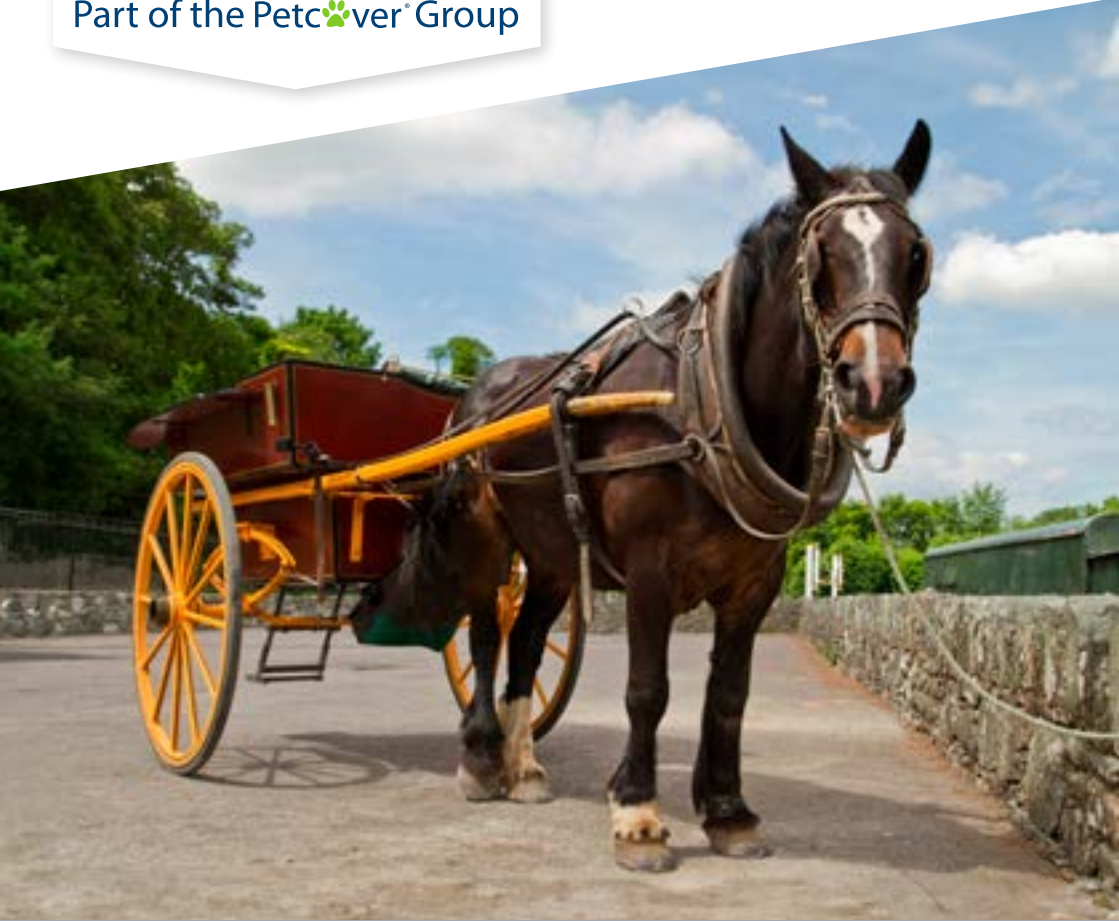


British Pet Insurance

Services

Part of the Petcover® Group



Your Policy Wording for Your Horse, Saddlery & Tack and Horse Trailer or Horse Drawn Vehicle

**Basic Horse Insurance, Senior Horse Insurance, Liability,
Saddlery & Tack, Horse Trailer & Horse Drawn Vehicle**

This booklet contains Your Policy Terms and Conditions.

Please read in conjunction with Your Certificate of Insurance and Product Information Document (IPID) to understand the cover for your horse, saddlery & tack and horse trailer or horse drawn vehicle.

Version 1
Effective from January 2024

Hello and thank you for choosing British Pet Insurance Services

British Pet Insurance Services is a trading name of Petcover EU Limited. We specialise in pet insurance and offer cover for horses, understanding and catering for your horse insurance needs.

British Pet Insurance Services was formed by and has brought together people with many years' experience in pet insurance to offer you a great insurance cover and has a team of people who love animals offering you the customer service you deserve.

We are here to support you throughout the life of your policy, whether it be with your insurance cover, claiming or just a little advice along the way.

We understand how stressful it can be when you need to make a claim. We aim to make claiming a smooth, quick and easy process so you can concentrate on your horse, so if you need anything at all please let us know.

This booklet contains the cover your policy provides. If there is anything you don't understand please let us know, or if you have any questions, problems or any feedback please contact us.

This Insurance is underwritten by Alwyn Insurance Company Limited.

This Insurance is issued by Petcover EU Limited trading as British Pet Insurance in accordance with the authorisation granted to them under the Binding Authority Agreement with Alwyn Insurance Company Limited.

Petcover EU Limited trading as British Pet Insurance Services is authorised and regulated by the Financial Conduct Authority (FCA) under reference number: 747757. Registered Office: 75 Western Road, Southall, England, UB2 5HQ. Trading Office: 4 Bridge Road Business Park, Haywards Heath, West Sussex, RH16 1TX.

Alwyn Insurance Company Limited, is a private limited company incorporated in Gibraltar incorporation number 106261 (Registered Office: PO Box 1338, First Floor Grand Ocean Plaza, Ocean Village, Gibraltar, GX11 1AA) and is authorised and regulated by the Gibraltar Financial Services Commission and subject to limited regulation by the Financial Conduct Authority (FCA). Details about the extent of our regulation by the FCA are available from us on request. FCA Firm Reference Number is 571591.

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Policy Terms and Conditions

British Pet Insurance Services does not provide advice or any personal recommendation about the insurance products offered.

Demands and Needs – who is this product suitable for?

This product meets the demands and needs of a horse owner who wants the option to insure the horse for death, theft or straying, advertising & reward, disposal, veterinary fees & alternative treatment, permanent loss of use, third party liability cover or for loss of irrecoverable entry fees, or their saddlery & tack or their horse trailer or horse drawn vehicle if required.

Important information

This document, the Certificate of Insurance and any related exclusion form your insurance documentation.

This insurance documentation sets out the policy terms and conditions of the contract of insurance between you and us. Please read all documentation carefully and keep it in a safe place. It is important that you:

- Check that the information contained in the Certificate of Insurance is accurate (see ‘Information you have given us’), and
- Comply with all your duties and obligations under the insurance, including the important conditions below, and the action you must take in the event of a claim.

Failure to comply with the above could adversely affect your insurance and any claim you make.

Information You have given Us

In deciding to accept this insurance and in setting the terms and premium, we have relied on the information you have given us. You must take care when answering any questions we ask by ensuring that all information provided is accurate and complete.

If we establish that you deliberately or recklessly provided us with false or misleading information, we will treat this insurance as if it never existed and decline all claims.

If we establish that you carelessly provided us with incorrect or incomplete information that we have relied upon in accepting this insurance and setting its terms we may:

- treat this insurance as if it had never existed and refuse to pay all claims. We will only do this if we provided you with insurance cover which we would not otherwise have offered, or
- amend the terms of your insurance. We may apply these amended terms as if they were already in place if a claim has been adversely impacted by your carelessness, or
- cancel your insurance in accordance with ‘Cancelling’ on page 8.

We will write to You if we:

- intend to treat this insurance as if it never existed, or
- need to amend the terms of your insurance, or
- require you to pay more premium for your insurance

Your Duty to Disclose to Us

It is an essential part of your insurance that you disclose to us any changes to your horse or your saddlery & tack or your horse trailer or horse drawn vehicle, whichever you have chosen to insure or your personal circumstances. This applies at the commencement, during the period of insurance and at the renewal of your insurance. The information you need to tell us about is detailed below:

Your Horse

- The ownership status of your horse changes
- The current market value of your horse changes
- The activities your horse is completing changes
- The height of your horse changes
- If your horse has any condition, or shows signs of illness or injury, been seen by a vet or equine specialist or been on any medication
- If your horse has any behavioural concerns or vices
- If your horse has attacked, bitten or been aggressive towards a person or other animal.

Your Saddlery & Tack

- The current market value of your saddlery & tack changes
- Any changes to the items or number of saddlery & tack listed as insured
- If your saddlery & tack has any damage.

Your Horse Trailer or Horse Drawn Vehicle

- The current market value of your horse trailer or horse drawn vehicle changes
- If your horse trailer or horse drawn vehicle is no longer road worthy
- If your horse trailer or horse drawn vehicle has any damage
- If your horse trailer or horse drawn vehicle has any non standard modification, not previously advised
- You no longer own the horse trailer or horse drawn vehicle.

Your Personal Circumstances

- You have had any special terms or exclusions applied to a similar insurance, not previously advised
- You have been declined insurance cover, had a renewal of an insurance policy refused or had an insurance policy, not previously advised
- You have made a claim or had an incident that could have resulted in a claim under a similar insurance policy in the last (5) years, not previously advised
- You become aware that any details shown on your Certificate of Insurance are incorrect.

This is not an exhaustive list, but here are some examples of the type of information you should tell us about.

Who does the Duty apply to?

The 'Your Duty to Disclose to Us' applies to you and everyone that is an insured under the policy. If you provide information for another insured, it is as if they provided it to us.

What happens if the Duty of Disclosure is not complied with?

If the 'Your Duty to Disclose to Us' is not complied with we may cancel the policy and/or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed, and pay nothing.

Renewing this insurance

When this policy is due for renewal, we will write to you at least twenty one (21) days before the period of insurance ends with full details of your next year's premium and policy terms and conditions. If you pay your premium by direct debit instalments your policy will renew automatically with your next year's premium and policy terms and conditions; if you do not want to renew the policy please contact us. If you need to contact us to discuss your renewal before the expiry of your existing insurance, our contact details can be found on the back cover. Occasionally, we may not be able to offer to renew your policy. If this happens, we will write to you at least twenty one (21) days before the expiry of your policy to allow enough time for you to make alternative insurance arrangements.

Cancelling

How you can cancel your policy

You can cancel your policy at any time by contacting us. Please telephone us on 01444 708840 between the hours of Monday to Friday from 9am to 5pm or send written confirmation by email to info@petcover.uk.com or by post to British Pet Insurance Services, 4 Bridge Road Business Park, Haywards Heath, West Sussex, RH16 1TX.

If you cancel your policy in the first fourteen (14) days of your first period of insurance we will refund all of the premium you have paid, provided you have not made a claim. This refund will be a proportionate amount based on the number of days your policy was in force. Unless your horse will be transported by a commercial transport company within the next 14 days, a full refund will not be provided instead a proportionate refund amount minus your admin fee, provided you have not made a claim. This refund will be provided based upon the number of days the policy was in force before we were advised to cancel the insurance.

If you cancel your policy in the first fourteen (14) days after your renewal date we will refund any premium you have paid for cover after that renewal date, provided you have not made a claim since that renewal date. This refund will be a proportionate amount based on the number of days your policy was in force.

If you cancel your policy at any other time, we will refund any amount you have paid for cover after the cancellation date. No refund will be provided where a claim has been made or there are any circumstances which you are aware of that may give rise to a claim.

Once your policy is cancelled all cover for your horse, your saddlery & tack and your horse trailer or horse drawn vehicle will stop on the date the policy is cancelled and no further claims will be paid.

How we can cancel your policy

We may cancel this insurance by giving you fourteen (14) days' notice in writing to the address last notified to us. We will only do this for a valid reason, examples of which are:

- Non-payment of premium, for details on this please read 'General Condition – Paying Your Premium'
- A change in risk occurring which means that we can no longer provide you with insurance cover
- Failure to comply with a provision of the policy
- Non-cooperation or failure to supply any information or documentation we request
- Misrepresentation to us during negotiations prior to the issue of the policy
- Making a fraudulent claim under the policy or under some other contract of insurance that provides cover during the same period of time that the policy covers you
- Threatening or abusive behaviour or the use of threatening or abusive language.

If we cancel this insurance, provided you have not made a claim, you will be entitled to a refund of the premium paid. This refund will be a proportionate amount based on the number of days your policy was in force.

If we pay any claim, whether by settlement, compromise or otherwise, then no refund of premium will be allowed. Cancellation of the insurance by us does not affect the treatment of any claim arising under the insurance in the period before cancellation.

Definitions

If **We** explain what a word means, that word has the same meaning wherever it appears in the **Policy**. For ease, **You** will see that these words appear in bold throughout.

Accident

means a sudden, unexpected and specific event which occurs at an identifiable time and place. All **Accidents** arising from one (1) event or one (1) original cause will be treated by **Us** as one (1) **Accident**.

For the sake of clarity, an **Accident** does include physical damage or trauma of a gradual nature which happens over time.

Alternative Treatment

means the cost of any examination, consultation, advice, test and legally prescribed medication for the following procedures where they treat an **Illness** or **Injury**.

This includes any **Veterinary Treatment** specifically needed to carry out the procedure:

- Acupuncture, chiropractic manipulation, herbal medicine, homeopathy, osteopathy, physiotherapy, remedial farriery. The **Treatment** must be carried out either by a **Vet** or on the **Vet's** referral by a therapist or farrier who holds a **UK** recognised qualification in their subject
- Hydrotherapy, either with or in water including swimming in a pool and the use of a water treadmill, carried out by a **Vet** or on the **Vet's** referral by a therapist.

British Pet Insurance Services

is a trading name of Petcover EU Limited. Petcover EU Limited is registered in England and Wales under number 10001319, and is authorised and regulated by the Financial Conduct Authority under reference number 747757.

Certificate of Insurance

means the relevant **Certificate of Insurance We** issue including on renewal or variation of the **Policy** containing details of the cover provided under the **Policy**, including any exclusions and other specific insurance details that **We** have applied to **Your** cover.

Clinical Sign(s)

means a change(s) in **Your Horse's** normal healthy state, its bodily functions, appearance or behaviour.

Condition/ Conditions/ Condition(s)

means any **Condition** that causes discomfort, dysfunction, distress, including **Injuries**, disabilities, disorders, **Clinical Sign(s)**, syndromes, infections, isolated symptoms, deviant behaviour, and atypical variations of structure and function and/or death to the horse afflicted.

Conditions are separated based on the body system affected and the **Treatment** provided.

If multiple parts of the body have been affected secondary to an **Illness**, **We** may split these secondary **Conditions** into their own separate claims if the **Treatments** required for the secondary **Conditions** do not overlap.

For an **Injury**, all body systems directly affected as a result of the **Injury** will be considered under the single **Condition**.

