

# Everything **you** need to know



## Your **Equine Insurance** Policy Booklet

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:

- 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 and your horse are part of the family.

We hope your horse is in the best of health, but rest assured, if you need us we'll be there 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.

Wishing you and your horse a happy and healthy year ahead.

*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.

# Your Equine Insurance Policy - Terms and Conditions

## Written in Plain English

The details of your cover are outlined in these Terms and Conditions. There are 13 sections of cover but please be aware that most of the sections are optional and may not be included in the cover you have chosen. A section is only included if it is shown as covered on your Certificate of Insurance. We recommend you check your cover and contact us as soon as possible if this is not as expected.

These Terms and Conditions are part of your insurance contract. The other parts are your Certificate 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.

## 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.

### 12 months:

365 days calculated from and including the date an **injury** happened or the first **clinical signs of an illness** were noticed.

### Activity group/class of use:

The purpose for which **your horse** is used and for which it is insured. The activities **your horse** is covered for are shown on your Certificate of Insurance Horse Details.

### BEVA Guidelines for the Destruction of Horses:

The guidelines stated within a British Equine Veterinary Association (BEVA) document named the 'BEVA Guidelines for the Destruction of Horses Under All Risks Mortality Insurance Policy' which confirm the criteria which we require the horse's condition must meet for a claim to be considered by us for its death. These state *'That the insured horse sustains an injury or manifests an illness or disease that is so severe as to warrant immediate destruction to relieve incurable and excessive pain and that no other options of treatment are available to that horse at that time'*. The full guidelines can be found on page 12 of this Policy Booklet.

### Certificates of Insurance:

The printed documents showing the Policy Details and Horse Details and if applicable the Saddle and Tack Details and/or Trailer Details, which also state any extra exclusions and requirements that apply to **your** policy.

### Clinical sign(s): Complementary treatment:

A change(s) in **your horse's** normal healthy state, condition, appearance or bodily function. The cost of any examination, consultation, advice, test and legally prescribed medication for the following procedures where they treat **illness** and **injury**:

- Acupuncture, chiropractic manipulation, herbal medicine, homeopathy, nutraceuticals, osteopathy and physiotherapy. The treatment must be carried out either by a **vet** or on the **vet's** referral by a therapist who holds a **UK** recognised qualification in their subject.
- Specialist farriery** carried out by a farrier registered with the FRC (Farriers Registration Council).
- Hydrotherapy carried out either by a **vet** or by a therapist following referral by **your** usual **vet**.

### Elective treatment, diagnostic or procedure:

Any treatment, diagnostic or procedure **you** request, which **your vet** confirms is not necessary.

### Excess:

The excess is the amount **you** pay. The excesses that apply to **your** cover are shown on your Certificate of Insurance Horse Details.

- For Veterinary Fees - this is the amount **you** pay towards each **illness** or **injury** that is not related to any other **illness** or **injury**. This amount will be deducted from the first claim(s) for that **illness** or **injury**.
- For Third Party Liability - this is the amount **you** pay for each incident where property has been damaged.

### Illness:

Sickness, disease and any change(s) to **your horse's** normal healthy physical state or appearance.

### Illness which starts in the first 14 days of cover:

- An **illness** that showed **clinical signs** in the first 14 days of **your horse's** first **policy year** or the first 14 days of the date the section was added to **your** insurance.
- An **illness** that has the same diagnosis or **clinical signs**, as an **illness** that showed **clinical signs** in the first 14 days of **your horse's** first **policy year** or the first 14 days of the date the section was added to **your** insurance.
- An **illness** that is caused by, relates to, or results from, a **clinical sign** that was noticed in the first 14 days of **your horse's** first **policy year** or the first 14 days of the date the section was added to **your** insurance.

This applies in all cases regardless of whether the **injury** or **illness** presents in the same, or different parts of the body.

### Immediate family:

**Your** husband, wife, civil partner, partner, parents, brothers, sisters, sons and daughters.

|   |  |
|---|--|
| <b>Injury:</b>                                    | Physical damage or trauma caused immediately by an accident. Not any physical damage or trauma that happens over a period of time.   |
| <b>Loan:</b>                                      | An agreement where a person other than the owner of the horse is responsible for the horse's stabling, grazing, health and general care.   |
| <b>Market value:</b>                              | The price generally paid for: <ul style="list-style-type: none"> <li>• A horse of the same age, breed, bloodline, sex and ability as <b>your horse</b> just before the <b>injury</b> happened or the <b>illness</b> first showed <b>clinical signs</b>.</li> </ul> Or <ul style="list-style-type: none"> <li>• A horse trailer or horse-drawn vehicle of the same age, type and condition as <b>your horse trailer or horse-drawn vehicle</b> just before the theft or damage occurred.</li> </ul>   |
| <b>Maximum benefit:</b>                           | The most <b>we</b> will pay as shown on <b>your</b> Certificate of Insurance Horse Details and if applicable <b>your</b> Certificate of Insurance Saddlery and Tack Details.   |
| <b>Our vet:</b>                                   | The <b>vet we</b> employ to review <b>your horse's</b> case history, discuss <b>your horse's</b> treatment with <b>your vet</b> and/or assess and carry out treatment on <b>your horse</b> .   |
| <b>Policy year:</b>                               | The time during which <b>we</b> provide cover as shown on <b>your</b> Certificate of Insurance Policy Details. This is normally <b>12 months</b> but can be less if <b>your horse, your saddlery and tack, your horse trailer or horse-drawn vehicle</b> or a section of cover has been added to, or deleted from, <b>your</b> policy or <b>your</b> policy has been cancelled.  |
| <b>Pre-existing condition:</b>                    | <ul style="list-style-type: none"> <li>• An <b>injury</b> or <b>illness</b> that happened or first showed <b>clinical signs</b> before <b>your horse's</b> cover started, or before the section of cover was added to <b>your</b> policy.</li> <li>• An <b>injury</b> or <b>illness</b> that has the same diagnosis or <b>clinical signs</b> as an <b>injury, illness</b> or <b>clinical sign your horse</b> had before its cover started, or before the section of cover was added to <b>your</b> policy.</li> <li>• An <b>injury</b> or <b>illness</b> that is caused by, relates to, or results from, an <b>injury, illness</b> or <b>clinical sign your horse</b> had before its cover started, or before the section of cover was added to <b>your</b> policy.</li> </ul> This applies in all cases regardless of whether: <ul style="list-style-type: none"> <li>- The <b>injury</b> or <b>illness</b> presents in the same, or different part of the body, and/or</li> <li>- <b>We</b> do, or do not, place any exclusion(s) for the <b>injury/illness</b>.</li> </ul> Where a <b>vet</b> euthanases or humanely destroys <b>your horse</b> . |
| <b>Put to sleep:</b>                              | Riding, driving, leading, mounting, dismounting and handling <b>your horse</b> .   |
| <b>Riding:</b>                                    | The price of new <b>saddlery and tack</b> of the same brand, make and type as the <b>saddlery and tack</b> that has been stolen, destroyed or damaged beyond repair.   |
| <b>Replacement value:</b>                         | Saddles, bridles, leathers, irons, harnesses and riding tack normally used on <b>your horse</b> while it is being used for the activities shown on <b>your</b> Certificate of Insurance Horse Details. Please note rugs and blankets are not coverable.  |
| <b>Saddlery and tack:</b>                         | Corrective, remedial, therapeutic and/or surgical farriery.  |
| <b>Specialist farriery:</b>                       | The amount <b>you</b> have chosen and <b>we</b> have accepted as the most <b>we</b> will pay.  |
| <b>Sum insured:</b>                               | The United Kingdom, the Isle of Man and the Channel Islands.   |
| <b>UK:</b>  | A Veterinary Surgeon who is registered with the RCVS (Royal College of Veterinary Surgeons).   |
| <b>Vet:</b>                                       | The cost of the following when required to treat <b>illness</b> and <b>injury</b> : <ol style="list-style-type: none"> <li>a) Any consultation, examination, advice, test, diagnostic procedure, surgery and nursing carried out by a <b>vet</b>, a veterinary nurse or another member of the veterinary practice under the supervision of a <b>vet</b>, and</li> <li>b) Any medication legally prescribed by a <b>vet</b>.</li> </ol>   |
| <b>Veterinary treatment:</b>                      | Allianz Insurance plc.   |
| <b>We, us, our:</b>                               | The horse, pony, donkey or other equine named on <b>your</b> Certificate of Insurance Horse Details.   |
| <b>Your horse:</b>                                | The horse trailer or horse-drawn vehicle described on <b>your</b> Certificate of Insurance Trailer Details.  |
| <b>Your horse trailer or horse-drawn vehicle:</b> | The <b>vet</b> or veterinary practice <b>you</b> employ to carry out <b>your horse's</b> treatment.  |
| <b>Your vet:</b>                                  | The person(s) named as the policyholder on <b>your</b> Certificate of Insurance Policy Details.  |
| <b>Your, your:</b>                                |  |

## 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 **you** are covered for 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** may refuse the claim.

