Laws and regulations:

- a) Any amount connected with a criminal court case.
- b) Any fines or penalties.
- c) Any amount which results from **you** acting or behaving unlawfully.
- d) Any amount if **you** break the United Kingdom laws or regulations, including those relating to animal health or importation.

6. Miscellaneous:

- a) Any amount caused by an act of force or violence for political, religious or ideological reasons, war, riot, revolution or any similar event, including any chemical or biological terrorism
- b) Any amount caused by radiation, nuclear explosion, nuclear fallout or contamination by radioactivity.
- c) Any amount caused by an act of terrorism, the use or threatened use of violence to scare or intimidate, malicious persons, civil disobedience, strikes, people taking part in labour disturbances or the involvement of any unlawful organisation in Northern Ireland.
- d) Any amount caused by the pressure waves of an aircraft, spacecraft or anything else travelling at sonic or supersonic speed
- e) Any amount resulting from diseases transmitted from animals to humans.

Claiming

This section tells **you** what **you** will need to send **us** if **you** need to make a claim. There's lots of useful information on **our** website petplanequine.co.uk; where **you** can also track the progress of an existing claim at **your** convenience.

Notifying us of a potential claim:

- **You** must let **us** know of any circumstances which are likely to lead to a claim.
- For Third Party Liability and Custodial Liability **you** must let **us** know of any incident that happens even if **you** don't believe a claim will be made against **you** at the time. Details of what **you** need to do if an incident happens can be found in 'Conditions applying to Third Party Liability and Custodial Liability' point 1.

Requesting a claim form:

Some of the claim forms can be downloaded from **our** website petplanequine.co.uk. Please contact **us** if **you** would like a form sent through the post or by email.

HOW TO CLAIM

It's easy to make a claim with Petplan Equine. Simply send **us** **your** completed claim form along with the supporting documentation shown in the table. **We** need this information in order to process **your** claim and if any information is missing, **we** will return the claim form to **you** which will unfortunately delay **your** claim. Please make sure **your** claim form is completed fully by both **you** and if applicable the **vet** or doctor. It is important to be aware that **your** insurance does not cover any charges made for the completion of claim forms or the cost of any supporting documentation.

Supporting documentation to be sent with your claim form

When **you** send **your** claim in the post **you** must send **us** the original documents. If the claim is being faxed or emailed please retain original copies of all documents (including the claim form and any invoices).

Section 1 Personal Accident	Please contact us and we will advise what additional documents are needed.
Section 2 Riding Equipment	<p>Please send us:</p> <ul style="list-style-type: none">• For any items valued over £400 - the purchase receipt or saddler's valuation• <i>If the item has been stolen:</i><ul style="list-style-type: none">- The crime report.- Two quotations to replace the item with a new equivalent item.- Photographs showing the damage to the place where the items were stolen from.• <i>If the item is damaged and repairable:</i><ul style="list-style-type: none">- Two estimates for repair- Photographs showing the damage to the item• <i>If the item is damaged and not repairable:</i><ul style="list-style-type: none">- Written confirmation from a saddler stating the item is damaged beyond repair and stating the current salvage value.- Two quotations to replace the item with a brand new equivalent item.- Photographs showing the damage.
Section 3 Emergency Veterinary Fees	Please send us the invoices which show what you are claiming for.
Section 4 Third Party Liability Section 5 Custodial Liability	<ul style="list-style-type: none">• You must phone us if an incident happens, even if you don't believe a claim will be made against you at the time.• Please send us all correspondence, writs, summons or other legal documents as soon as you receive them. You or any other person must not respond to any of these documents.

Fraud

Fraud increases **your** premium and the premiums of all policyholders. If **you**:

- Provide **us** with false information,
- Make a false or exaggerated claim with **us**, or
- Make any claim with **us** that involves **your** dishonesty,

We will not pay **your** claim and **we** can void **your** policy and inform the relevant authorities. If **we** pay a claim and subsequently find the claim was fraudulent, **you** must repay **us** the full amount.

'Void **your** policy' means **we** will cancel **your** policy from the date the fraud occurred. If **we** take this action **you** must:

- a) Repay **us** any claim payments **we** have made from the date the fraud occurred; this is regardless of whether or not the claims were fraudulent.
- b) Tell any other insurer that **we** have void **your** policy; failure to do this could invalidate any future insurance policy.

Making a complaint

Our aim is to get it right, first time every time. If **you** have a complaint **we** will try to resolve it straight away. If **we** are unable to, **we** will confirm **we** have received **your** complaint within five working days and do **our** best to resolve the problem within four weeks. If **we** cannot **we** will let **you** know when an answer may be expected. If **we** have not resolved the situation within eight weeks **we** will issue **you** with information about the Financial Ombudsman Service (FOS) which offers a free, independent complaint resolution service.