Elective Treatment	means a Treatment that is, but not limited to, de-sexing, spaying or castration, micro-chipping, grooming and de-matting, cosmetic or aesthetic procedures or surgery, or elective surgery including but not limited to prescription diet foods, and any Treatment not related to an Injury, Illness, or trauma . Elective surgery or Treatment that is beneficial to the horse but is not essential for Your Horse's survival or does not form part of a Treatment for an Injury or Illness, or any Treatment , diagnostic or procedure You request, which the Vet confirms is not necessary to treat an Injury or Illness .
Excess(es)	means the amount stated on Your Certificate of Insurance that You must pay for each claim made under Your Policy .
Family	means Your Immediate Family and, grandparents, brothers, sisters, grandsons, and/or granddaughters including Family of step relationships.
Illness/Illness(es)/ Illnesses	means any change(s) to a normal healthy state, sickness, disease, defects and abnormalities, including defects and abnormalities Your Horse was born with or were passed on by its parents.
Illness which starts in the first fourteen (14) days of cover	means an Illness that: <ul style="list-style-type: none"> • showed Clinical Sign(s), • is the same as, or has the same Clinical Sign(s) or diagnosis as an Illness that showed Clinical Sign(s); or • is caused by, relates to, or results from, a Clinical Sign(s) that first occurred, or an Illness that, showed Clinical Sign(s) within fourteen (14) days of Your Horse's cover starting, no matter where the Illness or Clinical Sign(s) occur or happen in, or on, Your Horse's body. The fourteen (14) day Waiting Period will cease at 00.01 on the fifteenth (15th) day of cover.
Immediate Family	means spouse, civil partner, life partner, partner, parents, sons and daughters, including Family of step relationships.
Injury/Injuries/ Injured	means a physical Injury or trauma caused immediately, solely and directly from an Accident . This does not include any physical Injury or trauma that happens over a period of time or is of a gradual nature.
Insurers	means Alwyn Insurance Company Limited, a private limited company incorporated in Gibraltar incorporation number 106261 (Registered Office: PO Box 1338, First Floor Grand Ocean Plaza, Ocean Village, Gibraltar, GX11 1AA) authorised and regulated by the Gibraltar Financial Services Commission and subject to limited regulation by the Financial Conduct Authority (FCA). Details about the extent of our regulation by the FCA are available from us on request. FCA Firm Reference Number is 571591.
Lease/Loan Agreement	means an agreement where a person other than the owner of the horse is responsible for the horse's stable, grazing, health and general care.
Limit of Liability	means the amount of cover You have chosen under Your 'Third Party Liability' cover as detailed on Your Certificate of Insurance and is the most We will pay for all claims under this Policy including any legal expenses or costs. Where permitted by law, this Limit of Liability will be reduced by any amount paid under any other insurance You have that provides cover for the same liability, loss, Accident , occurrence or incident.

Market Value	<p>means the price generally paid for means the price generally paid for</p> <ul style="list-style-type: none"> • A horse of the same age, breed, pedigree, bloodline, sex and breeding ability as Your Horse at the time of the claim, and assuming the same ability Your Horse had just before the Injury happened or the Illness first showed Clinical Sign(s); and <p>For Our purposes, any Injury or Illness that first showed Clinical Sign(s) in the Twelve (12) Months preceding the death/loss of use/theft will not be considered a negative factor when determining the Market Value of the horse. If the Injury or Illness first showed Clinical Sign(s) greater than Twelve (12) Months before the death/loss of use/theft, then this Condition will be taken into account when determining the Market Value of the horse.</p> <ul style="list-style-type: none"> • Saddlery & tack of the same brand, make, age, type and condition, as the saddlery & tack that has been stolen or destroyed. • A horse trailer or horse drawn vehicle of the same age, type and condition as Your Horse Trailer or Horse Drawn Vehicle, just before the loss, theft or damage occurred.
Maximum Benefit	<p>means the most We will pay for the relevant level of cover You have chosen during the Period of Insurance as set out in the Certificate of Insurance, subject to exclusions of the Policy and less the applicable Excess.</p>
Member of a Veterinary Practice	<p>means any person legally employed by a Veterinary Practice under a contract of employment, other than a Vet who may be the insured.</p>
Our Vet	<p>means any Vet appointed or engaged by Us to carry out Treatment to Your Horse or discuss Your Horse's Treatment with Your Vet.</p>
Period of Insurance	<p>means the time during which We give cover as shown on Your Certificate of Insurance. It does not refer to any prior Period of Insurance if the Policy is a renewal of a previous Policy or any future Period of Insurance for any Policy You may enter into with Us upon renewal. Each Period of Insurance is treated as separate. This is normally Twelve (12) Months, but may be less if Your Horse, Your Saddlery & Tack, Your Horse Trailer or Horse Drawn Vehicle has been added to Your insurance or it has been cancelled.</p>
Personal Circumstances	<p>means circumstances about You, Your Family, Your Horse, Your Saddlery & Tack and Your Horse Trailer & Horse Drawn Vehicle which You have limited or no control over. Examples of Personal Circumstances are (but not limited to) a lack of transport, Your Horse's size or behaviour, Your Horse's environment, You or Your Family's working hours, Your child-care arrangements, Your Family's other commitments etc.</p>
Policy	<p>means this document and the Certificate of Insurance and any other documents We issue to You which are expressed to form part of the Policy terms and conditions, which set out the cover We provide during the Period of Insurance. For the sake of clarity, it does not include any prior Policy that this is a renewal of or any future Policy that is a renewal of the Policy.</p>

<p>Pre-Existing Condition</p>	<p>means any Condition(s) or symptom(s), sign(s) or Clinical Sign(s) of that Condition, Injury or Illness occurring or existing in any form that:</p> <ul style="list-style-type: none"> • has happened or first showed Clinical Sign(s), or • has the same diagnosis or Clinical Sign(s) as an Injury, Illness or Clinical Sign(s) Your Horse had, or • is caused by, relates to, or results from, an Injury, Illness or Clinical Sign(s) Your Horse had. <p>Occurring or existing:</p> <ul style="list-style-type: none"> • before Your Horse's cover started, or the cover was added to Your insurance, or prior to the Policy commencement date, or • during the fourteen (14) day Waiting Period, or • before the cover was added to Your insurance. <p>This applies no matter where the Injury, Illness or Clinical Sign(s) occurred or happen in, or on, Your Horse's body. This is regardless of whether or not We place any exclusion(s) for the Injury/Illness.</p>
<p>Routine or Preventative Treatment</p>	<p>means care or Treatment such as check-ups and procedures that are designed to prevent future Illnesses from occurring rather than treating existing Illnesses. These include, but are not limited to annual physical examinations and check-ups, vaccinations, worm prevention medication, internal/external parasite prevention, maintaining a healthy diet, regular dental care/checks and subsequent dental Treatment.</p>
<p>Riding</p>	<p>means Riding, driving, leading, mounting, dismounting or handling Your Horse.</p>
<p>Replacement Value</p>	<p>means the price generally paid for new saddlery & tack of the same brand, make, age, type and condition, as the saddlery & tack that has been stolen or destroyed.</p>
<p>Sum Insured</p>	<p>means the amount You have chosen, and We have accepted as the most We will pay up to.</p>
<p>Third Party Bodily Injury</p>	<p>means the sudden and accidental death or bodily Injury to a person who is neither You, a member of Your Immediate Family nor a person to whom You have given permission to look after or handle Your Horse that results solely and directly from an Accident occurring within the UK and is not any Injury that happens over a period of time or is of a gradual nature.</p>
<p>Third Party Property Damage</p>	<p>means the accidental physical loss of or damage to material property belonging to a person who is neither You, a member of Your Immediate Family nor a person to whom You have given permission to look after or handle Your Horse that results solely and directly from an Accident occurring within the UK.</p>
<p>Treatment</p>	<p>means Veterinary Treatment or Alternative Treatment.</p>
<p>Twelve (12) Months</p>	<p>means a consecutive period of three hundred and sixty five (365) days.</p>
<p>UK</p>	<p>means the United Kingdom.</p>

Vet(s)	means a veterinarian, specialist veterinarian, Veterinary Practice , clinic, hospital, centre including referral hospitals, who/which is registered with the RCVS (Royal College of Veterinary Surgeons).
Veterinary Fees	means the amount Vet(s) in general or referral practices usually charge.
Veterinary Practice	means any veterinary service provided by a veterinary organisation or business.
Veterinary Treatment	means the cost of the following when required to treat an Illness or Injury : <ul style="list-style-type: none"> • any examination, consultation, advice, tests, X-rays, diagnostic procedure, surgery and nursing carried out by a Vet, a veterinary nurse or another Member of a Veterinary Practice under the supervision of a Vet, and • any medication legally prescribed by a Vet.
Waiting Period	means a period of fourteen (14) days starting from the commencement date of the Policy (excluding renewals) as shown on Your Certificate of Insurance of the initial Period of Insurance , during which an Illness or Condition that first occurs or shows Clinical Sign(s) will be excluded from cover unless otherwise stated on Your Certificate of Insurance . The fourteen (14) day Waiting Period will cease at 00.01 on the fifteenth (15th) day of cover.
We, Us, Our	means British Pet Insurance Services , a trading name of Petcover EU Limited acting on behalf of Insurers . Petcover EU Limited is registered in England and Wales under number 10001319, and is authorised and regulated by the Financial Conduct Authority under reference number 747757.
You, Your	means the person(s) named as the insured on the Certificate of Insurance .
Your Horse	means the horse named on the Certificate of Insurance .
Your Horse Trailer or Horse Drawn Vehicle	means the horse trailer or horse drawn vehicle described on the Certificate of Insurance .
Your Saddlery & Tack	means saddles, bridles, leathers, irons, harness and Riding tack normally used on Your Horse (rugs, clothing/costumes and blankets are not included).

General Conditions

1) Conditions of the Policy

You must keep to the General Conditions and Conditions applying to each cover to have the full protection of the **Policy**. If **You** do not, and the Condition **You** have not kept to relates to a claim, **We** may refuse or reduce the amount **We** pay under the claim.

2) Claims Pre-Authorisation

We will not guarantee on the phone if **We** will pay a claim. **You** must send **Us** a claim form that has been fully completed and **We** will then write to **You** with **Our** decision.

3) Providing Claim Information

When **You** make a claim **You** agree to give **Us** any information **We** may reasonably ask for. If **You** incur any charge for this, **You** must pay the charge.

4) Legal Rights Against Others

If there is any other insurance under which **You** are entitled to make a claim **You** must report the incident to that insurance company and tell **Us** their name and address and **Your Policy** and claim number with them. To the extent permitted by law, **We** will only pay **Our** share of the claim.

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.

5) Claims Settlement Deductions

When **We** settle **Your** claim, **We** reserve the right to deduct from the claim amount, any amount due to **Us**.

6) Cancelling Your Policy

You can cancel **Your Policy** at any time by contacting **Us**. Please telephone **Us** on 01444 708844 between the hours of Monday to Friday from 9am to 5pm or send written confirmation by email to info@petcover.uk.com or by post to **British Pet Insurance Services**, 4 Bridge Road Business Park, Haywards Heath, West Sussex, RH16 1TX.

If **You** cancel **Your Policy** in the first fourteen (14) days of **Your** first **Period of Insurance** **We** will refund all of the premium **You** have paid, provided **You** have not made a claim. This refund will be a proportionate amount based on the number of days **Your Policy** was in force. Unless **Your Horse** will be transported by a commercial transport company within the next 14 days, a full refund will not be provided instead a proportionate refund amount minus **Your** admin fee, provided **You** have not made a claim. This refund will be provided based upon the number of days the **Policy** was in force before **We** were advised to cancel the insurance.

If **You** cancel **Your Policy** in the first fourteen (14) days after **Your** renewal date **We** will refund any premium **You** have paid for cover after that renewal date, provided **You** have not made a claim since that renewal date. This refund will be a proportionate amount based on the number of days **Your Policy** was in force.

If **You** cancel **Your Policy** at any other time, **We** will refund any amount **You** have paid for cover after the cancellation date. No refund will be provided where a claim has been made or there are any circumstances which **You** are aware of that may give rise to a claim.

Once **Your Policy** is cancelled all cover for **Your Horse**, **Your Saddlery & Tack** and **Your Horse Trailer or Horse Drawn Vehicle** will stop on the date the **Policy** is cancelled and no further claims will be paid.

6) Cancelling Your Policy (cont'd)

We may cancel this insurance by giving **You** fourteen (14) days' notice in writing to the address last notified to **Us**. **We** will only do this for a valid reason. If **We** cancel this insurance, provided **You** have not made a claim, **You** will be entitled to a refund of the premium paid. This refund will be a proportionate amount based on the number of days **Your Policy** was in force. If **We** pay any claim, whether by settlement, compromise or otherwise, then no refund of premium will be allowed. Cancellation of the insurance by **Us** does not affect the **Treatment** of any claim arising under the insurance in the period before cancellation

7) Paying Your Premium

Your Horse, Your Saddlery & Tack and **Your Horse Trailer or Horse Drawn Vehicle** is only covered under this **Policy** if **You** pay the premium. If **You** pay by Direct Debit instalments and **You** miss an instalment, **You** must pay the outstanding amount within fourteen (14) days. If **You** do not, **We** will cancel **Your Policy** back to the last day **You** have paid for cover. All cover for **Your Horse** will stop from that date and no further claims will be paid.

When **We** settle **Your** claim, if there are any premiums overdue, **We** will deduct the outstanding amount from the claim payment.

If **You** pay by Direct Debit instalments and **You** frequently miss an instalment or pay an instalment late, **We** may request **You** pay all **Your** remaining premium until the end of the **Period of Insurance**. If **You** do not pay the remaining premium **We** will cancel **Your Policy** back to the last day **You** have paid for cover. All cover for **Your Horse** will stop from that date and no further claims will be paid.

8) Renewing Your Policy

We have the right to not invite renewal, if **We** decide to not invite renewal **We** will notify **You** in writing of any such action and the reason(s) for this decision.

We will write to **You** at least twenty one (21) days before the **Policy** expires with full details of **Your** premium and terms upon which renewal will be offered for a further **Period of Insurance**.

If **You** do not want to renew the **Policy** just let **Us** know.

If **You** pay **Your** premium by Direct Debit instalment, when the **Policy** is due for renewal and **We** have agreed to renew the **Policy**, **We** will renew it for **You** automatically, to save **You** the worry of remembering to contact **Us** before the renewal date.

If **You** paid **Your Policy** by any other means, **You** need to contact **Us** before **Your** renewal date to confirm **You** want to renew **Your Policy** and to pay **Your** premium.

It is important that **You** check the terms of any renewal offer to satisfy yourself that the details are correct. In particular, check the **Sum Insured** amounts and **Excess(es)** applicable and ensure that the levels of cover are appropriate for **You**.

At each renewal, **We** ask **You** to notify **Us** of certain information.

The information **We** require from **You** will be stated in **Your** renewal documentation. It is important that **You** provide **Us** with full and accurate information as this could affect a future claim. Please note that **You** need to comply with 'Your Duty to Disclose to Us' before each renewal.

We have the right not to invite renewal and **We** will notify **You** in writing of any such action.