### 2. Taking care:

- a) Throughout the **policy year** **you** must take all reasonable steps to:
- Maintain **your horse's** health, and
  - Prevent accidents, **injury, illness**, loss theft and damage.

If there is a disagreement between **you** and **us** as to what reasonable steps are, 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.

- b) **You** must arrange and pay for **your horse** to have:

- An annual dental examination carried out by a **vet** or a qualified equine dentist. Any treatment recommended as a result of the dental examination must be carried out within the timescales recommended by the **vet** or dentist.
- Any treatment normally recommended by a **vet** to prevent **injury or illness**.

- c) **Your horse** must be kept vaccinated against tetanus and equine influenza. If not, the policy will not cover any costs relating to these **illnesses**.

- d) **You** must follow a veterinary recommended worming programme for **your horse** and **you** must keep a record of the dates **your horse** was worm egg counted and/or wormed and the wormer used. The policy will not cover any costs that result from **you** not following the worming programme.

- e) **You** must arrange for a **vet** to examine and treat **your horse** as soon as possible after it shows **clinical signs of an injury or an illness**, and follow any advice they give. If **you** do not follow the **vet's** advice **we** will not pay any claims relating to that **injury or illness**.

- f) **You** must make sure anyone **riding your horse** has the experience to ride it and is able to ride it. They must only use **your horse** for the activities listed in the **activity group or class of use** **you** have chosen, which are shown on **your** Certificate of Insurance Horse Details.

### 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 outstanding amount 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 just 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.
- Place exclusions because of **your horse's** claims and veterinary history.
- Limit or withdraw Third Party Liability and Personal Accident cover based on a review of **your horse's** behaviour. For example, any incidents where **your horse** has caused **injury** or any veterinary conditions which result in **your horse** being dangerous to ride or handle.

- b) **We** have the right to not invite renewal and **we** will notify **you** in writing of any such action before **your** renewal date.

### 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. Claiming:

*Further details about making a claim can be found on page 22 of this Policy Booklet.*

- a) **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.

- b) When **you** claim **you** agree to provide **us** with any information connected with the claim **we** ask for, including details of **your horse's** history. If there is a charge for this, **you** must pay the charge.

- c) 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.

- d) If **you** have any legal rights against another person in relation to **your** claim, **we** may take legal action against them, in **your** name, at **our** expense. **You** must give **us** all the help **you** can and provide any documents **we** ask for.

### 9. Veterinary information:

**You** agree that any **vet** or professional has **your** permission to release any information **we** ask for about **your horse**. If a charge is made for this, **you** must pay the charge.

### 10. Additional exclusions:

- a) In addition to these Terms and Conditions, **your** policy does not cover any amount that results from an **injury, illness** or incident which is shown as excluded on **your** Certificates of Insurance.

b) Exclusions can be placed on the cover for **your horse** due to its history and these tell **you** what cover is not provided under **your** policy. An exclusion can be temporary or permanent. If the exclusion is temporary, upon request **we** will tell **you** under what circumstances **we** will reconsider the exclusion and what information **you** will need to provide. **You** must pay for the cost of this information. Please contact **us** if **you** want to discuss any exclusions on **your** policy.

c) Any **injury/illness** which occurred before **your horse's** cover started is a **pre-existing condition** and something which will never be covered by **your** insurance. This is regardless of whether **we** place an exclusion for the **injury/illness** or not.

d) If, after **we** offer to renew **your** policy, **you** tell **us** about something that happened during an earlier **policy year**, **we** can change the premium and place exclusions backdated to the date **your** policy renewed.

#### 11. Activity groups/classes of use:

a) **You** must, at all times, insure **your horse** in the group/class of use which covers all of the activities that **your horse** is used for. The activities **your horse** is covered for are stated on **your** Certificate of Insurance Horse Details. **Your** policy does not cover any **illness, injury** or incident which:

- Happens when **your horse** is being used for an activity which is not covered by **your** policy, or
- Is in any way related to **your horse** carrying out an activity that is not covered by **your** policy. For example (but not limited to) - the horse goes out hunting and is found to be lame the following morning. If the policy does not cover hunting, **we** will not consider any costs for the lameness. If there is a disagreement between **you** and **us**, as to whether the **injury** or **illness** is related to a non-covered activity, a **vet** who **we** and **you** agree is independent can be appointed and both parties agree to accept this **vet's** opinion. **We** will pay any costs relating to this.

b) If an activity is listed on **your** Certificate of Insurance Horse Details, **your** policy provides cover when **your horse** is being transported by vehicle or warmed up/cooled down for the purpose of that activity. For example (but not limited to), if cross-country is listed, **your** policy provides cover when **you** are transporting **your horse** by vehicle and warming it up/cooling it down for the purpose of cross-country. **Your** policy does not cover any **illness, injury** or incident which arises from the transportation or warming up/cooling down of **your horse** for an activity which not listed on **your** Certificate of Insurance Horse Details. The only exception to this is if **your horse** needs to be transported to a veterinary practice; **your** policy will cover **your horse** during transportation for this reason.

c) **You** can reduce the **activity group/class of use** at renewal only.

d) **You** can increase the **activity group/class of use** at any time.

#### 12. Your horse's value:

**You** must at all times insure **your horse** for its current **market value**. It is **your** responsibility to ensure the **sum insured** **you** have chosen, and **we** have agreed, for **your horse** is kept up to date on **your** policy.

**You** must review the **sum insured** on a regular basis to ensure it accurately reflects the **market value** of **your horse** as this can change over time. In the event of **your horse's** death **we** will pay the **market value** of **your horse** (or the **sum insured**, whichever is less). If the **market value** at the time of death is lower than the **sum insured** shown on **your** Certificate of Insurance Horse Details:

- **We** will only pay the **market value**, and
- **We** will not provide any refund of premium for the difference between the **sum insured** and the amount **we** pay.

#### 13. Horse's on loan:

If **your horse** is on loan to **you**:

- a) Once **your** application is finalised **we** will write to the owner of the horse. **We** will confirm the cover that is in place and advise any claims settlement for Death, Theft or Straying or Permanent Loss of Use will be paid directly to **you** and not the horse's legal owner, regardless of any arrangements stated in the loan agreement.
- b) If **you** submit a claim for Death, Theft or Straying or Permanent Loss of Use, **we** will write to the owner of the horse to advise the claim has been submitted.

#### 14. 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.

#### 15. Residence:

**You** and **your horse** must live in the UK.

#### 16. 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 timeframe **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 any money **you** have paid for cover after the cancellation date.
- c) **We** can cancel **your** policy at any time if **you** have been dishonest or fraudulent in any dealings with **us** or **your vet** has advised that **you** have been negligent towards **your horse**. **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 the cover after the cancellation date.

#### 17. Cover following cancellation of the policy or removal of a section:

- a) 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.
- b) If a section of cover is removed from **your** policy, all cover in that section will stop on the date the section is removed.

## Cover

If **you** have paid **your** premium, **we** will provide cover for the sections of cover and activities listed on **your Certificates of Insurance**. The cover applies in the **UK** and for up to 30 days during each **policy year** for temporary visits to the rest of Europe.

If **you** take out **your** policy when **your horse** is outside the geographical limits stated above, **your** policy will start on the day **your horse** enters the **UK** or Europe.

### SECTION 1A - Death from Injury or Illness

#### What we will pay

We will pay the **market value** (or **sum insured**, whichever is less) of **your horse** if it dies or is **put to sleep** during the **policy year** as a result of an **injury or illness**.