If **you** have a complaint, please contact **our** Customer Satisfaction Manager at:

Petplan Equine
Great West House (GW2)
Great West Road
Brentford
Middlesex
TW8 9DX
United Kingdom
Email: petplan.csm@allianz.co.uk
Telephone: 0345 075 2028

You have the right to refer your complaint to the Financial Ombudsman, free of charge - but you must do so within six months of the date of the 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. For example, if the Ombudsman believes that the delay was as a result of exceptional circumstances.

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Website: www.financial-ombudsman.org.uk
Telephone: 0800 0234567 or 0300 1239123

Email: complaint.info@financial-ombudsman.org.uk
Using **our** complaints procedure or contacting the FOS does not affect **your** legal rights.

The European Commission has an online dispute resolution service for consumers who have a complaint about a product or service bought online. If **you** choose to submit **your** complaint this way it will be forwarded to the Financial Ombudsman Service. Visit ec.europa.eu/odr to access the Online Dispute Resolution Service. Please quote **our** e-mail address: petplan.csm@allianz.co.uk. Alternatively, **you** can contact the Financial Ombudsman Service directly.

Financial Services Compensation Scheme

If **we** are unable to meet **our** liabilities **you** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS).

Further information about compensation scheme arrangements is available at www.fscs.org.uk, by emailing enquiries@fscs.org.uk or by phoning the FSCS on 0800 678 1100 or 0207 741 4100.

In the Fair Processing Notice below you'll see that Allianz is mentioned. Petplan Equine is a subsidiary of Allianz Insurance plc and where **we** refer to '**we**' '**us**' and '**our**' it means Petplan Equine and Allianz Insurance plc.

Fair Processing Notice – how we use personal information

1. Who we are

When **we** refer to "**we**", "**us**" and "**our**" in this notice it means Allianz Insurance plc.

When **we** say "**you**" and "**your**" in this notice, **we** mean anyone whose personal information **we** may collect, including:

- anyone seeking an insurance quote from **us** or whose details are provided during the quotation process
- policyholders and anyone named on or covered by the policy
- anyone who may benefit from or be directly involved in the policy or a claim, including claimants and witnesses.

2. How we use personal information

We use personal information in the following ways:

- to provide quotes, administer policies and policyholder claims to fulfil **our** contract
- to administer third party claims, deal with complaints and prevent financial crime to meet **our** legal obligations
- to manage **our** business and conduct market research to meet the legitimate needs of **our** business
- to send marketing information if **we** have received **your** specific consent.

You are not obliged to provide **us** with personal information, but **we** cannot provide **our** products and services without it.

You have the right to object to us using your personal information.

You can do this at any time by telling us and we will consider your request and either stop using your information or explain why we are not able to. Further details can be found below.

3. Marketing

We use **your** personal information to market products and services to **you**.

Our marketing activities may include:

- providing information to **you** about products and services by telephone, post, email and SMS, **we** will either do this ourselves or use third party partners to do it for **us**
- working with selected partners to display relevant online advertisements to **you**, and to **our** other customers, on third party websites and social media platforms. To do this, **we** may provide **our** partners with some of **your** personal information in an encrypted format, which they use only to identify the appropriate audiences for **our** advertisements.

We ensure that **our** partners delete this information once the advertisement audiences have been identified, and do not use the information for their own purposes.

If you do not wish to receive marketing information about our products and services you can tell us at any time by using the contact details found in section 10, "Know your rights".

4. Automated decision making, including profiling

We may use automated decision making, including profiling, to assess insurance risks, detect fraud, and administer **your** policy. This helps **us** decide whether to offer insurance, determine prices and validate claims.

If **you** disagree with the outcome of an automated decision please contact **us** using the details in section 10.

5. The personal information we collect

We collect the following types of personal information about **you** so **we** can complete the activities in section 2, "How **we** use personal information":

- basic personal details such as name, age, address and gender
- family, lifestyle and social circumstances, such as marital status, dependants and employment type
- financial details such as direct debit or payment card information
- photographs and/or video to help **us** manage policies and assess claims
- tracking and location information if it is relevant to **your** policy or claim
- identification checks and background insurance risk details including previous claims information
- medical information if it is relevant to **your** policy or claim
- criminal convictions if it is relevant to **your** policy or claim
- accessibility details if **we** need to make reasonable adjustments to help
- business activities if it is relevant to **your** policy or claim.

6. Where we collect personal information

From **you**, **your** representatives or from information **you** have made public, for example on social media.

From other persons or organisations, for example:

- credit reference and/or fraud prevention agencies
- emergency services, law enforcement agencies, medical and legal practices
- veterinary practices, animal charities and breeders
- insurance industry registers and databases used to detect and prevent insurance fraud, for example the Motor Insurance Database (MID), the Motor Insurers Anti-Fraud and Theft Register (MIAFTR) and the Claims and Underwriting Exchange (CUE)
- insurance investigators and claims service providers
- other insurers or service providers who underwrite the insurance or provide services for **our** products
- other involved parties, for example claimants or witnesses.