<p>9) Changes at Renewal</p>	<p>This document also applies for any offer of renewal We may make, unless We tell You otherwise.</p> <p>If We offer renewal We may:</p> <ul style="list-style-type: none"> • Change the premium, Excess(es) and Policy terms and conditions • Place exclusions because of Your Horse's claims and veterinary history • Limit or withdraw 'Third Party Liability' cover based on a review of Your Horse's behaviour, claims or veterinary history. For example, any aggressive tendencies shown or any incidents where Your Horse has caused Injury to a person or another animal.
<p>10) Changes during the Period of Insurance</p>	<p>Changes will only be made to the Policy at renewal, We will not change the cover We provide for Your Horse during the Period of Insurance, unless:</p> <ul style="list-style-type: none"> • You decide to change Your Horse's 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. <p>If You transfer Your Horse to a plan with additional or higher benefit limits, the additional or higher benefits will not apply if the Condition being claimed for, first occurred prior to the change in the level of cover.</p>
<p>11) Exclusions</p>	<p>In addition to the exclusions set out in these Policy terms and conditions, the Policy does not cover any amount that results from an Injury, Illness or incident which is shown as excluded on Your Certificate of Insurance. Exclusions can be added on Your Policy at the start of Your first Period of Insurance based on Your answers to Our questions and any supplementary information provided. We can also place exclusions during the Period of Insurance but We can only do this if We find out, that when We asked during Your application, You did not tell Us about something or You provided Us with inaccurate information (regardless of whether or not You thought it was accurate at the time). In these cases the exclusion(s) will be placed back to the start of Your first Policy.</p> <p>Your Policy does not cover any claim that results from an Injury, Illness or incident which falls under any exclusion placed on 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 wish to discuss any exclusions on Your Policy.</p> <p>If, after We have offered a further Period of Insurance, You make a claim that relates to a Period of Insurance before the one We have offered, We may, based on the details of the claim, place exclusions backdated to the start of the further Period of Insurance.</p>
<p>12) Jurisdiction</p>	<p>This insurance contract is subject to the laws of England and Wales and the exclusive jurisdiction of the courts of England and Wales. Unless We agree otherwise, the language of the Policy and all communications relating to it will be in English.</p>

<p>13) Your Residence</p>	<p>Your Horse must live in the UK. If You address, or the address of Your Horse, changes You must advise Us as soon as possible as this may affect the insurance cover provided.</p>
<p>14) Provide and Update Information Previously Provided</p>	<p>Throughout Your Policy You need to tell Us about certain information. The things You need to tell Us about are detailed in Your Certificate of Insurance and in the 'Your Duty to Disclose to Us' in the Policy terms and conditions. It's important You check any new documents We send to understand the information We need. If You do not provide Us with the full and accurate information it can result in a claim not being paid or affect the cover We provide. If, after We offer to renew Your Policy, You tell Us something that happened during an earlier Period of Insurance which could lead to a claim, We may change the premium, Excess(es) and Policy terms and conditions, place exclusions because of Your Horse's claims and veterinary history and/or limit or withdraw 'Third Party Liability' or 'Personal Accident' cover, of this insurance renewal.</p>
<p>15) Fraudulent Claims</p>	<p>If You submit a fraudulent claim, or solicit Your Vet or therapist or farrier to behave in a fraudulent manner or persuade them to falsify or change information regarding a claim, then the claim may be denied and We may cancel the Policy. We may also be entitled to reclaim any payments already made to You in respect to such claims.</p>
<p>16) Your Rights</p>	<p>The Policy is subject to any rights and remedies.</p>
<p>17) Sanctions</p>	<p>No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.</p>
<p>18) Transferring Insurance</p>	<p>This insurance is not transferrable.</p>
<p>19) Riding Experience</p>	<p>You must make sure anyone Riding Your Horse or using Your Saddlery & Tack or Your Horse Trailer or Horse Drawn Vehicle has the experience to ride Your Horse and use the saddlery tack, trailer or vehicle.</p>

General Exclusions

We will not pay any benefit under the **Policy** for any costs or expenses incurred by **You** that are caused by, arise out of, or are in any way related to or connected with:

1) Your Certificate of Insurance	An Injury, Illness or incident specifically excluded on Your Certificate of Insurance .
2) Laws and regulations	<ul style="list-style-type: none">• You breaking the UK laws or regulations of England and Wales, including those relating to animal health or importation regulations.• Your Horse being confiscated or destroyed by any Government or Public or Local Authority or any person or body having the jurisdiction to do so.• Any Government or Public or Local Authority or any person or body having the jurisdiction to do so, having put restrictions on Your Horse.• Legal expenses, fines and penalties connected with or resulting from a Criminal Court Case or an Act of Parliament.• Any benefit to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.
3) Radiation	Radiation, nuclear explosion, nuclear fallout or contamination by radioactivity.
4) Transmission of disease	A disease transmitted from animals to humans.
5) War, acts of terrorism, revolution or any similar event	An act of force or violence for political, religious or ideological reasons, war, acts of terrorism, riot, revolution or any similar event, including any chemical or biological terrorism.
6) Care and negligence	Cost of treating any Injury or Illness or other bodily Injury or Illness caused by, arising out of, or in any way connected with a malicious act, deliberate Injury or bodily Injury or gross negligence caused by You or a member of Your Immediate Family or anyone living with You or acting with Your express or implied consent.
7) Pandemic disease	Any pandemic disease that causes widespread Illness , death or destruction affecting horses.
8) Your legal liability	Your legal liability for payment of compensation in respect of: <ul style="list-style-type: none">• death, bodily Injury or illness, and/or• physical loss or damage to property, except to the extent You have such cover for 'Third Party Liability' cover under this Policy .
9) Deliberate act	Any legal expenses resulting from criminal proceedings because of a deliberate act by You .
10) Excess	Any Excess shown on Your Certificate of Insurance .

Death from Injury

This cover only applies if it is shown as covered on **Your Certificate of Insurance**.

What We will pay for Death from Injury

The **Market Value** of **Your Horse** or **Sum Insured** whichever is the lesser, following death or euthanasia by a **Vet** as a result of:

- An **Injury** that happens during the **Period of Insurance**;
- Surgery to treat an **Injury** that happens during the **Period of Insurance**; or
- Medication to treat an **Injury** that happens during the **Period of Insurance**.

What You pay for Death from Injury

The **Excess** shown on **Your Certificate of Insurance**.

What We will not pay under Death from Injury

1. Any amount if **Your Horse's Injury** does not meet the current BEVA Guidelines for the destruction of horses.
2. Any amount if **Your Vet** or **Our Vet** believes the **Injury Your Horse** is/was suffering from can be treated or if **Your Vet** or **Our Vet** believes it was humane to keep **Your Horse** alive.
3. Any amount if the death of **Your Horse** is in connection to an **Injury** which happened, more than **Twelve (12) Months** prior to the date of death.
4. Any amount if the death or euthanasia of **Your Horse** was caused by an **Injury** that happened before the **Period of Insurance** started.
5. Any amount if the death or euthanasia of **Your Horse** results from:
 - An **Injury** that happened, before **Your Horse's** cover started or the 'Death from Injury' cover was added to **Your** insurance, or
 - An **Injury** which is the same as, or has that same diagnosis or **Clinical Sign(s)** as an **Injury** that happened, before **Your Horse's** cover started or the 'Death from Injury' cover was added to **Your** insurance, no matter where the **Injury** happened in or on **Your Horse's** body, or
 - An **Injury** that is caused by, relates to or results from an **Injury** that happened, before **Your Horse's** cover started or the 'Death from Injury' cover was added to **Your** insurance, no matter where the **Injury** happened in or on **Your Horse's** body
6. More than the **Sum Insured** or the **Market Value**, whichever is the lesser.
7. Any amount if the death or euthanasia of **Your Horse** results from an **Injury** while taking part in an activity not shown or covered on **Your Certificate of Insurance**.
8. Any amount if the death or euthanasia results from an **Injury** specified as excluded on **Your Certificate of Insurance** or generally not covered within these **Policy** terms and conditions.
9. Any amount if **You** fail to take all reasonable precautions to protect **Your Horse** from or by aggravating or prolonging an **Injury** or **Illness**.
10. The cost of any post mortem examination.
11. Any amount if the death or euthanasia of **Your Horse** results from a vice or from **Your Horse's** behaviour.

12. Any amount if the death or euthanasia of **Your Horse** results from an adverse reaction or an overdose of medication unless it is given by a **Vet** or under the direction of a **Vet**.
13. Any amount for a mare's unborn foal, embryo or foetus.
14. 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 or euthanasia of **Your Horse**.
15. Any other financial loss, legal compensation, costs or expenses as a result of the death or euthanasia of **Your Horse**.
16. Any amount if **Your Horse's** death or euthanasia by a **Vet** is as a result of an **Illness**.
17. Any amount if the euthanasia of **Your Horse** is carried out before **You** tell **Us** about **Your** or **Your Vet's** decision for euthanasia, unless **Your Vet** believes there was not time for **You** to tell **Us** because **Your Horse** was in so much pain that it needed immediate euthanasia.
18. If a claim has not been submitted within **Twelve (12) Months** of **Your Horse's** death or euthanasia, **We** may refuse to pay the claim, or reduce the claimable amount to the extent that **We** are prejudiced by the late notification of the claim.

Conditions applying to Death from Injury

1. **You** must tell **Us** as soon as possible if **Your Horse** shows any **Clinical Sign(s)** of an **Injury**.
2. If **You** or **Your Vet** decides on euthanasia of **Your Horse**, **You** must tell **Us** as soon as reasonably possible.
3. **You** must immediately arrange for a **Vet** to examine and treat **Your Horse** if it shows **Clinical Sign(s)** of an **Injury**. And, if **We** decide, **We** will refer the case history to a **Vet** that **We** have chosen. And, if **We** request, **You** must arrange for **Your Horse** to go to another **Vet** that **We** have chosen.
4. If **Your Vet** and **Our Vet** do not agree that the **Injury Your Horse** is suffering from can be treated or that it is humane to keep **Your Horse** alive, **We** may employ another specialist **Vet**, who **You** agree **We** can employ. The specialist **Vet** will examine **Your Horse** and all parties will accept this **Vet's** opinion.
5. The period of **Twelve (12) Months** will always start from the date in the **Period of Insurance** that the **Injury** first happened.
6. If a number of **Injuries** are diagnosed as one (1) **Injury**, or it is found that they are caused by, or relate to another **Injury**, the period of **Twelve (12) Months** will start from the date in the **Period of Insurance** that the first **Injury** happened.
7. Any **Injury** which occurred before **Your Horse's** cover started, or the 'Death from Injury' cover is added to the **Policy**, 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** or not.
8. Throughout the **Period of Insurance** **You** must take all reasonable steps to maintain **Your Horse's** health and to prevent **Injury, Illness** and loss.
 - **You** must provide **Routine or Preventative Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**. If there is a disagreement between **You** and **Us** as to what reasonable steps are, the details will be referred to an independent national welfare body or an independent **Vet** mutually agreed upon.
 - **You** must arrange and pay for **Your Horse** to have and to receive any **Routine or Preventative Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**.
 - **You** must arrange for a **Vet** to examine and treat **Your Horse** as soon as possible after it shows **Clinical Sign(s)** of an **Injury** or **Illness**. **You** must follow the advice and recommendations of the treating **Vet**, so as not to prolong or aggravate the **Illness** or **Injury**. If **You** do not follow the **Vet's** advice **We** may refuse or reduce the amount **We** pay relating to that **Injury** or **Illness**. And if **We** decide, **You** must also take **Your Horse** to **Our Vet**.
 - **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. If **You** do not comply with this obligation then any claims which relate to dental **We** may refuse or reduce the amount **We** pay under the claim.

- **You** must keep **Your Horse** vaccinated against tetanus and equine influenza. If not, the **Policy** will not cover any costs relating to these **Illness(es)**.
 - **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.
9. Throughout the **Period of Insurance** **You** must take all reasonable steps to supply a secure and safe environment for **Your Horse** to prevent an **Injury** or **Illness**.
10. **You** must take proper care of **Your Horse** and take all reasonable steps to maintain **Your Horse's** health. **You** must arrange for **Your Horse** to have any **Treatment** normally recommended by a **Vet** to prevent an **Injury**.
11. **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, theft or straying or permanent loss of use **We** will pay the **Market Value** or **Sum Insured** whichever is less. If the **Market Value** at the time of death, theft or straying or permanent loss of use is lower than the **Sum Insured** shown on **Your Certificate of Insurance**:

- **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.
12. **You** must, always insure **Your Horse** for all the activities that **Your Horse** is used for. The activities **Your Horse** is covered for are stated on **Your Certificate of Insurance**. **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 an activity is listed on **Your Certificate of Insurance**, **Your Policy** provides cover when **Your Horse** is being 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 warming **Your Horse** up/cooling **Your Horse** down for the purpose of cross-country. **Your Policy** does not cover any **Illness, Injury** or incident which arises from warming up/cooling down of **Your Horse** for an activity which is not listed on **Your Certificate of Insurance**.

13. **You** agree that any **Vet** or therapist or farrier has **Your** permission to release any information **We** reasonably ask for about **Your Horse**. If the **Vet** or therapist or farrier makes a charge for this, **You** must pay the charge.
14. Following the death or euthanasia of **Your Horse**, **You** must arrange and pay for a post mortem examination.
15. **We** will not make any claims payment until **We** have received the following:
- Fully completed claim from,
 - Full veterinary history for **Your Horse**,

- Death certificate from **Your Vet**,
 - Post mortem report,
 - If **You** own **Your Horse**, evidence of **Your** legal ownership (proof of purchase), and
 - If the horse was on loan or leased, a copy of the **Lease/Loan Agreement**.
16. If **We** pay a claim under 'Death from Injury', **Your Policy** is cancelled from the date of **Your Horse's** death and there will be no refund of premium. If **Your** premium is being paid by instalments, **We** will deduct from **Your** claim monies any premium due for the balance of the **Period of Insurance**, and there will be no refund of money **You** have paid for the **Period of Insurance** after the cancellation date.

Death from Illness

This cover only applies if it is shown as covered on **Your Certificate of Insurance**.

What We will pay for Death from Illness

The **Market Value** or **Sum Insured** of **Your Horse**, whichever is the lesser, following death or euthanasia by a **Vet** as a result of:

- An **Illness** that first shows **Clinical Sign(s)**, during the **Period of Insurance**;
- Surgery to treat an **Illness** that first shows **Clinical Sign(s)** during the **Period of Insurance**; or
- Medication to prevent or treat an **Illness** that first shows **Clinical Sign(s)** during the **Period of Insurance**.

What You pay for Death from Illness

The **Excess** shown on **Your Certificate of Insurance**.

What We will not pay under Death from Illness

1. Any amount if **Your Horse's Illness** does not meet the current BEVA Guidelines for the destruction of horses.
2. Any amount if **Your Vet** or **Our Vet** believes the **Illness Your Horse** is/was suffering from could have been treated with a favourable prognosis of long-term survival, or if **Your Vet** or **Our Vet** believes it was humane to keep **Your Horse** alive.
3. Any amount if the death of **Your Horse** is in connection to an **Illness** which first showed **Clinical Sign(s)**, more than **Twelve (12) Months** prior to the date of death.
4. Any amount if the death or euthanasia of **Your Horse** was caused by an **Illness** that first showed **Clinical Sign(s)** before the **Period of Insurance** started.
5. Any amount if the death or euthanasia of **Your Horse** results from:
 - An **Illness** that first showed **Clinical Sign(s)**, before **Your Horse's** cover started or the 'Death from Illness' cover was added to **Your** insurance, or
 - An **Illness** which is the same as, or has that same diagnosis or **Clinical Sign(s)** as, an **Illness** which first showed **Clinical Sign(s)**, before **Your Horse's** cover started or the 'Death from Illness' cover was added to **Your** insurance, or
 - An **Illness** that is caused by, relates to or results from an **Illness** or **Clinical Sign(s)** which first showed **Clinical Sign(s)**, before **Your Horse's** cover started or the 'Death from Illness' cover was added to **Your** insurance, no matter where the **Illness** or **Clinical Sign(s)** occurred or happened

in, or on **Your Horse's** body.

6. Any amount if the death or euthanasia of **Your Horse** results from:
 - An **Illness** first showing **Clinical Sign(s)**, within fourteen (14) days of **Your Horse's** cover starting or the cover being added to **Your** insurance, or
 - An **Illness** which is the same as, or has the same diagnosis or **Clinical Sign(s)** as, an **Illness** which first showed **Clinical Sign(s)**, within fourteen (14) days of **Your Horse's** cover starting or the cover being added to **Your** insurance, or
 - An **Illness** that is caused by, relates to or results from an **Illness** or **Clinical Sign(s)** which first showed **Clinical Sign(s)**, within fourteen (14) days of **Your Horse's** cover starting or the cover being added to **Your** insurance, no matter where the **Illness** or **Clinical Sign(s)** were noticed or happened on **Your Horse's** body.
7. Any horse not vaccinated against tetanus and equine influenza or any other disease that there is a known vaccine and **Vet(s)** recommend vaccination. If not, the **Policy** will not cover any costs relating to these **Illness(es)**.