### SECTION 1V - Death from Injury (Veteran Plan)

#### What we will pay

We will pay the **market value** (or **sum insured**, whichever is less) of **your horse** if it dies or is **put to sleep** during the **policy year** as a result of an **injury**.

If **your horse** is **put to sleep**, to claim under this policy, its condition must have met the **BEVA Guidelines for the Destruction of Horses**. These state *'That the insured horse sustains an injury or manifests an illness or disease that is so severe as to warrant immediate destruction to relieve incurable and excessive pain and that no other options of treatment are available to that horse at that time'*.

The full guidelines can be found at the end of this section on page 11.

### What we will not pay - applying to Sections 1A Death from Injury or Illness and 1V Death from Injury (Veteran Plan)

1. Any amount if **your horse** is **put to sleep** and its condition did not meet the **BEVA Guidelines for the Destruction of Horses**.
2. More than the **sum insured**.
3. Any amount if **your horse** was **put to sleep** before **you** tell **us** about **your** or **your vet's** decision to do this, unless **your vet** believes there was no time for **you** to tell **us** because **your horse** was in so much pain that it needed to be **put to sleep** immediately.
4. Any amount if the death of **your horse** results from a **pre-existing condition**.
5. Any amount if **you**, an **immediate family** member, anyone living with **you**, anyone working for **you** or anyone looking after **your horse**, deliberately caused the death of **your horse**.
6. Any amount if the death of **your horse** results from medication which was not given by a **vet** or under the direction of a **vet**.
7. Any amount if the death of **your horse** results from a vice or from **your horse's** behaviour.
8. Any amount for a mare's unborn foal, embryo or foetus.
9. Any other financial loss, legal compensation, costs and expenses that result from the death of **your horse**.
10. The cost of the post-mortem examination and/or report.
11. The cost of having **your horse put to sleep** or cremated, buried or any other form of disposal.

If *your horse* is covered under section 1A please also read 'What we will not pay - applying to only Section 1A Death from Injury or Illness'.

If *your horse* is covered section 1V please also read 'What we will not pay - applying to only Section 1V Death from Injury (Veteran Plan)'.

For both sections please also read 'Conditions applying to Sections 1A Death from Injury or Illness and 1V Death from Injury (Veteran Plan)'.

### What we will not pay - applying to only Section 1A Death from Injury or Illness

1. Any amount if the **injury** or **illness** which caused the death of **your horse** happened, or first showed **clinical signs** more than **12 months** before the date of **your horse's** death.
2. Any amount if **your vet** or **our vet** believes the **illness** or **injury your horse** is suffering from can be treated.
3. Any amount if the death of **your horse** results from an **illness which starts in the first 14 days of cover**.
4. Any amount if the death of **your horse** results from an **injury or illness** that:
  - Happened while taking part in, or
  - Is related in any way to taking part in,An activity which is not shown as covered on **your** Certificate of Insurance Horse Details.



## What we will not pay - applying to only Section 1V Death from Injury (Veteran Plan)

1. Any amount if the **injury** which caused the death of **your horse** happened more than **12 months** before the date of **your horse's** death.
2. Any amount if **your vet** or **our vet** believes the **injury your horse** is suffering from can be treated.
3. Any amount if the death of **your horse** results from an **injury** that:
  - a) Happened while taking part in, or
  - b) Is related in any way to taking part in, An activity which is not shown as covered on **your** Certificate of Insurance Horse Details

## Conditions applying to Sections 1A Death from Injury or Illness and 1V Death from Injury (Veteran Plan)

### 1. Your horse's condition:

- a) If **your horse** is **put to sleep**, to claim under this policy **your horse's** condition must have met the **BEVA Guidelines for the Destruction of Horses**. Unless **your horse** needs to be **put to sleep** immediately, before **your horse** is **put to sleep** we strongly recommend **you** ask **your vet** if **your horse's** condition meets the criteria to understand if **you** are able to submit a claim under this insurance.
- b) If **your vet** and **our vet** do not agree that **your horse's** condition meets/met the **BEVA Guidelines for the Destruction of Horses**, a **vet** who **we** and **you** agree is independent can be appointed and both parties agree to accept this **vet's** opinion. **We** will pay any costs relating to this.

### 2. Timescales for making a claim:

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

### 3. Actions you must take:

- a) If **you** and **your vet** decide that **your horse** needs to be **put to sleep**, **you** must contact **us** before **your horse** is **put to sleep**. **We** or **our vet** may then need to speak with **your vet** before **we** let **you** know if **you** can make a claim. The only time **you** do not need to do this is if **your vet** believes there is no time for **you** to tell **us** because **your horse** is in so much pain that it needs to be **put to sleep** immediately.
- b) Following the death of **your horse** **you** must arrange, at **your** expense, for a post-mortem examination to be carried out and a report produced, unless **you** have spoken to **us** and **we** have advised this is not necessary.

### 4. Actions we may take:

- a) **We** may refer **your horse's** case history to a **vet** that **we** choose and if **we** request, **you** must arrange for **your horse** to be examined by this **vet**. **We** will pay the costs relating to this.
- b) **We** will not make any claim payment until **we** receive the passport or purchase receipt for **your horse** showing **you** as the owner.

If **you** have **your horse** on loan **you** will need to provide a copy of the loan agreement, signed by both parties and either **your horse's** passport or purchase receipt showing the owners name.

- c) If **we** pay a claim under this section, **we** will automatically cancel **your horse** from the policy from the day after its death.

### 5. The way the 12 month time-limit will be applied:

This policy covers an **illness** or **injury** for **12 months** providing **you** renew the policy and continue to pay the premium and after that time all cover for the **illness/injury** will stop. Please be aware if **your horse** is covered on the Veteran Plan **your** cover is limited to **injury** only.

- For **injuries**, the period of **12 months** will start from the date the **injury** happened. If **your horse** has more than one **injury**, if they are:
  - Diagnosed as the same **injury**, or
  - They happen at the same time, or
  - Are caused by, or relate to, one another,The **12 months** of cover will start from the date the **first injury** happened.
- For **illnesses**, the period of **12 months** will start from the date the **illness** or **clinical signs** were first noticed. If **your horse** has suffered from the same **clinical signs** or been diagnosed with the same **illness** in the past, the **12 months** cover will start from the very first time **your horse** suffered from the **clinical signs/illness**. This applies in all cases regardless of whether:
  - The **clinical sign/illness** presents in the same or different part of the body, and/or
  - **Your vet** confirms the past and current **illnesses** are, or are not, linked.

### 6. The renewal following your horses 25th birthday:

If **your horse** is covered under Section 1A - Death from Injury or Illness, at the renewal following **your horse's** 25th birthday, this section will automatically change to Section 1V - Death from Injury (Veteran Plan) and all cover for **illness** will stop.

## BEVA Guidelines for the Destruction of Horses Under an All Risks of Mortality Insurance Policy (1996)

This section states the wording as it appears in the British Equine Veterinary Association (BEVA) document, the BEVA Guidelines for the Destruction of Horses Under All Risks Mortality Insurance Policy. *Source: BEVA.* If **you** require any further information please go to the BEVA website - [www.beva.org.uk](http://www.beva.org.uk)

1. *BEVA considers that the decision to advise an owner to destroy a horse on humane grounds must be the responsibility of the attending veterinary surgeon, based on his or her assessment of the clinical signs at the time of examination, regardless of whether or not the horse is insured. The veterinary surgeon's primary responsibility is to ensure the welfare of the horse.*
2. *BEVA recognises that there may be occasions when the attending veterinary surgeon will advise euthanasia but that such a decision may not necessarily lead to a successful insurance claim. It is important that all parties are aware of this potential conflict of interests before a horse is destroyed. It is the owner's responsibility to ensure compliance with any policy contract with an insurer.*

3. As a guide, BEVA considers that an affected horse will need to meet the following requirements to satisfy a claim under a mortality insurance policy: "That the insured horse sustains an injury or manifests an illness or disease that is so severe as to warrant immediate destruction to relieve incurable and excessive pain and that no other options of treatment are available to that horse at that time."  
If immediate destruction cannot be justified then the attending veterinary surgeon should provide effective first aid treatment before:
  - (i) Requesting that the insurance company be contacted or, failing that,
  - (ii) Arranging for a second opinion from another veterinary surgeon.
4. Insurance companies frequently require some form of examination after death. Owners should be made aware that it is in their best interests to retain the carcass, or appropriate parts, for this purpose. The horse should be positively identified.
5. It should be stressed that in the event of a horse being destroyed on grounds which justify a claim it is still the responsibility of the insured to prove that all policy terms and conditions are complied with and were current at the time of the incident.