7. Sharing personal information

We may share **your** personal information with:

- other companies within the global Allianz Group www.allianz.com
- credit reference, fraud prevention and other agencies that carry out certain activities on **our** behalf, for example the Motor Insurance Database (MID), the Insurance Fraud Bureau (IFB) and marketing agencies if agreed

- **our** approved suppliers to help deal with claims or provide **our** benefit services, for example vehicle repairers, veterinary advisors, legal advisors and loss adjusters
- other insurers, third party underwriters, reinsurers, insurance intermediaries, regulators, law enforcement and the Financial Ombudsman Service (FOS) and other companies that provide services to **us** or **you**, for example the Claims and Underwriting Exchange (CUE)
- prospective buyers in the event **we** wish to sell all or part of **our** business.

8. Transferring personal information outside the UK

We use servers located in the European Union (EU) to store **your** personal information where it is protected by laws equivalent to those in the UK. **We** may transfer **your** personal information to other members of the global Allianz Group to manage **your** insurance policy or claim; this could be inside or outside the EU. **We** have Binding Corporate Rules (BCRs) which are **our** commitment to the same high level of protection for personal information regardless of where it is processed. These rules align with those required by the European Information Protection authorities. If **you** would like more information about the BCRs please contact **our** Data Protection Officer.

Some of **our** suppliers have servers outside the EU. **Our** contracts with these suppliers require them to provide equivalent levels of protection for **your** personal information.

9. How long we keep personal information

We keep information only for as long as **we** need it to administer the policy, manage **our** business or as required by law or contract.

10. Know your rights

You have the right to:

- object to **us** using **your** personal information. **We** will either agree to stop using it or explain why **we** are unable to (the right to object)
- ask for a copy of the personal information **we** hold about **you**, subject to certain exemptions (data subject access request)
- ask **us** to update or correct **your** personal information to ensure its accuracy (the right of rectification)
- ask **us** to delete **your** personal information from **our** records if it is no longer needed for the original purpose (the right to be forgotten)
- ask **us** to restrict the use of **your** personal information in certain circumstances (the right of restriction)
- ask for a copy of the personal information **you** provided to **us**, so **you** can use it for **your** own purposes (the right to data portability)
- complain if **you** feel **your** personal information has been mishandled. **We** encourage **you** to come to **us** in the first instance but **you** are entitled to complain directly to the Information Commissioner's Office (ICO) at www.ico.org.uk
- ask **us**, at any time, to stop using **your** personal information, if using it based only on **your** consent (the right to withdraw your consent).

If you wish to exercise any of these rights you can do so by contacting our Customer Satisfaction Manager:

Address: Allianz Insurance plc,
2530 The Quadrant,
Aztec West,
Almondsbury,
Bristol BS32 4AW

Email: allianzretailcomplaints@allianz.co.uk
Phone: 0330 102 1781

For pet and equine products only:

Address: Allianz Insurance plc,
Great West House (GW2),
Great West Road,
Brentford,
Middlesex TW8 9EY

Email: ahd.csm@allianz.co.uk
Phone: 0345 026 1985

For Allianz Musical Insurance only:

Address: Allianz Musical Insurance,
Great West House (GW2),
Great West Road,
Brentford,
Middlesex TW8 9DX

Email: csm@allianz.co.uk
Phone: 0344 391 4037

For Allianz Legal Protection products only:

Address: Allianz Legal Protection,
2530 The Quadrant,
Aztec West,
Almondsbury,
Bristol BS32 4AW

Email: alpccomplaints@allianz.co.uk
Phone: 0345 0700 886

11. Data Protection Officer Contact details

If **you** have any queries about how **we** use **your** personal information, please contact **our** Data Protection Officer:

Address: Data Protection Officer,
Allianz,
57 Ladymead,
Guildford,
Surrey GU1 1DB

Email: dataprotectionofficer@allianz.co.uk
Phone: 0330 1021 837

Changes to our Fair Privacy Notice

Occasionally it may be necessary to make changes to this notice. When that happens **we** will provide **you** with an updated version at the earliest opportunity. The most recent version will always be available on **our** website.

www.allianz.co.uk

How to contact us

BY TELEPHONE 0345 074 4408
For Third Party Liability claims only - 01483 218 782

BY EMAIL petplan.ccare@allianz.co.uk

IN WRITING Petplan Equine Customer Centre
Great West House (GW2)
Great West Road
Brentford
Middlesex
TW8 9DX
United Kingdom

WEBSITE petplanequine.co.uk

[Download a claim form](http://petplanequine.co.uk/claims) petplanequine.co.uk/claims
[Track your claim](http://petplanequine.co.uk/claims) petplanequine.co.uk/claims
[My Petplan area](http://petplanequine.co.uk/mypetplanequine) petplanequine.co.uk/mypetplanequine

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