Or a government or another official body orders that **Your Horse** must be vaccinated against an **Illness** as part of a compulsory mass vaccination programme. **We** will not pay any costs relating to the vaccination itself or any complications that happen due to the procedure taking place. For the purpose of this insurance, 'a mass vaccination programme' means a programme of the compulsory vaccination of a species, or a selected group within a species, with the aim of protecting that group, people or other animals from an **Illness** or another risk.
8. Any horse not wormed as recommended by a **Vet**. **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.
9. Any amount if the death or euthanasia is due to any **Treatment**, or complications arising from the **Treatment**, that **You** choose to have carried out that is not directly related to an **Illness**, including cosmetic dentistry.
10. More than the **Sum Insured** or the **Market Value**, whichever is the lesser.
11. Any amount if the death or euthanasia of **Your Horse** results from an **Illness** while taking part in an activity not shown or covered on **Your Certificate of Insurance**.
12. Any amount if the death or euthanasia results from an **Illness** specified as excluded on **Your Certificate of Insurance** or generally not covered within these **Policy** terms and conditions.
13. **You** fail to take all reasonable precautions to protect **Your Horse** from or by aggravating or prolonging an **Injury** or **Illness**.
14. The cost of any post mortem examination or tests.
15. Any amount if the death or euthanasia of **Your Horse** results from a vice or from **Your Horse's** behaviour.
16. Any amount if the death or euthanasia of **Your Horse** results from an adverse reaction or an overdose of medication unless it is given by a **Vet** or under the direction of a **Vet**.
17. Any amount if the death or euthanasia of **Your Horse** results from breeding, pregnancy, or giving birth.
18. Any amount for a mare's unborn foal, embryo or foetus.
19. 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 or euthanasia of **Your Horse**.
20. Any other financial loss, legal compensation, costs or expenses as a result of the death or euthanasia of **Your Horse**.
21. Any amount if **Your Horse's** death or euthanasia by a **Vet** is as a result of an **Injury**.
22. Any amount if the death or euthanasia of **Your Horse** results from an **Illness** if **Your Horse** is aged nineteen (19) years or over.
23. Any amount if the euthanasia of **Your Horse** is carried out before **You** tell **Us** about **Your** or **Your**

Vet's decision for euthanasia, unless **Your Vet** believes there was not time for **You** to tell **Us** because **Your Horse** was in so much pain that it needed immediate euthanasia.

24. If a claim has not been submitted within **Twelve (12) Months** of **Your Horse's** death or euthanasia, **We** may refuse to pay the claim, or reduce the claimable amount to the extent that **We** are prejudiced by the late notification of the claim.

Conditions applying to Death from Illness

1. **You** must tell **Us** as soon as possible if **Your Horse** shows any **Clinical Sign(s)** of an **Illness**.
2. If **You** or **Your Vet** decides on euthanasia of **Your Horse**, **You** must tell **Us** as soon as reasonably possible.
3. **You** must immediately arrange for a **Vet** to examine and treat **Your Horse** if it shows **Clinical Sign(s)** of an **Illness**. And, if **We** decide, **We** will refer the case history to a **Vet** that **We** have chosen. If **We** request, **You** must arrange for **Your Horse** to go to another **Vet** that **We** have chosen.
4. If **Your Vet** and **Our Vet** do not agree that the **Illness** **Your Horse** is suffering from can be treated or that it is humane to keep **Your Horse** alive, **We** may employ another specialist **Vet**, who **You** agree **We** can employ. The specialist **Vet** will examine **Your Horse** and all parties will accept this **Vet's** opinion.
5. The period of **Twelve (12) Months** will always start from the date in the **Period of Insurance** that:
 - The **Illness** or **Clinical Sign(s)** were first noticed, or
 - An **Illness** with the same diagnosis or **Clinical Sign(s)** as the **Illness** or **Clinical Sign(s)** that caused the death or human destruction were first noticed, no matter how many times the same **Illness** or the same **Clinical Sign(s)** are noticed in or on any part of **Your Horse's** body.
6. If a number of **Illnesses**, or **Clinical Sign(s)** are diagnosed as one (1) **Illness**, or it is found that they are caused by, or relate to another **Illness**, the period of **Twelve (12) Months** will start from the date in the **Period of Insurance** that the first **Clinical Sign(s)** of any of the **Illnesses** were noticed.
7. Any **Illness** which occurred before **Your Horse's** cover started, or before the 'Death from Illness' cover is added to the **Policy**, 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 **Illness** or not.
8. Any **Illness** which starts in the first fourteen (14) days of cover (**Waiting Period**) or after 'Death from Illness' is added to the **Policy**. The fourteen (14) day **Waiting Period** will cease at 00.01 on the fifteenth (15th) day of cover starting or after 'Death from Illness' is added to the **Policy**. **Your Policy** does not cover any claim relating to any of these **Injuries** or **Illnesses** which started or showed **Clinical Sign(s)** within the **Waiting Period** will never be covered by **Your Policy**. If, at a later time any of these **Injuries** or **Illnesses** which started or showed **Clinical Sign(s)** within the **Waiting Period** presents again with the same diagnosis, **We** will also not cover any costs to treat that **Injury** or **Illness**. This is regardless of whether **Your Vet** confirms the past and current **Injuries** or **Illnesses** are, or are not, linked.
9. Throughout the **Period of Insurance**, **You** must take all reasonable steps to maintain **Your Horse's** health and to prevent **Injury**, **Illness** and loss.
 - **You** must provide **Routine or Preventative Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**. If there is a disagreement between **You** and **Us** as to what reasonable steps are, the details will be referred to an independent national welfare body or an independent **Vet** mutually agreed upon.
 - **You** must arrange and pay for **Your Horse** to have and to receive any **Routine or Preventative Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**.
 - **You** must arrange for a **Vet** to examine and treat **Your Horse** as soon as possible after it shows **Clinical Sign(s)** of an **Injury** or **Illness**. **You** must follow the advice and recommendations of the treating **Vet**, so as not to prolong or aggravate the **Illness** or **Injury**. If **You** do not follow the **Vet's** advice, **We** may refuse or reduce the amount **We** pay relating to that **Injury** or **Illness**. And

if **We** decide, **You** must also take **Your Horse** to **Our Vet**.

- **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. If **You** do not comply with this obligation then any claims which relate to dental **We** may refuse or reduce the amount **We** pay under the claim.
- **You** must keep **Your Horse** vaccinated against tetanus and equine influenza. If not, the **Policy** will not cover any costs relating to these **Illness(es)**.
- **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.

10. Throughout the **Period of Insurance** **You** must take all reasonable steps to supply a secure and safe environment for **Your Horse** to prevent an **Injury** or **Illness**.

11. **You** must take proper care of **Your Horse** and take all reasonable steps to maintain **Your Horse's** health. **You** must arrange for **Your Horse** to have any **Treatment** normally recommended by a **Vet** to prevent an **Illness**.

12. **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, theft or straying or permanent loss of use, **We** will pay the **Market Value** or **Sum Insured** whichever is less. If the **Market Value** at the time of death, theft or straying or permanent loss of use is lower than the **Sum Insured** shown on **Your Certificate of Insurance**:

- **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. **You** must, always insure **Your Horse** for all the activities that **Your Horse** is used for. The activities **Your Horse** is covered for are stated on **Your Certificate of Insurance**. **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 an activity is listed on **Your Certificate of Insurance**, **Your Policy** provides cover when **Your Horse** is being 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 warming **Your Horse** up/cooling **Your Horse** down for the purpose of cross-country. **Your Policy** does not cover any **Illness**, **Injury** or incident which arises from warming up/cooling down of **Your Horse** for an activity which is not listed on **Your Certificate of Insurance**.

14. **You** agree that any **Vet** or therapist or farrier has **Your** permission to release any information **We** reasonably ask for about **Your Horse**. If the **Vet** or therapist or farrier makes a charge for this, **You** must pay the charge.

15. Following the death or euthanasia of **Your Horse**, **You** must arrange and pay for a post mortem examination.

16. **We** will not make any claims payment until **We** have received the following:

- Fully completed claim form;

- Full veterinary history for **Your Horse**;
 - Death certificate from **Your Vet**;
 - Post mortem report;
 - If **You** own **Your Horse**, evidence of **Your** legal ownership (proof of purchase); and
 - If the horse was on loan or leased, a copy of the **Lease/Loan Agreement**.
17. If **We** pay a claim under 'Death from Illness', **Your Policy** is cancelled from the date of **Your Horse's** death and there will be no refund of premium. If **Your** premium is being paid by instalments, **We** will deduct from **Your** claim monies any premium due for the balance of the **Period of Insurance**, and there will be no refund of money **You** have paid for the **Period of Insurance** after the cancellation date.

Theft or Straying

What We will pay for Theft or Straying

If **Your Horse** is stolen or goes missing during the **Period of Insurance**, **We** will pay:

- The **Sum Insured** or the **Market Value** of **Your Horse** whichever is the lesser, if **Your Horse** is not found or does not return.
- The amount **Your Horse's Market Value** has reduced by if the people who stole **Your Horse** castrate **Your Horse**.

What You pay for Theft or Straying

The **Excess** shown on **Your Certificate of Insurance**.

What We will not pay under Theft or Straying

1. More than the **Sum Insured** or the **Market Value** of **Your Horse** whichever is the lesser.
2. Any amount if **You** do not have 'Death from Injury' shown as covered on the **Certificate of Insurance**.
3. Any amount if **You** or the person looking after **Your Horse** has freely parted with it, even if tricked into doing so, unless the person was looking after or transporting **Your Horse** in return for money, goods or services.
4. Any amount if the theft or loss of **Your Horse** involves **Your** employee's dishonesty.
5. Any amount for the death of an unborn foal, embryo or foetus.
6. Any other financial loss, legal compensation, costs or expenses as a result of the theft or straying of **Your Horse**.
7. If a claim has not been submitted within **Twelve (12) Months** of **Your Horse** being stolen or going missing, **We** may refuse to pay the claim, or reduce the claimable amount to the extent that **We** are prejudiced by the late notification of the claim.

Conditions applying to Theft or Straying

1. **You** must notify the police as soon as **You** discover **Your Horse** has been stolen or gone missing.
2. Throughout the **Period of Insurance** **You** must take all reasonable steps to supply a secure and safe environment for **Your Horse** to prevent theft or straying.

3. **You** must at all times insure **Your Horse** for its current **Market Value**.

It is **You** 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, theft or straying or permanent loss of use **We** will pay the **Market Value** or **Sum Insured** whichever is less. If the **Market Value** at the time of death, theft or straying or permanent loss of use is lower than the **Sum Insured** shown on **Your Certificate of Insurance**:

- **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.
4. If **Your Horse** is found or returns, **You** must repay the amount **We** have paid **You** for **Your Horse's Market Value**.
5. If **We** pay a claim under this section **Your Policy** is cancelled from the date of the theft or the date **Your Horse** went missing and there will be no refund of money **You** have paid for the **Period of Insurance** after the cancellation date. If **Your** premium is being paid by instalments, **We** will deduct from **Your** claim monies any premium due for the balance of the **Period of Insurance**.
6. **We** will not make any claims payment until **We** have received the following:
- Fully completed claim form
 - Copy of police crime report
 - If **You** own **Your Horse**, evidence of **Your** legal ownership (proof of purchase)
 - If the horse was on loan or leased, a copy of the **Lease/Loan Agreement**.

Advertising & Reward

What We will pay for Advertising & Reward

If **Your Horse** is stolen or goes missing during the **Period of Insurance**, **We** will pay the cost of advertising to try and find **Your Horse** and the reward **You** have offered when **Your Horse** is found.

What You pay for Advertising & Reward

The **Excess** shown on **Your Certificate of Insurance**.

What We will not pay under Advertising & Reward

1. Any amount if theft or straying of **Your Horse** is not covered under either theft or straying.
2. More than the **Maximum Benefit**.
3. Any amount if **You** do not have theft or straying shown as covered on the **Certificate of Insurance**.
4. Any reward paid to a member of **Your Immediate Family**, any person living with **You** or employed by **You**.
5. Any amount if **You** or the person looking after **Your Horse** has freely parted with it, even if tricked into doing so, unless the person was looking after or transporting **Your Horse** in return for money, goods or services.
6. Any amount if the theft or loss of **Your Horse** involves **Your** employee's dishonesty.
7. Any amount for the death of an unborn foal, embryo or foetus.

8. Any other financial loss, legal compensation, costs or expenses as a result of the theft or straying of **Your Horse**.
9. If a claim has not been submitted within **Twelve (12) Months of Your Horse** being stolen or going missing, **We** may refuse to pay the claim, or reduce the claimable amount to the extent that **We** are prejudiced by the late notification of the claim.

Conditions applying to Advertising & Reward

1. **You** must notify the police as soon as **You** discover **Your Horse** has been stolen or gone missing.
2. Throughout the **Period of Insurance**, **You** must take all reasonable steps to supply a secure and safe environment for **Your Horse** to prevent theft or straying.
3. **We** will not make any claims payment until **We** have received the following:
 - Fully completed claim form
 - Copy of police crime report
 - If **You** own **Your Horse**, evidence of **Your** legal ownership (proof of purchase)
 - If the horse was on loan or leased, a copy of the **Lease/Loan Agreement**
 - Invoices and receipts to show the costs involved, including a receipt for any reward paid.

Loss of Irrecoverable Entry Fees

This cover only applies if it is shown as covered on **Your Certificate of Insurance**.

What We will pay for Loss of Irrecoverable Entry Fees

If, during the **Period of Insurance**, **Your Horse** dies before a show or event or **You** are in hospital on the day of a show or event **We** will pay the cost of any entry fees **You** cannot recover.

What You pay for Loss of Irrecoverable Entry Fees

The **Excess** shown on **Your Certificate of Insurance**.

What We will not pay under Loss of Irrecoverable Entry Fees

1. Any amount for if **Your Horse** dies before a show or event and **We** have not paid a claim for 'Death from Injury' or 'Death from Illness'.
2. Any amount if **You** are in hospital if it is not the result of an **Injury** or **Illness**.
3. Any amount if **You** do not have 'Death from Illness', shown as covered on **Your Certificate of Insurance**.
4. More than the **Maximum Benefit** for any entry fee **You** are unable to recover.
5. Any amount for if **Your Horse** dies before a show or event and **Your Horse** is not vaccinated against tetanus and equine influenza or any other disease that there is a known vaccine and **Vet(s)** recommend vaccination. If not, the **Policy** will not cover any costs relating to these **Illness(es)**.

Or a government or another official body orders that **Your Horse** must be vaccinated against an **Illness** as part of a compulsory mass vaccination programme. **We** will not pay any costs relating to the vaccination itself or any complications that happen due to the procedure taking place. For the purpose of this insurance, 'a mass vaccination programme' means a programme of the compulsory

vaccination of a species, or a selected group within a species, with the aim of protecting that group, people or other animals from an **Illness** or another risk.

6. Any amount for if **Your Horse** dies before a show or event and **Your Horse** is not wormed as recommended by a Vet. **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.
7. Any amount for if **Your Horse** dies before a show or event and **You** fail to take all reasonable precautions to protect **Your Horse** from or by aggravating or prolonging an **Injury** or **Illness**.
8. If a claim has not been submitted within **Twelve (12) Months** of **Your Horse's** death or **You** being in hospital, **We** may refuse to pay the claim, or reduce the claimable amount to the extent that **We** are prejudiced by the late notification of the claim.

Conditions applying to Loss of Irrecoverable Entry Fees

1. Any **Injury** or **Illness** which occurred before **Your Horse's** cover started, or before the 'Loss of Irrecoverable Entry Fees' cover is added to the **Policy**, 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.
2. If **Your Horse** dies before a show or event due to an **Illness which starts in the first fourteen (14) days of cover (Waiting Period)** or after 'Loss of Irrecoverable Entry Fees' cover is added to the **Policy**. The fourteen (14) day **Waiting Period** will cease at 00.01 on the fifteenth (15th) day of cover starting or after 'Loss of Irrecoverable Entry Fees' cover is added to the **Policy**. **Your Policy** does not cover any claim relating to any of these **Injuries** or **Illnesses** which started or showed **Clinical Sign(s)** within the **Waiting Period** will never be covered by **Your Policy**. If, at a later time any of these **Injuries** or **Illnesses** which started or showed **Clinical Sign(s)** within the **Waiting Period** presents again with the same diagnosis, **We** will also not cover any costs to treat that **Injury** or **Illness**. This is regardless of whether **Your Vet** confirms the past and current **Injuries** or **Illnesses** are, or are not, linked.
3. Throughout the **Period of Insurance**, **You** must take all reasonable steps to maintain **Your Horse's** health and to prevent **Injury**, **Illness** and loss.
 - **You** must provide **Routine or Preventative Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**. If there is a disagreement between **You** and **Us** as to what reasonable steps are, the details will be referred to an independent national welfare body or an independent **Vet** mutually agreed upon.
 - **You** must arrange and pay for **Your Horse** to have and to receive any **Routine or Preventative Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**.
 - **You** must arrange for a **Vet** to examine and treat **Your Horse** as soon as possible after it shows **Clinical Sign(s)** of an **Injury** or **Illness**. **You** must follow the advice and recommendations of the treating **Vet**, so as not to prolong or aggravate the **Illness** or **Injury**. If **You** do not follow the **Vet's** advice, **We** may refuse or reduce the amount **We** pay relating to that **Injury** or **Illness**. And if **We** decide, **You** must also take **Your Horse** to **Our Vet**.
 - **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. If **You** do not comply with this obligation then any claims which relate to dental **We** may refuse or reduce the amount **We** pay under the claim.
 - **You** must keep **Your Horse** vaccinated against tetanus and equine influenza. If not, the **Policy** will not cover any costs relating to these **Illness(es)**.
 - **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.