## SECTION 1B - Disposal

### What we will pay

We will pay the cost to remove and dispose of **your horse's** body if it dies or is **put to sleep** during the **policy year** as a result of an **injury** or **illness**.

## SECTION 1C - Disposal

### (Injury Only -Veteran Plan)

### What we will pay

We will pay the cost to remove and dispose of **your horse's** body if it dies or is **put to sleep** during the **policy year** as a result of an **injury**.

## What we will not pay - applying to Sections 1B Disposal and 1C Disposal (Injury Only - Veteran Plan)

1. More than the **maximum benefit**.
2. If **your horse** is covered under Section 1B Disposal - any amount if the death of **your horse** is not covered under Section 1A - Death from Injury or Illness.
3. If **your horse** is covered under Section 1C Disposal (Injury Only - Veteran Plan) - any amount if the death of **your horse** is not covered under Section 1V - Death from Injury (Veteran Plan).

## Conditions applying to Sections 1B Disposal and 1C Disposal (Injury Only - Veteran Plan)

1. **Timescales for making a claim:**  
A claim must be submitted to **us** no later than 12 months after the death of **your horse**. Any claims received after this time will not be covered by the policy.
2. **The renewal after your horse's 25th birthday:**  
If **your horse** is covered under Section 1B - Disposal, at the renewal following **your horse's** 25th birthday, this section will automatically change to Section 1C - Disposal (Injury Only - Veteran Plan) and all cover for **illness** will stop.

## SECTION 2 - Theft or Straying

### What we will pay

If **your horse** is stolen or goes missing during the **policy year**, we will pay:

- The **market value** (or **sum insured**, whichever is less) of **your horse** if it is not found,
- The cost of advertising to try and find **your horse** and the reward **you** have paid when **your horse** is found, and
- The amount **your horse's market value** has reduced by, if **your horse** is castrated by the people who stole it.

### What we will not pay

1. More than the **sum insured**.
2. More than £300 for the cost of advertising and the reward **you** have paid.
3. Any amount if **you** or the person looking after **your horse** has freely parted with it.
4. Any amount for the death of an unborn foal, embryo or foetus.
5. Any amount if the theft or loss of **your horse** involves **your** employee's dishonesty.
6. Any reward paid to a member of **your immediate family**, the person who has **your horse** on **loan** or any person living with **you** or employed by **you**.
7. Any other financial loss, legal compensation, costs and expenses as a result of the theft or straying of **your horse**.

## Conditions applying to Theft or Straying

### 1. Timescales for making a claim:

A claim must be submitted to **us** no later than 12 months after **your horse** went missing. 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 **your horse** is missing.
  - **Us** of the loss within 7 days of **your horse** going missing.
- b) To submit a claim for Theft or Straying:
  - **Your horse** must have been missing for 90 days, and
  - **You** must have advertised the loss of **your horse** and when **you** claim **you** must provide evidence showing the advertising took place.

c) If **your horse** is found **you** must repay the amount **we** have paid **you** for **your horse**.

### 3. Actions we will take:

- a) **We** will not make any claim payment until **we** receive the passport or purchase receipt for **your horse** showing **you** as the owner. If **you** have **your horse** on **loan** **you** will need to provide a copy of the loan agreement, signed by both parties and either **your horse's** passport or purchase receipt showing the owners name.
- b) If **we** pay a claim under this section, **we** will automatically cancel **your horse** from the policy on the date **we** settle the claim.

## SECTIONS 3A, 3B and 3C - Third Party Liability

In this section '**you**' also includes anyone **riding your horse** with **your** permission.

### What we will pay

If property is damaged or someone is killed, injured or falls ill, as a result of an incident involving **your horse** or **your horse trailer or horse-drawn vehicle** during the **policy year** and **you** are legally responsible, **we** will pay:

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

### What you pay

The first £250 of any compensation, costs and expenses for each incident where property has been damaged.

### What we will not pay

1. More than the **maximum benefit** for each incident. If **you** have more than one horse insured under this policy please refer to 'Conditions applying to Third Party Liability' point 2.
2. Any costs and expenses for defending **you** that **we** have not agreed beforehand.
3. Any compensation, costs and expenses resulting from an incident which involves the profession, occupation or business of anyone who is employed by **you**, anyone who works for **you** in any way (paid or not) or anyone who **you** have paid for their services.
4. Any compensation, costs and expenses if **you** are legally responsible only because of a contract **you** have entered into.
5. Any compensation, costs and expenses for the death, injury or illness of **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 a **vet** or a qualified behaviourist about **your horse**.
8. Any compensation, costs and expenses if the incident happens in an area or place where horses are specifically prohibited, unless **your horse** escapes and enters the area outside of **your** control.
9. Any compensation, costs and expenses for an incident which occurs when **your horse** is tethered or when **your 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 while **you** are **riding your horse**.
11. Any compensation, costs and expenses if **your horse** trailer is attached to, or becomes detached from, a vehicle that needs third party cover under any road traffic law.
12. Any compensation, costs and expenses for a horse-drawn vehicle on the public highway if **your horse** is not drawing it.
13. Any compensation, costs and expenses if someone is **riding your horse** for professional lessons or **riding** at a riding establishment, unless that person is a member of **your immediate family** or the person has **your horse on loan**.
14. Any compensation, costs and expenses if the incident results from the business activities of a riding establishment.
15. Any amount if the incident or injury that takes place is a result of any business activity, **your** profession, **your** occupation or while **you** are working for someone, whether **you** are paid or not.
16. Any compensation, costs and expenses if the person who is killed, injured or falls ill is being paid to ride or handle **your horse**.
17. Any compensation, costs and expenses if the person who has been paid to ride or handle **your horse** is negligent and this results in damage to property or the death, injury or illness of another person.
18. Any compensation, costs and expenses if the incident results from a stallion serving or attempting

to serve a mare or from any activity involving artificial insemination.

19. Any compensation, costs and expenses if **you** are responsible under the laws of any country, other than members of the European Union.

20. 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 incident involving **your horse** or **your horse trailer** or **horse-drawn vehicle**.

## Conditions applying to Third Party Liability

### 1. Actions you must take:

- You** must not admit responsibility, agree to pay any claim or negotiate with any person following an incident.
- 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.
- 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.
- You** agree to provide **us** with any information connected with a claim **we** ask for, including details of **your horse's** history.
- 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.
- You** must allow **us** to take charge of **your** claim and allow **us** to prosecute in **your** name for **our** benefit.

### 2. Where there is more than one horse insured under the policy:

If more than one of the horses insured under this policy are involved in, or contribute towards, an incident only one **maximum benefit** will apply to the incident for all of the horses. This means that if:

- The horses involved all have the same **maximum benefit**; the most **we** will pay for the incident is that **maximum benefit**. For example, if all of the horses insured each have a **maximum benefit** of £1million, **we** will pay no more than £1million for the incident.
- The horses involved have different **maximum benefits**; the most **we** will pay for the incident is the highest of the **maximum benefits**. For example if one horse has a **maximum benefit** of £1million, and another of £3million, **we** will pay no more than £3million for the incident.

### 3. When another party is being paid to take care of your horse:

If a business (such as a livery yard) or another person (such as a groom) is being paid to ride or care for **your horse** it is **your** responsibility to:

- Make sure the business/person has the appropriate third party liability insurance cover, and
- Tell them if **your horse** has any vices or behavioural problems or requires any special handling so they are able to handle **your horse** in an appropriate manner.

## SECTIONS 4A and 4B - Personal Accident

In this section, '**you**' also includes anyone **riding your horse** with **your** permission.