4. Throughout the **Period of Insurance**, **You** must take all reasonable steps to supply a secure and safe environment for **Your Horse** to prevent an **Injury** or **Illness**.
5. **You** must, always insure **Your Horse** for all the activities that **Your Horse** is used for. The activities **Your Horse** is covered for are stated on **Your Certificate of Insurance**. **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 an activity is listed on **Your Certificate of Insurance**, **Your Policy** provides cover when **Your Horse** is being 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 warming **Your Horse** up/cooling **Your Horse** down for the purpose of cross-country. **Your Policy** does not cover any **Illness**, **Injury** or incident which arises from warming up/cooling down of **Your Horse** for an activity which is not listed on **Your Certificate of Insurance**.
6. **You** agree that any **Vet** or therapist or farrier has **Your** permission to release any information **We** reasonably ask for about **Your Horse**. If the **Vet** or therapist or farrier makes a charge for this, **You** must pay the charge.
7. **We** will not make any claims payment until **We** have received the following:
 - A fully completed claim form by **You**
 - The full veterinary history for **Your Horse**
 - The death certificate from **Your Vet**
 - Evidence of **Your** hospital stay (statement from the hospital including the reason and dates of stay).

Disposal

This cover only applies if it is shown as covered on **Your Certificate of Insurance**.

What We will pay for Disposal

The cost to remove and dispose of **Your Horse's** body following death or euthanasia as a result of an **Injury** that happens or an **Illness** that first shows **Clinical Sign(s)** during the **Period of Insurance**.

What You pay for Disposal

The **Excess** shown on **Your Certificate of Insurance**.

What We will not pay under Disposal

1. Any amount if death or euthanasia of **Your Horse** is not covered under either 'Death from Injury' or 'Death from Illness'.
2. More than the **Maximum Benefit**.
3. Any amount if **You** do not have 'Death from Illness' shown as covered on the **Certificate of Insurance**.

4. If a claim has not been submitted within **Twelve (12) Months** of **Your Horse's** death or euthanasia, **We** may refuse to pay the claim, or reduce the claimable amount to the extent that **We** are prejudiced by the late notification of the claim.

Conditions applying to Disposal

1. **We** will not make any claims payment until **We** have received the following:
 - Fully completed claim form;
 - Disposal receipt;
 - Full veterinary history for **Your Horse**;
 - Death certificate from **Your Vet**;
 - Post mortem report;
 - If **You** own **Your Horse**, evidence of **Your** legal ownership (proof of purchase); and
 - If the horse was on loan or leased, a copy of the **Lease/Loan Agreement**.

Veterinary Fees & Alternative Treatment for an Injury

This cover only applies if it is shown as covered on **Your Certificate of Insurance**.

What We will pay for Veterinary Fees & Alternative Treatment for an Injury

The cost of **Veterinary Treatment** and if instructed by a **Vet** following examination, the cost of **Alternative Treatment** **Your Horse** receives to treat an **Injury** that happens during the **Period of Insurance**.

What You pay for Veterinary Fees & Alternative Treatment for an Injury

For each **Injury** that is not related to any other **Injury**, for each claim **You** must pay the **Excess** shown on **Your Certificate of Insurance** towards the cost of **Veterinary Treatment** or **Alternative Treatment**.

What We will not pay under Veterinary Fees & Alternative Treatment for an Injury

1. Any medicines that have not been approved by The Veterinary Medicines Regulations (VMR).
2. The cost of any **Veterinary Treatment** or **Alternative Treatment** that **Your Vet** and **Our Vet** do not agree if **We** have advised that this agreement is required.
3. The cost of any **Veterinary Treatment** or **Alternative Treatment** **Your Horse** receives after **Twelve (12) Months** from the date the **Injury** happened.
4. The cost of any medicines or materials prescribed or supplied to be used after **Twelve (12) Months** from the date the **Injury** happened.
5. The cost of any **Veterinary Treatment** or **Alternative Treatment** for:
 - An **Injury** that happened, before **Your Horse's** cover started or the 'Veterinary Fees & Alternative Treatment for an Injury' cover was added to **Your** insurance, or
 - An **Injury** which is the same as, or has that same diagnosis or **Clinical Sign(s)** as an **Injury** that happened, before **Your Horse's** cover started or the 'Veterinary Fees & Alternative Treatment for an Injury' cover was added to **Your** insurance, no matter where the **Injury** happened in or on **Your Horse's** body, or

- An **Injury** that is caused by, relates to or results from an **Injury** that happened, before **Your Horse's** cover started or the 'Veterinary Fees & Alternative Treatment for an Injury' cover was added to **Your** insurance, no matter where the **Injury** happened in or on **Your Horse's** body
6. More than the **Maximum Benefit**.
 7. The cost of any **Veterinary Treatment** or **Alternative Treatment** that results from an **Injury** while taking part in an activity not shown as covered on **Your Certificate of Insurance**.
 8. The cost of any **Veterinary Treatment** or **Alternative Treatment** if **You** fail to take all reasonable precautions to protect **Your Horse** from or by aggravating or prolonging an **Injury** or **Illness**.
 9. The cost of any **Veterinary Treatment** or **Alternative Treatment** a **Vet** normally recommends to prevent **Injury**.
 10. Cost of **Elective Treatment**, diagnostics or procedures including, but not limited to, de-sexing, spaying or castration, micro-chipping, grooming and de-matting, cosmetic or aesthetic procedures or surgery, or elective surgery including but not limited to prescription diet foods, and any **Treatment** not related to an **Injury**, **Illness**, or trauma. **Elective Treatment** that is beneficial to the horse, but is not essential for **Your Horse's** survival or does not form part of **Treatment** for an **Injury**.
 11. The cost of any **Treatment**, or complications arising from the **Treatment**, that **You** choose to have carried out that is not directly related to an **Injury**, including cosmetic dentistry.
 12. The cost of any **Veterinary Treatment** or **Alternative Treatment** **You** choose to have carried out that is not required to treat an **Injury**, including any complications that arise from this **Treatment**.
 13. The cost of any **Treatment**, which is not **Veterinary Treatment** or **Alternative 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**.
 14. The cost of vaccinations, castration, removing wolf teeth, any **Veterinary Treatment** or **Alternative Treatment** for pregnancy or foaling except the cost of treating any complications caused by these procedures.
 15. Any costs for transporting/travelling to or from a place of **Treatment** either for **Your Horse** or **Your Vet**.
 16. The cost of:
 - Stabling;
 - Grazing;
 - Feeding;
 - Any changes in the way **You** look after **Your Horse**; or
 - Any amount **You** normally pay for shoeing and/or the care of **Your Horse's** feet.
 17. The cost of euthanasia, cremation, burial or disposal of **Your Horse**.
 18. The cost of a post mortem examination.
 19. The cost of any **Veterinary Treatment** or **Alternative Treatment** that results from a vice or from **Your Horse's** behaviour.
 20. The cost of any **Veterinary Treatment** or **Alternative Treatment** for any **Injury** deliberately caused by **You** or a member of **Your Immediate Family**, or anyone living with **You** or employed by **You**.
 21. The cost of any screening tests performed without any **Clinical Sign(s)** suggestive of an active **Condition** which is negatively affecting **Your Horse**.
 22. The cost of any **Veterinary Treatment** or **Alternative Treatment** as a result of an **Illness**.
 23. If a claim has not been submitted within **Twelve (12) Months** of **Your Horse** receiving **Veterinary Treatment** or **Alternative Treatment**, **We** may refuse to pay the claim, or reduce the claimable amount to the extent that **We** are prejudiced by the late notification of the claim.

Conditions applying to Veterinary Fees & Alternative Treatment for an Injury

1. **You** must tell **Us** as soon as possible if **Your Horse** shows any **Clinical Sign(s)** of an **Injury**.
2. **You** must immediately arrange for a **Vet** to examine and treat **Your Horse** if it shows **Clinical Sign(s)** of an **Injury**, and, if **We** decide, **We** will refer the case history to a **Vet** that **We** have chosen. If **We** request, **You** must arrange for **Your Horse** to go to another **Vet** that **We** have chosen.
3. If **Your Vet** and **Our Vet** do not agree on the **Veterinary Treatment** or **Alternative Treatment** for **Your Horse**, **We** may employ another specialist **Vet**, who **You** agree **We** can employ. The specialist **Vet** will examine **Your Horse** and all parties will accept this **Vet's** opinion of the **Veterinary Treatment** or **Alternative Treatment** **Your Horse** needs.
4. **We** may decide that **We** need **Our Vet** to agree **Your Horse's Veterinary Treatment** or **Alternative Treatment** with **Your Vet** before it is carried out. **We** will advise **You** if this agreement is required.
5. The period of **Twelve (12) Months** will always start from the date in the **Period of Insurance** that the **Injury** first happened.
6. If a number of **Injuries** are diagnosed as one (1) **Injury**, or it is found that they are caused by, or relate to another **Injury**, the period of **Twelve (12) Months** will start from the date in the **Period of Insurance** that the first **Injury** happened.
7. Any **Injury** which occurred before **Your Horse's** cover started, or before the 'Veterinary Fees & Alternative Treatment for an Injury' cover is added to the **Policy**, 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** or not.
8. Throughout the **Period of Insurance**, **You** must take all reasonable steps to maintain **Your Horse's** health and to prevent **Injury, Illness** and loss.
 - **You** must provide **Routine or Preventative Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**. If there is a disagreement between **You** and **Us** as to what reasonable steps are, the details will be referred to an independent national welfare body or an independent **Vet** mutually agreed upon.
 - **You** must arrange and pay for **Your Horse** to have and to receive any **Routine or Preventative Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**.
 - **You** must arrange for a **Vet** to examine and treat **Your Horse** as soon as possible after it shows **Clinical Sign(s)** of an **Injury** or **Illness**. **You** must follow the advice and recommendations of the treating **Vet**, so as not to prolong or aggravate the **Illness** or **Injury**. If **You** do not follow the **Vet's** advice **We** may refuse or reduce the amount **We** pay relating to that **Injury** or **Illness**. And if **We** decide, **You** must also take **Your Horse** to **Our Vet**.
 - **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. If **You** do not comply with this obligation then any claims which relate to dental **We** may refuse or reduce the amount **We** pay under the claim.
 - **You** must keep **Your Horse** vaccinated against tetanus and equine influenza. If not, the **Policy** will not cover any costs relating to these **Illness(es)**.
 - **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.
9. Throughout the **Period of Insurance** **You** must take all reasonable steps to:
 - Maintain **Your Horse's** health
 - Supply a secure and safe environment for **Your Horse** to prevent **Injury** or **Illness**.

10. **You** must, always insure **Your Horse** for all the activities that **Your Horse** is used for. The activities **Your Horse** is covered for are stated on **Your Certificate of Insurance**. **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 an activity is listed on **Your Certificate of Insurance**, **Your Policy** provides cover when **Your Horse** is being 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 warming **Your Horse** up/cooling **Your Horse** down for the purpose of cross-country. **Your Policy** does not cover any **Illness, Injury** or incident which arises from warming up/cooling down of **Your Horse** for an activity which is not listed on **Your Certificate of Insurance**.
11. If **We** consider the **Veterinary Treatment** or **Alternative Treatment** **Your Horse** receives may not be required, may be excessive, or for an excessive cost, when compared with the **Treatment** normally recommended to treat the same **Illness** or **Injury** by general or referral practices, **We** reserve the right to request a second opinion from **Our Vet**. If **Our Vet** does not agree that the **Veterinary Treatment** or **Alternative Treatment** provided is reasonably required, **We** may decide to pay only the cost of the **Veterinary Treatment** or **Alternative Treatment** that was necessary to treat the **Injury** or **Illness**, as advised by **Our Vet** from whom **We** have requested the second opinion.
12. If **We** agree for a claim payment to be paid directly to **Your Vet** and **You** allow this, then if the **Vet**, who has treated **Your Horse** or is about to treat **Your Horse**, asks for information about **Your** insurance that relates to a claim, **We** will tell the **Vet** what the **Policy** covers, what **We** will not pay for, how the amount **We** pay is calculated and if the premiums are paid to date.
13. **You** agree that any **Vet** or therapist or farrier has **Your** permission to release any information **We** reasonably ask for about **Your Horse**. If the **Vet** or therapist or farrier makes a charge for this, **You** must pay the charge.
14. If **We** receive a request to pay the claim settlement direct to a **Veterinary Practice**, **We** reserve the right to decline this request.
15. **We** will not make any claims payment until **We** have received the following:
- Fully completed claim form
 - The full veterinary history for **Your Horse**
 - Full itemised invoices from the **Veterinary Practice** or therapist or farrier which show what **You** are claiming for.

Veterinary Fees & Alternative Treatment for an Illness

This cover only applies if it is shown as covered on **Your Certificate of Insurance**.

What We will pay for Veterinary Fees & Alternative Treatment for an Illness

The cost of **Veterinary Treatment** and if instructed by a **Vet** following examination, the cost of **Alternative Treatment** **Your Horse** receives to treat an **Illness** that happens during the **Period of Insurance**.

What You pay for Veterinary Fees & Alternative Treatment for an Illness

For each **Illness** that is not related to any other **Illness**, for each claim **You** must pay the **Excess** shown on **Your Certificate of Insurance** towards the cost of **Veterinary Treatment** or **Alternative Treatment**.

What We will not pay under Veterinary Fees & Alternative Treatment for an Illness

1. Any medicines that have not been approved by The Veterinary Medicines Regulations (VMR).
2. The cost of any **Veterinary Treatment** or **Alternative Treatment** that **Your Vet** and **Our Vet** do not agree if **We** have advised that this agreement is required.
3. The cost of any **Veterinary Treatment** or **Alternative Treatment** **Your Horse** receives after **Twelve (12) Months** from the date the **Illness** first showed **Clinical Sign(s)**.
4. The cost of any medicines or materials prescribed or supplied to be used after **Twelve (12) Months** from the date the **Illness** first showed **Clinical Sign(s)**.
5. The cost of any **Veterinary Treatment** or **Alternative Treatment** for:
 - An **Illness** that first showed **Clinical Sign(s)**, before **Your Horse's** cover started or the 'Veterinary Fees & Alternative Treatment for an Illness' cover was added to **Your** insurance, or
 - An **Illness** which is the same as, or has that same diagnosis or **Clinical Sign(s)** as, an **Illness** which first showed **Clinical Sign(s)**, before **Your Horse's** cover started or the 'Veterinary Fees & Alternative Treatment for an Illness' cover was added to **Your** insurance, or
 - An **Illness** that is caused by, relates to or results from an **Illness** or **Clinical Sign(s)** which first showed **Clinical Sign(s)**, before **Your Horse's** cover started or the 'Veterinary Fees & Alternative Treatment for an Illness' cover was added to **Your** insurance, no matter where the **Illness** or **Clinical Sign(s)** occurred or happened in, or on **Your Horse's** body.
6. The cost of any **Veterinary Treatment** or **Alternative Treatment** for:
 - An **Illness** first showing **Clinical Sign(s)**, within fourteen (14) days of **Your Horse's** cover starting or the cover being added to **Your** insurance, or
 - An **Illness** which is the same as, or has the same diagnosis or **Clinical Sign(s)** as, an **Illness** which first showed **Clinical Sign(s)**, within fourteen (14) days of **Your Horse's** cover starting or the cover being added to **Your** insurance, or
 - An **Illness** that is caused by, relates to or results from an **Illness** or **Clinical Sign(s)** which first showed **Clinical Sign(s)**, within fourteen (14) days of **Your Horse's** cover starting or the cover being added to **Your** insurance, no matter where the **Illness** or **Clinical Sign(s)** were noticed or happened on **Your Horse's** body.
7. More than the **Maximum Benefit**.
8. The cost of any **Veterinary Treatment** or **Alternative Treatment** that results from an **Illness** while taking part in an activity not shown as covered on **Your Certificate of Insurance**.
9. Any costs for the **Veterinary Treatment** or **Alternative Treatment** of an **Illness** if cover is restricted to accidental **Injury** only as stated on the **Certificate of Insurance**.
10. **Your** failure to take all reasonable precautions to protect **Your Horse** from or by aggravating or prolonging an **Injury** or **Illness**.
11. Cost of **Routine** or **Preventative Treatment** or care such as check-ups and procedures that are designed to prevent future **Illnesses** from occurring rather than treating existing **Illnesses**. These include, but are not limited to annual physical examinations and check-ups, vaccinations, worm prevention medication, internal/external parasite prevention, maintaining a healthy diet, regular dental care/checks and subsequent dental **Treatment**.
12. The cost of any **Veterinary Treatment** or **Alternative Treatment** a **Vet** normally recommends to prevent an **Illness**.
13. Cost of Elective **Treatment**, diagnostics or procedures including, but not limited to, de-sexing, spaying or castration, micro-chipping, grooming and de-matting, cosmetic or aesthetic procedures or surgery, or elective surgery including but not limited to prescription diet foods, and any **Treatment** not related to an **Injury**, **Illness**, or trauma. Elective **Treatment** that is beneficial to the horse, but is not essential for **Your Horse's** survival or does not form part of **Treatment** for an **Illness**.
14. The cost of any **Treatment**, or complications arising from the **Treatment**, that **You** choose to have

- carried out that is not directly related to an **Illness**, including cosmetic dentistry.
15. The cost of any **Veterinary Treatment** or **Alternative Treatment**, **You** choose to have carried out that is not required to treat an **Illness**, including any complications that arise from this **Treatment**.
 16. The cost of any **Treatment**, which is not **Veterinary Treatment** or **Alternative 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.
 17. The cost of vaccinations, castration, removing wolf teeth, any **Veterinary Treatment** or **Alternative Treatment** for pregnancy or foaling except the cost of treating any complications caused by these procedures.
 18. Any horse not vaccinated against tetanus and equine influenza or any other disease that there is a known vaccine and **Vet(s)** recommend vaccination. If not, the **Policy** will not cover any costs relating to these **Illness(es)**. Or a government or another official body orders that **Your Horse** must be vaccinated against an **Illness** as part of a compulsory mass vaccination programme. **We** will not pay any costs relating to the vaccination itself or any complications that happen due to the procedure taking place. For the purpose of this insurance, 'a mass vaccination programme' means a programme of the compulsory vaccination of a species, or a selected group within a species, with the aim of protecting that group, people or other animals from an **Illness** or another risk.
 19. Any horse not wormed as recommended by a **Vet**. **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.
 20. The cost of and any **Treatment** in connection with breeding, pregnancy, or giving birth, including any complications arising from the **Treatment**, unless **You** have held **Your Policy** for **Twelve (12) Months** prior to the pregnancy, and there was no break in cover.
 21. Any costs for transporting/travelling to or from a place of **Treatment** either for **Your Horse** or **Your Vet**.
 22. The cost of:
 - Stabling;
 - Grazing;
 - Feeding;
 - Any changes in the way **You** look after **Your Horse**; or
 - Any amount **You** normally pay for shoeing and/or the care of **Your Horse's** feet.
 23. The cost of euthanasia, cremation, burial or disposal of **Your Horse**.
 24. The cost of a post mortem examination.
 25. The cost of any **Veterinary Treatment** or **Alternative Treatment** that results from a vice or from **Your Horse's** behaviour.
 26. The cost of any **Veterinary Treatment** or **Alternative Treatment** for any **Illness** deliberately caused by **You** or a member of **Your Immediate Family**, or anyone living with **You** or employed by **You**.
 27. The cost of any screening tests performed without any **Clinical Sign(s)** suggestive of an active **Condition** which is negatively affecting **Your Horse**.
 28. The cost of any **Veterinary Treatment** or **Alternative Treatment** for an **Illness** if **Your Horse** is aged nineteen (19) years or over.
 29. The cost of any **Veterinary Treatment** or **Alternative Treatment** as a result of an **Injury**.
 30. If a claim has not been submitted within **Twelve (12) Months** of **Your Horse** receiving **Veterinary Treatment** or **Alternative Treatment**, **We** may refuse to pay the claim, or reduce the claimable amount to the extent that **We** are prejudiced by the late notification of the claim.

Conditions applying to Veterinary Fees & Alternative Treatment for an Illness

1. **You** must tell **Us** as soon as possible if **Your Horse** shows any **Clinical Sign(s)** of an **Illness**.
2. **You** must immediately arrange or a **Vet** to examine and treat **Your Horse** if it shows **Clinical Sign(s)** of an **Illness**, and, if **We** decide, **We** will refer the case history to a **Vet** that **We** have chosen. If **We** request, **You** must arrange for **Your Horse** to go to another **Vet** that **We** have chosen.
3. If **Your Vet** and **Our Vet** do not agree on the **Veterinary Treatment** or **Alternative Treatment** for **Your Horse**, **We** may employ another specialist **Vet**, who **You** agree **We** can employ. The specialist **Vet** will examine **Your Horse** and all parties will accept this **Vet's** opinion of the **Veterinary Treatment** or **Alternative Treatment** **Your Horse** needs.
4. **We** may decide that **We** need **Our Vet** to agree **Your Horse's Veterinary Treatment** or **Alternative Treatment** with **Your Vet** before it is carried out. **We** will advise **You** if this agreement is required.
5. The period of **Twelve (12) Months** will always start from the date in the **Period of Insurance**:
 - The **Illness** or **Clinical Sign(s)** were first noticed after **Your Horse's** cover started or the 'Veterinary Fees & Alternative Treatment for an Illness' cover was added to **Your** insurance, or the first **Clinical Sign(s)** of the **Illness** or **Condition** occurring or existing in any form, after the conclusion of the fourteen (14) day **Waiting Period**, or
 - An **Illness** with the same diagnosis or **Clinical Sign(s)** first occurred. No matter how many times the same **Illness** or **Clinical Sign(s)** occur or happen in, or on any part of **Your Horse's** body.
6. If a number of **Illnesses**, or **Clinical Sign(s)** are diagnosed as one (1) **Illness**, or it is found that they are caused by, or relate to another **Illness**, the period of **Twelve (12) Months** will start from the date in the **Period of Insurance** that the first **Clinical Sign(s)** of any of the **Illnesses** were noticed.
7. Any **Illness** which occurred before **Your Horse's** cover started, or before the 'Veterinary Fees & Alternative Treatment for an Illness' cover is added to the **Policy**, 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 **Illness** or not.
8. Any **Illness** which starts in the first fourteen (14) days of cover (**Waiting Period**) or after 'Veterinary Fees & Alternative Treatment for an Illness' is added to the **Policy**. The fourteen (14) day **Waiting Period** will cease at 00.01 on the fifteenth (15th) day of cover starting or after 'Veterinary Fees & Alternative Treatment for an Illness' is added to the **Policy**. **Your Policy** does not cover any claim relating to any of these **Injuries** or **Illnesses** which started or showed **Clinical Sign(s)** within the **Waiting Period** will never be covered by **Your Policy**. If, at a later time any of these **Injuries** or **Illnesses** which started or showed **Clinical Sign(s)** within the **Waiting Period** presents again with the same diagnosis, **We** will also not cover any costs to treat that **Injury** or **Illness**. This is regardless of whether **Your Vet** confirms the past and current **Injuries** or **Illnesses** are, or are not, linked.
9. Throughout the **Period of Insurance**, **You** must take all reasonable steps to maintain **Your Horse's** health and to prevent **Injury**, **Illness** and loss.
 - **You** must provide **Routine or Preventative Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**. If there is a disagreement between **You** and **Us** as to what reasonable steps are, the details will be referred to an independent national welfare body or an independent **Vet** mutually agreed upon.
 - **You** must arrange and pay for **Your Horse** to have and to receive any **Routine or Preventative Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**.
 - **You** must arrange for a **Vet** to examine and treat **Your Horse** as soon as possible after it shows **Clinical Sign(s)** of an **Injury** or **Illness**. **You** must follow the advice and recommendations of the treating **Vet**, so as not to prolong or aggravate the **Illness** or **Injury**. If **You** do not follow the **Vet's** advice, **We** may refuse or reduce the amount **We** pay relating to that **Injury** or **Illness**. And if **We** decide, **You** must also take **Your Horse** to **Our Vet**.
 - **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. If **You** do not comply with this obligation then any claims which relate to dental **We** may refuse or reduce the amount **We** pay under the claim.

- **You** must keep **Your Horse** vaccinated against tetanus and equine influenza. If not, the **Policy** will not cover any costs relating to these **Illness(es)**.
 - **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.
10. Throughout the **Period of Insurance**, **You** must take all reasonable steps to:
- Maintain **Your Horse's** health
 - Supply a secure and safe environment for **Your Horse** to prevent **Injury** or **Illness**.
11. **You** must, always insure **Your Horse** for all the activities that **Your Horse** is used for. The activities **Your Horse** is covered for are stated on **Your Certificate of Insurance**. **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 an activity is listed on **Your Certificate of Insurance**, **Your Policy** provides cover when **Your Horse** is being 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 warming **Your Horse** up/cooling **Your Horse** down for the purpose of cross-country. **Your Policy** does not cover any **Illness**, **Injury** or incident which arises from warming up/cooling down of **Your Horse** for an activity which is not listed on **Your Certificate of Insurance**.
12. If **We** consider the **Veterinary Treatment** or **Alternative Treatment** **Your Horse** receives may not be required, may be excessive, or for an excessive cost, when compared with the **Treatment** normally recommended to treat the same **Illness** or **Injury** by general or referral practices, **We** reserve the right to request a second opinion from **Our Vet**. If **Our Vet** does not agree that the **Veterinary Treatment** or **Alternative Treatment** provided is reasonably required, **We** may decide to pay only the cost of the **Veterinary Treatment** or **Alternative Treatment** that was necessary to treat the **Injury** or **Illness**, as advised by **Our Vet** from whom **We** have requested the second opinion.
13. If **We** agree for a claim payment to be paid directly to **Your Vet** and **You** allow this, then if the **Vet**, who has treated **Your Horse** or is about to treat **Your Horse**, asks for information about **Your** insurance that relates to a claim, **We** will tell the **Vet** what the **Policy** covers, what **We** will not pay for, how the amount **We** pay is calculated and if the premiums are paid to date.
14. **You** agree that any **Vet** or therapist or farrier has **Your** permission to release any information **We** reasonably ask for about **Your Horse**. If the **Vet** or therapist or farrier makes a charge for this, **You** must pay the charge.
15. If **We** receive a request to pay the claim settlement direct to a **Veterinary Practice**, **We** reserve the right to decline this request.
16. **We** will not make any claims payment until **We** have received the following:
- Fully completed claim form by **You**
 - The full veterinary history for **Your Horse**
 - Full itemised invoices from the **Veterinary Practice** or therapist or farrier which show what **You** are claiming for.

Permanent Loss of Use

This cover only applies if it is shown as covered on **Your Certificate of Insurance**.

What We will pay for Permanent Loss of Use

If an **Injury** happens or an **Illness** first shows **Clinical Sign(s)**, during the **Period of Insurance**, which results in **Your Horse** never being able to undertake part in any one of the activities as set out on the **Certificate of Insurance**.

We will pay either the **Sum Insured** or the **Market Value** prior to **Injury**, less the post **Injury Market Value**, whichever is the lesser.

What You pay for Permanent Loss of Use

The **Excess** shown on Your **Certificate of Insurance**.

What We will not pay under Permanent Loss of Use

1. Any amount if the Permanent Loss of Use happens more than **Twelve (12) Months** after the date the **Injury** happened or the **Illness** first showed **Clinical Sign(s)**.
2. Any amount for Permanent Loss of Use caused by:
 - An **Injury** that happened or an **Illness** that first showed **Clinical Sign(s)** before **Your Horse's** cover started, or
 - An **Injury** or **Illness** that is the same as, or has the same diagnosis or **Clinical Sign(s)** as an **Injury, Illness** or **Clinical Sign(s)** **Your Horse** had before its cover started or the 'Permanent Loss of Use' cover was added to **Your** insurance, or
 - An **Injury** or **Illness** that is caused by, relates to or results from an **Injury, Illness** or **Clinical Sign(s)** **Your Horse** had before its cover started or the 'Permanent Loss of Use' cover was added to **Your** insurance, no matter where the **Injury, Illness** or **Clinical Sign(s)** occurred or happened in, or on **Your Horse's** body.
3. Any amount for Permanent Loss of Use caused by:
 - An **Illness** that first showed **Clinical Sign(s)** within fourteen (14) days of **Your Horse's** cover starting, or
 - An **Illness** which is the same as, or has the same diagnosis or **Clinical Sign(s)** as an **Illness** that first showed **Clinical Sign(s)** within fourteen (14) days of **Your Horse's** cover starting, or
 - An **Injury** or **Illness** that is caused by, relates to or results from a **Clinical Sign(s)** that first occurred, or an **Illness** that first showed **Clinical Sign(s)** within fourteen (14) days of **Your Horse's** cover starting, no matter where the **Injury, Illness** or **Clinical Sign(s)** occurred or happened in, or on **Your Horse's** body.
4. Any horse not vaccinated against tetanus and equine influenza or any other disease that there is a known vaccine and **Vet(s)** recommend vaccination. If not, the **Policy** will not cover any costs relating to these **Illness(es)**.

Or a government or another official body orders that **Your Horse** must be vaccinated against an **Illness** as part of a compulsory mass vaccination programme. We will not pay any costs relating to the vaccination itself or any complications that happen due to the procedure taking place. For the purpose of this insurance, 'a mass vaccination programme' means a programme of the compulsory vaccination of a species, or a selected group within a species, with the aim of protecting that

group, people or other animals from an **Illness** or another risk.

5. Any horse not wormed as recommended by a **Vet**. **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.
6. **Your** failure to take all reasonable precautions to protect **Your Horse** from or by aggravating or prolonging an **Injury** or **Illness**.
7. More than the **Sum Insured** or the **Market Value** of **Your Horse** whichever is the lesser, or the percentage of the **Sum Insured** or the **Market Value** of **Your Horse** whichever is the lesser, as set out on the **Certificate of Insurance**.
8. Any amount for Permanent Loss of Use unless the **Illness** or **Injury** prevents **Your Horse** from physically taking part in an activity.
9. Any amount for Permanent Loss of Use if the **Injury** or **Illness** results from an activity not shown as covered on **Your Certificate of Insurance**.
10. Any amount for Permanent Loss of Use 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 set out on the **Certificate of Insurance**.
11. Any amount for Permanent Loss of Use resulting from or connected with any activity **Your Horse** has never taken part in or been trained to do.
12. Any amount for Permanent Loss of Use if **Your Horse** is not allowed to take part in any show because of the show regulations about horses that have had a hobbday operation or any other operation for a respiratory system disorder.
13. Any amount for Permanent Loss of Use if **Your Horse** cannot breed if this is caused by something that is not an **Illness** or **Injury**.
14. Any amount if the Permanent Loss of Use for **Your Horse** results from a vice or it's behaviour.
15. Any amount for Permanent Loss of Use if **Your Horse** is under two (2) years of age or nineteen (19) years old or over at the beginning of the **Period of Insurance** as set out on **Your Certificate of Insurance**.
16. If a claim has not been submitted within **Twelve (12) Months** of **Your Horse** receiving **Treatment**, **We** may reduce the amount of a benefit, or may refuse to pay the claim to the extent that **We** are prejudiced by the late notification of the claim.