### What we will pay

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

| List of Cover   | 4A-Standard    | 4B-Superior           |
|---|----------------|-----------------------|
| 1. <b>Death</b>   | <b>£10,000</b> | <b>£20,000</b>        |
| 2. <b>Permanent blindness in one or both eyes</b>   | <b>£10,000</b> | <b>£20,000</b>        |
| 3. <b>Loss of one or both hands or arms*</b>  | <b>£10,000</b> | <b>£20,000</b>        |
| 4. <b>Loss of one or both feet or legs*</b>   | <b>£10,000</b> | <b>£20,000</b>        |
| 5. <b>Permanent total disability</b><br>If, as a result of the accident, <b>you</b> will never be able to carry out any type of work.   | <b>£10,000</b> | <b>£20,000</b>        |
| 6. <b>Temporary total disability</b><br>If, as a result of the accident, <b>you</b> cannot carry out all the duties of <b>your</b> job.<br>If <b>you</b> do not have a job <b>we</b> will pay <b>your</b> medical expenses due to <b>your</b> injury up to the weekly benefit.<br>If <b>you</b> are self-employed please refer to 'Conditions applying to Personal Accident' - point 5. | <b>Nil</b>     | <b>£100 each week</b> |
| 7. <b>Dental treatment</b>  | <b>£1,000</b>  | <b>£1,000</b>         |
| 8. <b>Hospital benefit</b><br>For each 24 hours <b>you</b> are in hospital.   | <b>Nil</b>     | <b>£50</b>            |

\* *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

1. More than one of the items of cover, 1 to 5, as a result of one accident.
2. Any amount if **your** death, permanent total disability, permanent blindness or loss of hand(s), arm(s), feet or leg(s) happens more than 24 months after the date **you** were injured.
3. Any amount for permanent total disability until at least 52 weeks after the date of the accident.
4. The first 7 days' of temporary total disability for each accident.
5. More than 52 consecutive weeks of temporary total disability for each accident.
6. More than 30 days' hospital benefit for each accident.
7. Any amount for dental treatment which is not directly related to the riding accident.
8. Any amount if **you** are under 5 years old or over 75 years old.
9. Any amount if someone is **riding your horse** for professional lessons or **riding** at a riding establishment, unless that person is a member of **your immediate family** or has **your horse** on loan.
10. Any amount if the incident or injury that takes place is a result of any business activity, **your** profession, **your** occupation or while **you** are working for someone, whether **you** are paid or not.
11. Any extra amount because of a medical condition, injury or illness **you** had before this cover started.
12. Any amount if the injury or death resulted from suicide, attempted suicide or **you** deliberately injuring yourself.
13. 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.
14. Any amount if the injury or death results from **you** being under the influence of alcohol.
15. 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, 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 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 your 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 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 the old injury, physical disability or condition affects, or is part of, a new injury. If there is a disagreement between **you** and **us** regarding 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. 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.

### 5. Temporary total disability - where you are self-employed:

If **you** are self-employed and have had to cancel work due to **your** injury, to claim the weekly benefit **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 benefit.

## SECTIONS 5S AND 5C - Veterinary Fees

### What we will pay

The cost of **veterinary treatment**, and if recommended by a **vet** following examination, the cost of **complementary treatment**, **your horse** has received, during the **policy year** to treat **injury** and **illness**.

Each **illness** and **injury** is covered for:

- **12 months**, starting from the date during the **policy year** the **injury** happened or the **clinical signs** of the **illness** were first noticed, or
- Until the **maximum benefit** is reached, Whichever happens first.

### What you pay

The **excess** shown on **your** Certificate of Insurance Horse Details.

## SECTION 5V - Veterinary Fees for Injury (Veteran Plan)

### What we will pay

The cost of **veterinary treatment**, and if recommended by a **vet** following examination, the cost of **complementary treatment** **your horse** has received, during the **policy year**, to treat **injury**.

Each **injury** is covered for:

- **12 months**, starting from the date during the **policy year** the **injury** happened, or
- Until the **maximum benefit** is reached, Whichever happens first.

### What you pay

The **excess** shown on **your** Certificate of Insurance Horse Details.

## What we will not pay - applying to Sections 5S and 5C Veterinary Fees and 5V Veterinary Fees for Injury (Veteran Plan)

1. The cost of any treatment for a **pre-existing condition**.
2. The cost of any complementary or alternative treatment, other than acupuncture, chiropractic manipulation, herbal medicine, homeopathy, nutraceuticals, physiotherapy, **specialist farriery** and hydrotherapy.
3. The cost of any vaccination, castration and the removal of wolf teeth, other than the cost of treating any complications caused by these procedures.
4. The cost of stabling, grazing, feeding or any changes in the way **you** look after **your horse**.
5. Extra costs for treating **your horse** outside usual veterinary practice hours, unless the **vet** confirms an emergency consultation is essential, regardless of **your** personal circumstances.
6. The cost of treatment, which is not **veterinary treatment** or **complementary treatment**, that **you** could carry out yourself, unless the **vet** confirms that a **vet** or a member of a veterinary practice must carry this out, regardless of **your** personal circumstances. This includes controlled exercise and the use of horse-walkers.
7. Any costs for transporting **your horse** to, or from, its place of treatment.
8. The cost of any treatment for abortion, pregnancy and foaling, unless needed due to a complication of pregnancy or giving birth.
9. The cost of transplant surgery, including pre- and post-operative care, other than stem cell therapy.
10. The cost of any treatment that results from a vice or from **your horse's** behaviour.
11. The cost of buying or hiring equipment or machinery.
12. The cost of having **your horse put to sleep** or cremated, buried or any other form of disposal.
13. The cost of a post-mortem examination and/or report.

*If your horse is covered under sections 5S or 5C please also read 'What we will not pay - applying to only Sections 5S and 5C Veterinary Fees'.*

*If your horse is covered under section 5V please also read 'What we will not pay - applying to only Section 5V Veterinary Fees for Injury (Veteran Plan)'.*

*For both sections please also read 'Conditions applying to Sections 5S and 5C Veterinary Fees and 5V Veterinary Fees for Injury (Veteran Plan)'.*

## What we will not pay - applying to only Sections 5S and 5C Veterinary Fees

1. More than the **maximum benefit** for each unrelated **injury or illness**.
2. The cost of any treatment **your horse** receives more than **12 months** after the date the **injury** happened or the **illness** first showed **clinical signs**.
3. The cost of any medicines or materials prescribed or supplied to be used more than **12 months** after the date the **injury** happened or the **illness** first showed **clinical signs**.
4. The cost of any treatment for an **illness which starts in the first 14 days of cover**.
5. The cost of dental treatment unless **your horse** had a dental examination carried out by a **vet** or a qualified equine dentist in the **12 months** before the **clinical signs** of the **injury or illness** were first noted.
6. The cost of any treatment to prevent **injury or illness**.
7. The cost of any **elective treatment, diagnostic or procedure** or any treatment that **you** choose to have carried out that is not required to treat **injury or illness**, including any complications that arise.
8. The cost of any treatment for an **illness** if cover is restricted to **injury** only as stated on **your** Certificate of Insurance Horse Details.
9. The cost of any treatment for any **injury or illness** deliberately caused by **you**, a member of **your immediate family** or the person who was looking after **your horse**.
10. The cost of any treatment that results from an **injury or illness** that:
  - Happens while taking part in, or
  - Is related in any way to taking part in, An activity which is not shown as covered on **your** Certificate of Insurance Horse Details.

## What we will not pay - applying to only Section 5V Veterinary Fees for Injury (Veteran Plan)

1. More than the **maximum benefit** for each unrelated **injury**.
2. The cost of any treatment **your horse** receives more than **12 months** after the date the **injury** happened.
3. The cost of any medicines or materials prescribed or supplied to be used more than **12 months** after the date the **injury** happened.
4. The cost of dental treatment unless **your horse** had a dental examination carried out by a **vet** or a qualified equine dentist in the **12 months** before the **injury** happened.
5. The cost of any treatment to prevent **injury**.
6. The cost of any treatment for any **injury** deliberately caused by **you**, a member of **your immediate family** or the person who was looking after **your horse**.
7. The cost of any treatment that results from an **injury** that:
  - Happened while taking part in, or
  - Is related in any way to taking part in, An activity which is not shown as covered on **your** Certificate of Insurance Horse Details.

## Conditions applying to Sections 5S and 5C Veterinary Fees and 5V Veterinary Fees for Injury (Veteran Plan)

1. **Timescales for making a claim:**

A claim must be submitted to **us** no later than **12 months** after **your horse** received treatment. Any claims received after this time will not be covered by the policy.
2. **Actions you must take:**
  - a) If **you** decide to take **your horse** to a different **vet** for a second opinion because **you** are unhappy with the diagnosis or treatment provided, **you** must tell **us** before **you** arrange an appointment with them. If **you** do not, **we** will not pay any costs relating to the second opinion. If **we** request, **you** must use a **vet** **we** choose. If **we** decide the diagnosis or treatment currently being provided is correct, **we** will not cover any costs relating to the second opinion.
  - b) It is **your** responsibility to ensure the veterinary practice is paid within the required time frame.
    - If an additional charge is added to the cost of treatment due to the late payment of fees, **we** will deduct this charge from the claim settlement.
    - If the veterinary practice or **therapist** provides a discount for paying the cost of treatment within a certain time frame, **you** must provide payment within this time frame. If **you** do not, **we** will deduct the discount, which would have been provided, from the claim settlement.
3. **Actions we may take:**
  - a) **We** may involve **our vet** in **your horse's** treatment:
    - **We** may refer **your horse's** case history to **our vet** and if **we** request, **you** must arrange for **your horse** to be examined by **our vet**.
    - **We** may decide that **we** need **our vet** to agree **your horse's** treatment with **your vet** before it is carried out. **We** will advise **you** if this agreement is required and once advised this will apply to any treatment carried out from that point onwards, unless **we** tell **you** otherwise.
  - b) If **we** receive a request to pay the claim payment direct to a veterinary practice or referral centre, **we** have the right to decline this request.
  - c) 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 **your horse**, or
    - Have spoken with **you** about providing treatment for **your 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.
4. **The way the time-limit and maximum benefit will be applied:**

This policy covers an **illness or injury** for **12 months** providing **you** renew the policy and continue to pay the premium and after that time all cover for the **illness/ injury** will stop. Please be aware if **your horse** is covered on the Veteran Plan **your** cover is limited to **injury** only. The maximum amount **we** will pay for the cost of treatment for each **illness and injury** is the **maximum benefit** that applies on the date the **injury** happened or the date the **clinical signs** of the **illness** were first noticed.

- For **injuries**, the period of **12 months** and the **maximum benefit** will start from the date the **injury** happened. If **your horse** has more than one **injury**, if they are:
    - Diagnosed as the same **injury**, or
    - They happen at the same time, or
    - Are caused by, or relate to, one another,
 One period of **12 months** and one **maximum benefit** will apply to the treatment received for all of the **injuries**. In this case the **12 months** of cover and the **maximum benefit** will start from the date the first **injury** happened.
  - For **illnesses**, the period of **12 months** and the **maximum benefit** will start from the date the **illness** or **clinical signs** were first noticed. If **your horse** has suffered from the same **clinical signs** or been diagnosed with the same **illness** in the past, the **12 months** cover and the **maximum benefit** will start from the very first time **your horse** suffered from the **clinical signs/illness**. This applies in all cases regardless of whether:
    - The **clinical sign/illness** presents in the same or different part of the body, and/or
    - **Your vet** confirms the past and current **illnesses** are, or are not, linked.
  - After **we** have paid the cost of treatment for **12 months** (or the **maximum benefit**) **we** will not pay for any more treatment for that **injury** or **illness**, or anything which is caused by or related to it. **We** will also no longer cover any **illness** or **injury** which has the same diagnosis. This applies in all cases regardless of whether:
    - The **injury** or **illness** presents in the same or different part of the body, and/or
    - **Your vet** confirms the past and current **illness** are, or are not, linked.
5. **An illness with the same diagnosis as an illness which is not covered by the policy:**  
 If **your horse** suffers from an **illness** and it has the same diagnosis as an **illness** which happened:
    - a) Before **your** policy started, or
    - b) In the first 14 days of **your** horses first **policy year**,  
 The **illness** will not be covered by the policy.  
 This applies in all cases regardless of whether:
      - The **illness** presents in the same or different part of the body, and/or
      - **Your vet** confirms the past and current **illnesses** are or are not linked.
  6. **Items which have not been purchased from a veterinary practice:**  
 To claim for items which have not been purchased from the veterinary practice the **vet** must confirm:
    - The items are required to treat the **illness** or **injury**, and
    - The quantities needed to treat the **illness** or **injury**.
  7. **Specialist farriery:**  
 If **you** claim for **specialist farriery**, **we** will deduct the amount **you** normally pay for shoeing and/or the care of **your horse's** feet from the amount **you** have been charged for the **specialist farriery**.
  8. **When your horse is staying at a veterinary practice or hospital:**  
 If **your horse** stays at a veterinary practice or hospital the policy covers the cost of veterinary and nursing care. **Your** policy does not cover any charges made by the practice/hospital for livery, stabling, grazing, bedding and feeding.
  9. **The renewal following your horse's 25th birthday:**  
 If **your horse** is covered under Section 5S or 5C Veterinary Fees, at the renewal following **your horse's** 25th birthday, this section will automatically change to Section 5V Veterinary Fees for Injury (Veteran Plan) and all cover for **illness** will stop.

## SECTION 6 - Saddlery and Tack

### What we will pay

If **your saddlery and tack** is stolen, damaged or destroyed during the **policy year**, **we** will pay:

- The cost of repairing the **saddlery and tack** if it is damaged to bring it back to the same condition it was in before it was damaged, or
- The **replacement value** of the **saddlery and tack** if the cost of repair is more than the item was worth, or it is stolen or destroyed.

### What you pay

The first £100 for each incident where **saddlery and tack** is stolen, damaged or destroyed.

### What we will not pay

1. More than the **maximum benefit** for each incident.
2. Any amount for rugs, clothing or personal effects.
3. Any amount for stolen **saddlery and tack** unless there is proven forcible or violent entry to the building or vehicle where the **saddlery and tack** was kept.
4. Any amount for **saddlery and tack** you do not own, unless **you** are responsible for the **saddlery and tack** due to a contract **you** have entered into.
5. Any amount if the **saddlery and tack** 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 **saddlery and tack** is damaged or destroyed when it is being cleaned, dyed, repaired or restored.
7. Any amount if the **saddlery and tack** is being used by a riding establishment or by someone for professional lessons if they are not a member of **your immediate family** or the person who has **your horse** on loan.
8. Any amount to have the **saddlery and tack** adjusted to fit **your horse**.
9. Any amount if the **saddlery and tack** is stolen or damaged as a result of any business activity, **your** profession, **your** occupation or while **you** are working for someone, whether **you** are paid or not.



## Conditions applying to Saddlery and Tack

### 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 saddlery and tack** has been stolen or deliberately damaged and obtain a crime reference number.

**b)** If **your saddlery and tack** is found, **you** must repay the full amount **we** have paid **you**.

### 3. Security:

**a)** When **saddlery and tack** 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 mortice 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 mortice deadlocks on all doors and has steel bars or steel grids on all windows.

If the **saddlery and tack** 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.

**b)** Cover may be provided when unattended **saddlery and tack** is stored in a large metal shipping container that cannot be moved. This only applies where the details have been discussed with **us** and **we** have confirmed cover is in place. **Our** confirmation must be detailed on **your** Certificate of Insurance and must have been given before any incident happens which leads to a claim.

### 4. Items worth more than £400:

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

### 5. Salvage value:

Where the item is damaged beyond repair the salvage value will be deducted from the amount **we** pay **you**.

## SECTIONS 9A, 9B and 9C - Permanent Loss of Use

### What we will pay

If an **injury** happens or an **illness** first shows **clinical signs**, during the **policy year** and it results in **your horse** never being able to take part in any one of the activities shown on **your** Certificate of Insurance Horse Details:

- Where **you** have chosen cover at 100% - **we** will pay the **market value** (or **sum insured**, whichever is less) of **your horse**, minus the amount **your horse** is now worth based on what it is capable of doing.

- Where you have chosen cover at 60% - **we** will pay 60% of the **market value** (or **sum insured**, whichever is less).