Conditions applying to Permanent Loss of Use

1. **You** must tell **Us** as soon as possible if **Your Horse** shows **Clinical Sign(s)** of an **Injury** or an **Illness**, that may lead to a loss of use claim.
2. **You** must immediately arrange, at **Your** expense, for a **Vet** to examine and treat **Your Horse** if it shows **Clinical Sign(s)** of an **Injury** or an **Illness**.
3. **We** may decide that **We** need **Our Vet** to agree with **Your Vet** that **Your Horse** will never be able to take part in any one of the activities set out on the **Certificate of Insurance**.
4. If **Your Vet** and **Our Vet** do not agree that **Your Horse** will never take part in any one of the activities set out on the **Certificate of Insurance**, **We** may employ another specialist **Vet**, who **You** agree **We** can employ. The specialist **Vet** will examine **Your Horse** and all parties will accept this **Vet's** opinion.
5. The period of **Twelve (12) Months** will always start from the date in the **Period of Insurance**:
 - The **Injury** first happened after **Your Horse's** cover started or the 'Permanent Loss of Use' cover was added to **Your** insurance, or the first **Clinical Sign(s)** of the **Illness** or **Condition** occurring or existing in any form, after the conclusion of the fourteen (14) day **Waiting Period**, or
 - An **Illness** with the same diagnosis or **Clinical Sign(s)** first occurred. No matter how many times the same **Injury**, **Illness** or **Clinical Sign(s)** occur or happen in, or on any part of **Your Horse's** body.

6. If a number of **Injuries, Illnesses, or Clinical Sign(s)** are diagnosed as one (1) **Injury or Illness**, or it is found that they are caused by, or relate to another **Injury or Illness**, the period of **Twelve (12) Months** will start from the date in the **Period of Insurance** that the first **Injury** happened or the first **Clinical Sign(s)** of any of the **Illnesses** were noticed.
7. Any **Injury or Illness** which occurred before **Your Horse's** cover started, or before the 'Permanent Loss of Use' cover is added to the **Policy**, 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.
8. Any **Illness which starts in the first fourteen (14) days of cover (Waiting Period)** or after 'Permanent Loss of Use' is added to the **Policy**. The fourteen (14) day **Waiting Period** will cease at 00.01 on the fifteenth (15th) day of cover starting or after 'Permanent Loss of Use' is added to the **Policy**. **Your Policy** does not cover any claim relating to any of these **Injuries or Illnesses** which started or showed **Clinical Sign(s)** within the **Waiting Period** will never be covered by **Your Policy**. If, at a later time any of these **Injuries or Illnesses** which started or showed **Clinical Sign(s)** within the **Waiting Period** presents again with the same diagnosis, **We** will also not cover any costs to treat that **Injury or Illness**. This is regardless of whether **Your Vet** confirms the past and current **Injuries or Illnesses** are, or are not, linked.
9. Throughout the **Period of Insurance**, **You** must take all reasonable steps to maintain **Your Horse's** health and to prevent **Injury, Illness** and loss.
 - **You** must provide **Routine or Preventative Treatment** normally recommended by a **Vet** to prevent **Illness or Injury**. If there is a disagreement between **You** and **Us** as to what reasonable steps are, the details will be referred to an independent national welfare body or an independent **Vet** mutually agreed upon.
 - **You** must arrange and pay for **Your Horse** to have and to receive any **Routine or Preventative Treatment** normally recommended by a **Vet** to prevent **Illness or Injury**.
 - **You** must arrange for a **Vet** to examine and treat **Your Horse** as soon as possible after it shows **Clinical Sign(s)** of an **Injury or Illness**. **You** must follow the advice and recommendations of the treating **Vet**, so as not to prolong or aggravate the **Illness or Injury**. If **You** do not follow the **Vet's** advice **We** may refuse or reduce the amount **We** pay relating to that **Injury or Illness**. And if **We** decide, **You** must also take **Your Horse** to **Our Vet**.
 - **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. If **You** do not comply with this obligation then any claims which relate to dental **We** may refuse or reduce the amount **We** pay under the claim.
 - **You** must keep **Your Horse** vaccinated against tetanus and equine influenza. If not, the **Policy** will not cover any costs relating to these **Illness(es)**.
 - **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.
10. Throughout the **Period of Insurance**, **You** must take all reasonable steps to:
 - Maintain **Your Horse's** health
 - Supply a secure and safe environment for **Your Horse** to prevent **Injury or Illness**.
11. **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, theft or straying or permanent loss of use **We** will pay the **Market Value** or **Sum Insured** whichever is less. If the **Market Value** at the time of death, theft or

straying or permanent loss of use is lower than the **Sum Insured** shown on **Your Certificate of Insurance**:

- **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.

12. **You** must, always insure **Your Horse** for all the activities that **Your Horse** is used for. The activities **Your Horse** is covered for are stated on **Your Certificate of Insurance**. **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 an activity is listed on **Your Certificate of Insurance**, **Your Policy** provides cover when **Your Horse** is being 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 warming **Your Horse** up/cooling **Your Horse** down for the purpose of cross-country. **Your Policy** does not cover any **Illness, Injury** or incident which arises from warming up/cooling down of **Your Horse** for an activity which is not listed on **Your Certificate of Insurance**.

13. **You** agree that any **Vet** or therapist or farrier has **Your** permission to release any information **We** reasonably ask for about **Your Horse**. If the **Vet** or therapist or farrier makes a charge for this, **You** must pay the charge.

14. **We** will not make any claims payment until **We** have received the following:

- Fully completed claim form by **You**
- The full veterinary history for **Your Horse**
- **Vet** certificate verifying that the horse has an **Injury** or **Illness** that has rendered it permanently incapable of ever being able to take part in any one of the activities set out on the **Certificate of Insurance**
- If **You** own **Your Horse**, evidence of **Your** legal ownership (proof of purchase)
- If **Your Horse** is on loan or leased, a copy of the **Lease/Loan Agreement**.

15. If **Your Horse** is covered for 100% of the **Sum Insured** or the **Market Value** of **Your Horse** whichever is the lesser, and **We** pay a claim for it, **Your Horse** will continue to belong to **You**. **We** may reduce the amount **We** pay **You** by what **Your Horse** is worth at the date of payment.

16. Once **We** have agreed the settlement of **Your** claim, **You** must agree to have the loss of use freeze mark placed on **Your Horse**. **We** will not make any claim payment until **We** have received confirmation the freeze mark has been done. If **You** have decided to euthanise **Your Horse** **We** will not make any claim payment until **We** have Veterinary confirmation that the horse has been euthanised.

17. If **We** pay a claim under this section **Your Policy** will be cancelled from the date of settlement of the claim, and there will be no refund of money **You** have paid for the **Period of Insurance** after the cancellation date. If **Your** premium is being paid by instalments, **We** will deduct from **Your** claim monies any premium due for the balance of the **Period of Insurance**.

Third Party Liability

This cover only applies if it is shown as covered on **Your Certificate of Insurance**.

What We will pay for Third Party Liability

We will pay compensation up to the **Limit of Liability** in respect of **Your** legal liability and that of **Your Immediate Family** and for any person to whom **You** have given permission to look after or handle **Your Horse** in respect of:

- **Third Party Bodily Injury;**
- **Third Party Property Damage;**
- Legal costs and expenses of the party seeking compensation from **You**; and/or
- Legal costs and expenses incurred by **You** or **Your Immediate Family** or any person to whom **You** have given permission to look after or handled **Your Horse** in defending a Third Party Liability claim arising out of an **Accident** occurring within the **UK** during the **Period of Insurance** through, by, or arising in connection with **Your Horse**.

What You pay for Third Party Liability

The **Excess** shown on **Your Certificate of Insurance**.

What We will not pay under Third Party Liability

1. Any amount which exceeds the **Limit of Liability**.
2. Any amount in relation to **Your** tangible property or the tangible property of **Your Immediate Family** or any person to whom **You** have given permission to look after or handle **Your Horse**.
3. Any amount in relation to tangible property in the care, custody or control of **You, Your Immediate Family** or any person to whom **You** have given permission to look after or handled **Your Horse**.
4. Any amount in relation to bodily **Injury** sustained by **You, Your Immediate Family** or any person to whom **You** have given permission to look after or handle **Your Horse**.
5. Any claim involving the business, trade or profession (including place of habitation and place of work) if **Your Horse** has access to **Your** work area or the work area of **Your Immediate Family** or any person to whom **You** have given permission to look after or handle **Your Horse**.
6. Loss or damage to fences or growing crops caused by **Your Horse**.
7. Loss or damage or bodily **Injury** suffered during the serving or attempting to serve a mare by a stallion involving **Your Horse**.
8. Loss or damage or bodily **Injury** involved in the hiring out of **Your Horse**.
9. Liability or damages of any kind arising in connection with any agreement unless liability would have existed in the absence of that agreement.
10. Any costs or expenses for defending **You, Your Immediate Family** or any person to whom **You** have given permission to look after or handle **Your Horse** which **We** have not agreed beforehand.
11. Any amount caused by or arising out of, or in any way connected with the pregnancy of any person.
12. Any amount in any way connected with an **Accident** if **You** or **Your Immediate Family** or any person to whom **You** have given permission to look after or handle **Your Horse** have not followed the instructions or advice given by the previous owners of **Your Horse** or the rehoming organisation or a qualified behaviourist about the behaviour of **Your Horse**.
13. Any amount for any aggravated, exemplary or punitive damages, damages resulting from the

multiplication of compensatory damages, fines or penalties.

14. Any amount for an **Accident** which takes place when **Your Horse** is in the care of a business entity or a professional person and **You** are paying for their services.
15. Any amount for an **Accident** that happens in an area or place where horses are specifically prohibited, unless **Your Horse** escapes and enters the specifically prohibited area outside of **Your** control or that of **Your Immediate Family** or any person to whom **You** have given permission to look after or handle **Your Horse**.
16. Any amount for any person who has not directly suffered **Third Party Bodily Injury** or **Third Party Property Damage** that is covered this **Policy**.
17. Any amount for liability attaching to livery stables, riding schools, equestrian centres or any other business that have care, custody or control of **Your Horse**.
18. Any amount for liability directly or indirectly arising through or in connection with the use, ownership or possession of any mechanically propelled vehicle, aircraft, ship, vessel or craft by or on behalf of **You, Your Immediate Family** or any person to whom **You** have given permission to look after or handle **Your Horse**.
19. Any horse less than thirty (30) days old or over thirty (30) years of age.
20. Any amount if the **Accident** takes place as a result of any business, profession, occupation or while working for someone.
21. Any amount caused by the pressure waves of an aircraft, spacecraft or anything else travelling at sonic or supersonic speeds.
22. Any legal expenses resulting from criminal proceedings because of a deliberate act by **You, Your Immediate Family** or any person to whom **You** have given permission to look after or handle **Your Horse**.
23. Any amount which results from **You** or **Your Immediate Family** or any person to whom **You** have given permission to look after or handle **Your Horse** acting or behaving unlawfully, and any legal expenses, fines or penalties arising from such actions or behaviour including criminal activities or breach of laws of England and Wales or regulations or an Act of Parliament.
24. Any amount caused by, arising out of, or in any way connected with asbestos.
25. Any amount caused by, arising out of or in any way connected with the discharge, dispersal, release or escape of pollutants defined as smoke, vapours, soot, fumes, acid, alkalis, toxic chemicals, liquids, gases, waste materials or other irritants, contaminants or other pollutants into or upon land, the atmosphere or any watercourse or body of water; or the attempted prevention of such discharge, dispersal, release or escape of any pollutants.

Conditions applying to Third Party Liability

1. No person claiming under this **Policy** may admit any responsibility, agree to pay any claim or negotiate with any other person following an **Accident** or incident that may give rise to a claim under this **Policy** without **Our** written consent. Admission of liability prior to **Our** written consent may result in the claim being declined or reduced.
2. All persons claiming under this **Policy** must immediately send **Us** any writ, summons or legal documents received and must not, directly nor through any other person acting on their behalf, respond to any of these documents.
3. All persons claiming under this **Policy** agree to provide **Us** with any reasonable information connected with the claim that **We** request, including any **Vet** history details for **Your Horse**.
4. All persons claiming under this **Policy** agree to tell **Us** or help **Us** find out all the circumstances of an **Accident** or incident that may give rise to a claim under this **Policy** and to provide written statements and attend court if required to do so upon **Our** reasonable request.
5. All persons claiming under this **Policy** must allow **Us** to take charge of the claim and allow **Us** to prosecute in their name(s) for **Our** benefit.

6. If more than one horse is involved in or contributes towards an **Accident** that is covered under this **Policy**, only one **Limit of Liability** will apply for all of the horses. This means that if:
 - The horses involved in the **Accident** are each insured for the same **Limit of Liability**, the most **We** will pay for the **Accident** is that one **Limit of Liability**. For example, if all of the horses each have a **Limit of Liability** of £1,000,000, **We** will pay no more than £1,000,000 for the **Accident**.
 - The horses involved in the **Accident** are insured for different **Limits of Liability**, the most **We** will pay for the **Accident** is the one highest **Limit of Liability**. For example, if there are two horses involved in the **Accident** and one horse has a **Limit of Liability** of £1,000,000 and the second horse has a **Limit of Liability** of £2,000,000, **We** will pay no more than the one **Limit of Liability** of £2,000,000 for the **Accident**.
 - If all horses involved in the **Accident** are owned by **You** but some are not insured under this **Policy**, then **We** will pay no more than a proportion of the total amount of the claim relating to the number of horses in relation to the total number of horses that are involved in the **Accident** up to the one highest **Limit of Liability**.
7. If a business entity or a professional person is being paid to look after or care for **Your Horse** in any way, it is **Your** responsibility to make sure the business entity or the professional person:
 - Has the appropriate Third Party Liability insurance cover, and
 - **You** tell a senior person employed by the business entity or the professional person if **Your Horse** has any behavioural problems or requires any special handling so they are able to handle **Your Horse** in an appropriate manner.
8. Throughout the **Period of Insurance** **You** must take all reasonable steps to manage **Your Horse** to prevent **Injury** to a person or another animal and damage or destruction to any property.
9. **We** will not make any claims payment until **We** have received the following:
 - A fully completed claim form by **You**
 - A detailed description of the incident
 - Any correspondence that **You** may have received from a third party, this includes court documentation and legal documents.

Personal Accident

In this section the Definition of **You**, **Your** is extended to include anyone **Riding Your Horse** with **Your** permission.

What We will pay for Personal Accident

If **You** are **Injured**, hospitalised or die due to an **Accident** that happens while **You** are **Riding** or handling **Your Horse**, during the **Period of Insurance**, **We** will pay up to the amount in the table on the next page.

	Core	Premium
Death	£10,000	£20,000
Permanent blindness in one or both eyes	£10,000	£20,000
Loss of one or both hands or arms Meaning 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.	£10,000	£20,000
Loss of one or both feet or legs Meaning 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.	£10,000	£20,000
Permanent total disability Due to an Accident , which results in You never being able to carry out any type of work.	£10,000	£20,000
Temporary total disability Due to an Accident , which results in You being unable to carry out all of the duties of Your job.	Not covered	£150 each week
Emergency dental treatment	£1,000	£1,000
Hospitalisation	£15 for each 24 hours You are in hospital.	£15 for each 24 hours You are in hospital.

What You pay for Personal Accident

The **Excess** shown on **Your Certificate of Insurance**.