### What we will not pay

1. More than the percentage of the **sum insured** as shown on **your** Certificate of Insurance Horse Details.
2. Any amount if the permanent loss of use happens more than **12 months** after the date the **injury** happened or the **illness** first showed **clinical signs**.
3. Any amount if **your vet** and **our vet** do not agree that **your horse** will never be able to take part in any one of the activities shown on **your** Certificate of Insurance Horse Details.
4. Any amount if the permanent loss of use is caused by a **pre-existing condition**.
5. Any amount if the permanent loss of use is caused by an **illness which starts in the first 14 days of cover**.
6. Any amount if **your horse** has never taken part in, or been trained to do, the activity it now cannot participate in.
7. Any amount if the permanent loss of use is caused by an **injury** or **illness** that:
  - Happened while taking part in, or
  - Is related in any way to taking part in,An activity which is not shown as covered on **your** Certificate of Insurance Horse Details.
8. Any amount if **your horse** cannot breed if this is caused by something that is not an **illness** or **injury**.
9. Any amount if **your horse** is under 2 years of age or 17 years old or over at the beginning of the **policy year** as shown on **your** Certificate of Insurance Horse Details.
10. Any amount if the permanent loss of use results from a vice or **your horse's** behaviour.
11. Any amount if **your horse** is not allowed to take part in any competition because of any blemish or scar or any regulations about horses that have had a Hobday operation or any other operation for a respiratory system disorder.
12. Any amount unless the **illness** or **injury** prevents **your horse** from physically taking part in an activity.

## Conditions applying to Permanent Loss of Use

### 1. Timescales for making a claim:

A claim must be submitted to **us** no later than **12 months** after the **injury** happened or **illness** was first noticed, which caused the permanent loss of use. Any claims received after this time will not be covered by the policy.

### 2. Actions you must take:

Once **we** have agreed the settlement of **your** claim, **you** must arrange for the loss of use freeze mark to be placed on **your horse**, at **your** expense. **We** will pay the freeze mark company directly but will deduct this amount from **your** claim settlement. **We** will not make any claim payment until **we** have received confirmation the freeze mark has been carried out. If **you** decide **your horse** should be **put to sleep**, **we** do not require the freeze mark to be in place and will make the claim payment when **we** have veterinary confirmation that **your horse** has been **put to sleep**.

### 3. Actions we may take:

a) **We** will remove Permanent Loss of Use cover from **your** policy at the renewal following **your horse's** 17th birthday and from this time all cover under this benefit will stop.

b) **We** will not make any claim payment until **we** receive the passport or purchase receipt for **your horse** showing **you** as the owner. If **you** have **your horse** on loan, **you** will need to provide a copy of the loan agreement, signed by both parties and either **your horse's** passport or purchase receipt showing the owners name.

c) If **we** pay a claim under this section, **we** will automatically cancel **your horse** from the policy from the date **we** settle the claim.

### 4. Veterinary evidence:

a) If it is **your vet's** opinion that **your horse** will never be able to take part in any one of the activities shown on **your** Certificate of Insurance Horse Details **you** must send **us** a report from **your vet** giving details of **your horse's** illness or injury and their reasons for the opinion.

b) **Our vet** and **your vet** must agree that **your horse** will never be able to take part in any one of the activities shown on **your** Certificate of Insurance Horse Details. If they do not agree a **vet** who **we** and **you** agree is independent can be appointed to review **your** case and/or examine **your horse**. Both parties will accept this **vet's** opinion. **We** will pay the costs relating to this.

### 5. Your horse's residual value:

Where **you** have chosen cover at 100% **we** will deduct the amount **your horse** is now worth (based on what it is capable of doing) from **your** claim settlement. If there is a disagreement between **you** and **us** regarding the value of **your horse**, a professional 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.

### 6. The way the 12 month time-limit will be applied:

This policy covers an illness or injury for **12 months** providing **you** renew the policy and continue to pay the premium and after that time all cover for the illness/injury will stop.

- For injuries the period of **12 months** will start from the date the injury happened. If **your horse** has more than one injury, if they are:
  - Diagnosed as the same injury or
  - They happen at the same time,
  - Are caused by, or relate to, one another,The **12 months** of cover will start from the date the first injury happened.

- For illnesses, the period of **12 months** will start from the date the illness or clinical signs were first noticed. If **your horse** has suffered from the same clinical signs or been diagnosed with the same illness in the past, the **12 months** cover will start from the very first time **your horse** suffered from the clinical signs/illness. This applies in all cases regardless of whether:
  - The clinical sign/illness presents in the same or different part of the body, and/or
  - **Your vet** confirms the past and current illnesses are, or are not, linked.

### 7. Ownership of your horse following a claim payment:

If **we** pay a claim under this section **your horse** will continue to belong to **you**.

## SECTION 12 - Horse Trailers and Horse-Drawn Vehicles

### What we will pay

If your **horse trailer** or **horse-drawn vehicle** is stolen, damaged or destroyed during the **policy year**, **we** will pay:

- The cost of repairing **your horse trailer** or **horse-drawn vehicle** if it is damaged, to bring it back to the same condition it was in before it was damaged, or
- The **market value** (or **sum insured**, whichever is less) of **your horse trailer** or **horse-drawn vehicle** if the cost of repair is more than the item was worth or it is stolen or destroyed.

### What you pay

The first £100 for each incident where your **horse trailer** or **horse-drawn vehicle** is stolen, damaged or destroyed.

## What we will not pay

1. More than the **sum insured** for each incident.
2. Any amount if **your horse trailer or horse-drawn vehicle** is damaged or destroyed by wear and tear or the actions of moths, insects, vermin, pests, mildew, mechanical or electrical breakdown, or any other cause that happens slowly.
3. Any amount if **your horse trailer or horse-drawn vehicle** is damaged or destroyed when it is being cleaned, repaired or restored.
4. Any amount if **your horse trailer or horse-drawn vehicle** is damaged or stolen whilst in the care of a business or a professional and **you** are paying for their services.
5. Any amount if **your horse trailer or horse-drawn vehicle** is damaged or stolen whilst another person is paying to use it.
6. Any amount for the recovery and/or storage of the stolen or damaged horse trailer or horse-drawn vehicle.
7. Any extra costs if replacement parts or accessories are not available.
8. Any amount for tyres that are damaged by punctures, cuts, bursts or braking.
9. Any amount if **your horse-drawn vehicle** is damaged while it is being used for, training for, or taking part in, competitions, trials or cross country events.
10. Any other financial loss, legal compensation, costs and expenses.

## Conditions applying to Horse Trailers and Horse-Drawn Vehicles

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:**  
If **your horse trailer or horse-drawn vehicle** is found, **you** must repay the full amount **we** have paid **you**.
3. **Actions we will take:**
  - a) **We** will not make any claim payment until **we** receive evidence that **you** own **your horse trailer or horse-drawn vehicle** or that **you** are legally responsible for its value due to a contract **you** have entered into.
  - b) If **we** pay a claim under this section, **we** will automatically cancel **your horse trailer or horse-drawn vehicle** from the policy on the date **we** settle the claim.
4. **Security:**  
When not in use **your horse trailer or horse-drawn vehicle** must be secured with:
  - A wheel clamp, or
  - A tow hitch lock, or
  - Be stored in a building which has been locked with 5-lever mortice deadlocks on all doors. Cover will only be provided where the locks are not 5-lever mortice deadlocks if the details have been discussed with **us** and **we** have confirmed cover is in place. **Our** confirmation must be detailed on **your** Certificate of Insurance and must have been given before any incident happens which leads to a claim. If **your horse trailer or horse-drawn vehicle** is stolen, or damaged during attempted theft, the claim will only be considered if this security was in place at the time.
5. **Salvage value:**  
Where the item is damaged beyond repair the salvage value will be deducted from the amount **we** pay **you**.

## SECTION 13 - LEGAL ADVICE HELPLINE

### What we will provide

Access to Lawphone, a helpline that gives **you** legal advice on any personal legal issue that affects **you**. It is available 24 hours a day 365 days a year.

### What we will not provide

Legal advice for business issues.

### How to get the advice

Phone 0370 241 4140 and quote master policy number 36316. **You** will be asked about the problem and the details will be passed to an adviser who will call **you** back.

The advice **you** get from Lawphone will always be according to the laws of Great Britain and Northern Ireland. **We** may record the calls for **your** and **our** mutual protection and our training purposes.

This service is provided by Allianz Legal Protection, a trading name of Allianz Insurance plc.

## General exclusions that apply to all sections of your policy

This policy does not cover the following:

### 1. Your horse's age:

Any horse less than 30 days old.

### 2. 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 or Republic of Ireland laws or regulations, including those relating to animal health or importation.
- e) Any amount if **your horse** is confiscated or destroyed under the order of any government, public or local authority or any other authority.

### 3. Miscellaneous:

- a) Any loss as a result of 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 directly or indirectly 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

It's distressing when a much loved horse is ill or injured so **we** do all **we** can to make the claims process as quick and easy as possible. There's lots of useful information on **our** website [petplanequine.co.uk](http://petplanequine.co.uk) where **you** can download a claim form or track the progress of an existing claim at **your** convenience.

This section tells **you** what **you** will need to send **us** if **you** need to make a claim. Don't forget if **you** have a valid claim for Veterinary Fees **we** can usually pay the veterinary practice direct, which means the only amount **you** may need to pay them is the **excess** which applies for **your horse**.

### Notifying us of a potential claim:

- In all cases, other than for Veterinary Fees, **you** must let **us** know of any circumstances which are likely to lead to a claim.
- For Third Party 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' - point 1.

### Requesting a claim form:

Most claim forms can be downloaded from **our** website [petplanequine.co.uk](http://petplanequine.co.uk). Please contact **us** if **you** would like a form sent through the post.

### 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** may void **your** policy and inform the relevant authority. 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 tell any other insurer that **we** have void **your** policy and failure to do this could invalidate any future insurance policy.

## 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 **your vet**. 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.

Where specifically stated in the supporting documentation, **we** will require a full veterinary history for **your horse**. This is a record of all veterinary visits for **your horse** and this information must be obtained from each veterinary practice he/she has been registered with.

## 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).

|  |   |
|--|---|
| <p><b>Section 1A</b><br/><b>Death from Injury or Illness</b></p> <p><b>Section 1V</b><br/><b>Death from Injury (Veteran Plan)</b></p> <p><b>Section 1B</b><br/><b>Disposal</b></p> <p><b>Section 1C</b><br/><b>Disposal (Injury Only - Veteran Plan)</b></p> | <p>Please send <b>us</b>:</p> <ul style="list-style-type: none"> <li>• The full veterinary history for <b>your horse</b>.</li> <li>• The post-mortem report (unless <b>you</b> have spoken to <b>us</b> and <b>we</b> have advised this is not required).</li> <li>• If <b>you</b> own the horse - the passport or purchase receipt for the horse showing <b>you</b> as the owner.</li> <li>• If <b>you</b> have the horse on <b>loan</b> - a copy of the loan agreement, signed by both parties and either <b>your horse's</b> passport or purchase receipt showing the owners name.</li> <li>• If <b>you</b> are claiming for disposal costs - the disposal receipt.</li> </ul>   |
| <p><b>Section 2</b><br/><b>Theft or Straying</b></p>   | <p>Please send <b>us</b>:</p> <ul style="list-style-type: none"> <li>• If <b>you</b> own the horse - the passport or purchase receipt for the horse showing <b>you</b> as the owner.</li> <li>• If <b>you</b> have the horse on <b>loan</b> - a copy of the loan agreement, signed by both parties and either <b>your horse's</b> passport or purchase receipt showing the owners name.</li> <li>• If <b>you</b> are claiming for advertising expenses or a reward - the receipts showing the costs involved.</li> </ul>  |
| <p><b>Sections 3A, 3B and 3C</b><br/><b>Third Party Liability</b></p>  | <ul style="list-style-type: none"> <li>• <b>You</b> must phone <b>us</b> if an incident happens, even if <b>you</b> don't believe a claim will be made against <b>you</b> at the time.</li> <li>• Please send <b>us</b> all correspondence, writs, summons or other legal documents as soon as <b>you</b> receive them. <b>You</b> or any other person must not respond to any of these documents.</li> </ul>   |
| <p><b>Sections 4A and 4B</b><br/><b>Personal Accident</b></p>  | <p>Please contact <b>us</b> and <b>we</b> will advise what additional documents are needed.</p>   |
| <p><b>Sections 5S and 5C</b><br/><b>Veterinary Fees</b></p> <p><b>Sections 5V</b><br/><b>Veterinary Fees for Injury (Veteran Plan)</b></p>   | <ul style="list-style-type: none"> <li>• Please send <b>us</b> the invoices which show what <b>you</b> are claiming for.</li> <li>• The first claim submitted for <b>your horse</b> must include his/her full veterinary history. In addition, <b>we</b> may require this when <b>you</b> submit claims for certain conditions but will let <b>you</b> know if this is needed once <b>we</b> have received <b>your</b> claim form.</li> <li>• If <b>your horse</b> was referred to another veterinary practice or hospital, please send <b>us</b> a report from this practice/hospital detailing their investigations and findings.</li> </ul>  |
| <p><b>Section 6</b><br/><b>Saddlery and Tack</b></p>   | <p>Please send <b>us</b>:</p> <ul style="list-style-type: none"> <li>• For any items valued over £400 - the purchase receipt or saddler's valuation.</li> <li>• <i>If the item has been stolen:</i> <ul style="list-style-type: none"> <li>- The crime report.</li> <li>- Two quotations to replace the item with a new equivalent item.</li> <li>- Photographs showing the damage to the place where the items were stolen from.</li> </ul> </li> <li>• <i>If the item is damaged and repairable:</i> <ul style="list-style-type: none"> <li>- Two estimates for repair.</li> <li>- Photographs showing the damage to the item.</li> </ul> </li> <li>• <i>If the item is damaged and not repairable:</i> <ul style="list-style-type: none"> <li>- Written confirmation from a saddler stating the item is damaged beyond repair and stating the current salvage value.</li> <li>- Two quotations to replace the item with a brand new equivalent item.</li> <li>- Photographs showing the damage.</li> </ul> </li> </ul> |

**Sections 9A, 9B and 9C  
Permanent Loss of Use**

Please send us:

- A full veterinary history.
- A report from **your vet** giving details of **your horse's illness** or **injury** and stating their opinion regarding its future ability and the reasons for the opinion.
- If **you** own the horse - the passport or purchase receipt for the horse showing **you** as the owner.
- If **you** have the horse on **loan** - a copy of the **loan** agreement, signed by both parties and either **your horse's** passport or purchase receipt showing the owners name.

**Section 12  
Horse Trailers  
and Horse-Drawn Vehicles**

Please send us:

- The original purchase receipt.
- Documentation to support the current value, such as advertisements of similar items or a letter from the supplier.
- *If the item has been stolen:*
  - The crime report, and
  - Two quotations to replace the item with an item of the same age, condition, make and model at the time the loss or damage occurred.
- *If the item is damaged and repairable:*
  - Two estimates for repair, and
  - Photographs showing the damage.
- *If the item is damaged and not repairable:*
  - Written confirmation from the repairer showing the item is damaged beyond repair, stating the approximate value before damage and the current salvage value.
  - Two quotations to replace the item with an item of the same age, condition, make and model at the time the loss or damage occurred.
  - Photographs showing the damage to the item.

## 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  
Telephone: 0345 075 2028  
Email: [petplan.csm@allianz.co.uk](mailto:petplan.csm@allianz.co.uk)

**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](http://www.financial-ombudsman.org.uk)

Telephone: 0800 0234567 or 0300 1239123

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

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](http://ec.europa.eu/odr) to access the Online Dispute Resolution Service. Please quote **our** e-mail address: [petplan.csm@allianz.co.uk](mailto:petplan.csm@allianz.co.uk)

Alternatively, **you** can contact the Financial Ombudsman Service directly.

Using **our** complaints procedure or contacting the FOS does not affect **your** legal rights.

## 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](http://www.fscs.org.uk), by emailing [enquiries@fscs.org.uk](mailto: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](http://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](http://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](mailto: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](mailto: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](mailto: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: [alpcomplaints@allianz.co.uk](mailto:alpcomplaints@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](mailto: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](http://www.allianz.co.uk)

## How to contact us

**BY TELEPHONE** 0345 072 8899  
*For Third Party Liability claims only - 01483 218 782*

**BY EMAIL** [petplan.ccare@allianz.co.uk](mailto: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](http://petplanequine.co.uk)

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

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