What We will not pay under Personal Accident

1. Any amount if the person **Injured** is under five (5) years old or over seventy five (75) years old.
2. Any extra amount because of a medical **Condition**, **Injury** or illness **You** had before this cover started.
3. Any amount if the **Injury** or death results from **Your Horse** taking part in an activity not shown or covered on **Your Certificate of Insurance**.
4. Any amount if the **Injury** or death results from **You** being under the influence of alcohol.
5. 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.
6. Any amount if the **Injury** or death resulted from suicide, attempted suicide or **You** deliberately injuring yourself.
7. 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.
8. 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. Examples of business activities are, **Your Horse** being used by a riding school/riding establishment for activities such as lessons, pony handling/grooming or pony parties.

9. Any amount for emergency dental treatment if this isn't directly related to a **Riding Accident**.
10. Any amount for Permanent total disability until at least fifty two (52) weeks have passed since the date of the **Accident**.
11. Any amount for Temporary total disability for the first seven (7) days after the date of each **Accident**.
12. Any amount for Temporary total disability after fifty two (52) consecutive weeks have passed since the date of each **Accident**.
13. Any amount for more than thirty (30) days of hospitalisation.
14. Any amount if a claim has not been submitted within:
 - Thirty (30) months of an **Injury** happening for Death, Permanent blindness in one or both eyes, Loss of one or both hands or arms, or Loss of one or both feet or leg
 - Eighteen (18) months of an **Injury** happening for Permanent total disability, or Temporary total disability
 - **Twelve (12) months** of an **Injury** happening for Emergency dental treatment or Hospitalisation.

Conditions applying to Personal Accident

1. If **You** are **Injured**, **You** must get medical attention as soon as possible.
2. **You** must wear approved current BSI/European approved protective headgear at all times when **Riding Your Horse**. If **You** do not comply with the above, **We** will not pay any amount resulting from a head **Injury**.
3. **You** must, always insure **Your Horse** for all the activities that **Your Horse** is used for. The activities **Your Horse** is covered for are stated on **Your Certificate of Insurance**. **Your Policy** does not cover any **Injury** 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) - If an activity is listed on **Your Certificate of Insurance**, **Your Policy** provides cover when **Your Horse** is being 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 warming **Your Horse** up/cooling **Your Horse** down for the purpose of cross-country. **Your Policy** does not cover any **Injury** which arises from warming up/cooling down of **Your Horse** for an activity which is not listed on **Your Certificate of Insurance**.
4. 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.
5. 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**.
6. If **You** suffer from more than one of the following, Death, Permanent blindness in one or both eyes, Loss of one or both hands or arms, Loss of one or both feet or legs, Permanent total disability, **We** will only pay one amount. The amount **We** will pay in total is limited to the maximum benefit of £10,000 for the Core plan and £20,000 for the Premier plan.
7. Once **We** have paid a claim for any of the following, Permanent blindness in one or both eyes, Loss of one or both hands or arms, Loss of one or both feet or legs, or Permanent total disability, all cover for these stop. If **You** have another **Accident** **You** cannot claim for Permanent blindness in one or both eyes, Loss of one or both hands or arms, Loss of one or both feet or legs, or Permanent total disability.
8. To claim for permanent total disablement **Your Injury** must be so severe that **You** will never be able to carry out any type of work.
9. **You** cannot claim under permanent total disablement if **You** can no longer carry out **Your** current

profession but can carry out another type of work. This is the case even if **You** need to retrain to carry out an alternative type of work.

10. In respect of temporary total disablement, if **You** do not have a job, **We** will pay **Your** medical expenses due to **Your Injury** up to the weekly benefit.
11. In respect of temporary total disablement, 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.
12. If **You** do not provide this information, **We** will only pay **Your** medical expenses due to **Your Injury** up to the weekly benefit.
13. **We** may at times require **You** to be examined by a medical advisor or doctor. If **We** advise this is needed, **We** can appoint **Our** own medical advisers to examine **You** as often as **We** feel is necessary. **We** will pay any costs for this
14. If **We** require any information from **Your** doctor to support underwriting **Your** application or claim, **You** must provide it and **You** must pay the charge
15. **We** will not make any claims payment until **We** have received the following:
 - Fully completed claim form
 - A description of the incident
 - Evidence of **Injuries** / death
 - If Temporary total disability is being claimed for, evidence of **Your** inability to work or loss of earnings
 - As each claim situation will be unique, please contact **Us** and **We** will confirm what additional information is required for the claim.

Saddlery & Tack

This cover only applies if it is shown as covered on **Your Certificate of Insurance**.

What We will pay for Saddlery & Tack

If **Your Saddlery & Tack** is stolen, damaged or destroyed during the **Period of Insurance**, **We** will pay:

- The cost of repairing the **Your Saddlery & Tack** if it is damaged to bring it back to the same condition it was in before it was damaged; or
- The **Replacement Value** or the **Sum Insured** whichever is the lesser of **Your Saddlery & Tack** if the cost of repair is more than it was worth or it is stolen or destroyed.

What You pay for Saddlery & Tack

The **Excess** shown on **Your Certificate of Insurance**.

What We will not pay under Saddlery & Tack

1. Any amount if **Your Saddlery & Tack** is stolen when it is left unattended, unless it has been stolen from:
 - The locked boot or covered luggage area or any other specially designed covered area of a locked vehicle;

- The house, flat, or other domestic building that **You** live in that has been locked with a deadlock, or equivalent locks on all doors; or
 - A building or part of a building that **You** do not live in that has been locked with a deadlock, or equivalent locks on all doors and has steel bars or a steel grid on all windows.
2. Any amount if **Your Saddlery & Tack** is damaged or destroyed by wear and tear or the actions of moths, insects, vermin, pest or any other cause that happens slowly.
 3. Any amount if **Your Saddlery & Tack** is being used by a riding establishment or by someone for professional lessons if they are not a member of **Your Immediate Family**.
 4. Any amount if **Your Saddlery & Tack** is damaged when it is being cleaned, dyed, repaired or restored.
 5. More than the **Sum Insured** for each incident.
 6. More than £400 for any saddle or item of Tack **You** do not have formal proof of purchase for, that show the make, model and the date of purchase.
 7. More than the amount **Your Saddlery & Tack** was worth at the time it was stolen, damaged or destroyed.
 8. Any amount for Saddlery & Tack **You** do not own.
 9. Any amount for rugs, clothing or personal effects.
 10. Any amount to have **Your Saddlery & Tack** adjusted to fit **Your Horse**.
 11. Any amount if **Your Saddlery & 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.
 12. If a claim has not been submitted within **Twelve (12) Months** of loss of damage to **Your Saddlery & Tack**, **We** may reduce the amount of a benefit, or may refuse to pay the claim to the extent that **We** are prejudiced by the late notification of the claim.

Conditions applying to Saddlery & Tack

1. **You** must notify the police as soon as **You** discover any of **Your Saddlery & Tack** has been stolen or deliberately damaged.
2. If **You** have not insured all **Your Saddlery & Tack** **You** own for its full value **We** will only pay a percentage of **Your** claim. The percentage **We** will pay will be based upon how much of the full value the amount **You** have insured **Your Saddlery & Tack** for represents.
3. If **Your Saddlery & Tack** is found, **You** must immediately advise **Us** and if **We** have paid **Your** claim **You** must repay the full amount **We** have paid **You**.
4. **We** will not make any claims payment until **We** have received the following:
 - Fully completed claim form by **You**
 - For an item valued more than £400, formal proof of purchase, detailing make, model and date of purchase
 - Copy of police crime report, if stolen
 - Photographs showing the damage, if damaged
 - Two estimates for repair, if damaged.
5. **We** may, where it is reasonable to do so requests proof of purchase and purchase price.

Horse Trailer & Horse Drawn Vehicle

This cover only applies if it is shown as covered on **Your Certificate of Insurance**.

What We will pay for Horse Trailer & Horse Drawn Vehicle

If **Your Horse Trailer or Horse Drawn Vehicle** is stolen, damaged or destroyed during the **Period of Insurance**, **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 **Sum Insured** of **Your Horse Trailer or Horse Drawn Vehicle** or the **Market Value** whichever is the lesser if the cost of repair is more than it was worth or it is stolen or destroyed.

This section does not cover legal liability in respect to the use of **Your Horse Trailer or Horse Drawn Vehicle**.

What You pay for Horse Trailer & Horse Drawn Vehicle

The **Excess** shown on **Your Certificate of Insurance**.

What We will not pay under Horse Trailer & Horse Drawn Vehicle

1. 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, pest, mildew, mechanical or electrical breakdown, or any other cause that happens slowly.
2. Any amount if **Your** horse drawn vehicle is damaged while it is being used for training, or taking part in, competitions or trials or cross country events.
3. Any amount if **Your Horse Trailer or Horse Drawn Vehicle** is stolen or damaged or destroyed while the thief is trying to steal it, if **You** have not fitted a wheel clamp, tow hitch lock or put it in a building that is properly locked.
4. Any amount if **Your Horse Trailer or Horse Drawn Vehicle** is damaged or destroyed when it is being cleaned, repaired or restored.
5. More than the **Sum Insured** or the **Market Value** whichever is the lesser, for each incident.
6. More than **Your Horse Trailer or Horse Drawn Vehicle** was worth at the time it was stolen, damaged or destroyed.
7. Any extra costs for replacement parts or accessories that were delayed or incurred additional costs, when the same or similar parts were readily available and accessible at an available stockist.
8. Any amount for tyres that are damaged by punctures, cuts, bursts or braking.
9. **Your** legal liability for payment of compensation in respect of:
 - Death, bodily injury or illness
 - Physical loss of or damage to property.
10. Any other financial loss, legal compensation, costs or expenses.
11. If a claim has not been submitted within **Twelve (12) Months** of loss of damage to **Your Horse Trailer or Horse Drawn Vehicle**, **We** may reduce the amount of a benefit, or may refuse to pay the claim to the extent that **We** are prejudiced by the late notification of the claim.

Conditions applying to Horse Trailer & Horse Drawn Vehicle

1. If **You** have not insured **Your Horse Trailer or Horse Drawn Vehicle** for its full **Market Value** **We** will only pay a percentage of **Your** claim. The percentage **We** will pay will be based upon how much of the full **Market Value** the amount **You** have insured **Your Horse Trailer or Horse Drawn Vehicle** for represents.

2. If **Your Horse Trailer or Horse Drawn Vehicle** is found, **You** must repay the full amount **We** have paid **You**.
3. **We** will not make any claims payment until **We** have received the following:
 - Fully completed claim form by **You**
 - Evidence of **Your** legal ownership (proof of purchase, registration certificate)
 - Copy of police crime report, if stolen
 - Photographs showing the damage, if damaged
 - Two estimates for repair, if damaged.
4. **We** may, where it is reasonable to do so requests proof of purchase and purchase price.

Claiming

Making a claim

It's distressing when a much loved horse suffers an **Injury** or **Illness** 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 www.britishpetinsurance.co.uk to assist **You** making a claim.

Claim payments will be made directly into **Your** bank account or if another method of payment is required any costs incurred for administration will be deducted from the claim settlement.

How to claim

Notify **Us** of a potential claim as soon as possible by:

1. Downloading and completing a claim form from **Our** website: www.britishpetinsurance.co.uk/claims, or
2. Contact **Us** by telephone if **You** would like **Us** to send **You** a claim form.
3. Claims for **Veterinary Fees & Alternative Treatment** only may be lodged with **Your Vet** (if mutually agreed by **Your Vet**) and **We** will pay the **Veterinary Practice** directly. **You** will need to pay **Your Vet** the applicable **Excess(es)** and any non-claimable items.
4. Claims for **Veterinary Fees** and **Alternative Treatment** must be notified to **Us** no later than one (1) year after the **Treatment** date.
5. **We** will not guarantee on the phone if **We** will pay a claim. **You** must send **Us** a claim form that has been fully completed and **We** will then write to **You** with **Our** decision.
6. Contact **Us** as soon as possible about any incident that happens involving **Injury** to a person, another animal or property even if **You** don't believe a claim will be made against **You** at the time. Call **Us** on 01444 708844 Monday to Friday 9am – 5pm. Do not admit responsibility, agree to pay any claim or negotiate with any person following an incident that may give rise to a claim. Any writ, summons or legal documents received by **You** need to be sent to **Us** as soon as possible. **You** must not respond to any of these documents.

Please send **Us** the following supporting documentation related to **Your** claim or incident:

<p>Death from Injury)</p>	<ul style="list-style-type: none"> • A fully completed claim form by You • The full veterinary history for Your Horse • The death certificate from Your Vet • Post mortem report • If You own Your Horse evidence of Your legal ownership (proof of purchase) • If Your Horse is on loan or leased, a copy of the Lease/Loan Agreement
<p>Death from Illness</p>	<ul style="list-style-type: none"> • A fully completed claim form by You • The full veterinary history for Your Horse • The death certificate from Your Vet • Post mortem report • If You own Your Horse evidence of Your legal ownership (proof of purchase) • If Your Horse is on loan or leased, a copy of the Lease/Loan Agreement
<p>Theft or Straying</p>	<ul style="list-style-type: none"> • A fully completed claim form by You • Copy of police crime report • If You own Your Horse evidence of Your legal ownership (proof of purchase) • If Your Horse is on loan or leased, a copy of the Lease/Loan Agreement
<p>Advertising & Reward</p>	<ul style="list-style-type: none"> • A fully completed claim form by You • Copy of police crime report • If You own Your Horse evidence of Your legal ownership (proof of purchase) • If Your Horse is on loan or leased, a copy of the Lease/Loan Agreement • Invoices and receipts to show the costs involved, including a receipt for any reward paid
<p>Loss of Irrecoverable Entry Fees</p>	<ul style="list-style-type: none"> • A fully completed claim form by You • The full veterinary history for Your Horse • The death certificate from Your Vet • Evidence of Your hospital stay (statement from the hospital including the reason and dates of stay)
<p>Disposal</p>	<ul style="list-style-type: none"> • A fully completed claim form by You • Disposal receipt • The full veterinary history for Your Horse • The death certificate from Your Vet • Post mortem report • If You own Your Horse evidence of Your legal ownership (proof of purchase) • If Your Horse is on loan or leased, a copy of the Lease/Loan Agreement
<p>Veterinary Fees & Alternative Treatment for an Injury</p>	<ul style="list-style-type: none"> • A fully completed claim form by You • The full veterinary history for Your Horse • Full itemised invoices from the Veterinary Practice or therapist or farrier which show what You are claiming for

<p>Veterinary Fees & Alternative Treatment for an Illness</p>	<ul style="list-style-type: none"> • A fully completed claim form by You • The full veterinary history for Your Horse • Full itemised invoices from the Veterinary Practice or therapist or farrier which show what You are claiming for
<p>Permanent Loss of Use</p>	<ul style="list-style-type: none"> • A fully completed claim form by You • The full veterinary history for Your Horse • Vet certificate verifying that the horse has an Injury or Illness that has rendered it permanently incapable of ever being able to take part in any one of the activities set out on the Certificate of Insurance • If You own Your Horse evidence of Your legal ownership (proof of purchase) • If Your Horse is on loan or leased, a copy of the Lease/Loan Agreement
<p>Third Party Liability</p>	<ul style="list-style-type: none"> • A fully completed claim form by You • A detailed description of the incident • Any correspondence that You may have received from a Third Party, this includes court documentation and legal documents
<p>Personal Accident</p>	<ul style="list-style-type: none"> • A fully completed claim form by You • A detailed description of the incident • Evidence of Injuries/death • If Temporary total disability is being claimed for, evidence of Your inability to work or loss of earnings • As each claim situation will be unique, please contact Us and We will confirm what additional information is required for the claim.
<p>Saddlery & Tack</p>	<ul style="list-style-type: none"> • A fully completed claim form by You • For an item valued more than £400, formal proof of purchase, detailing make, model and date of purchase • Copy of police crime report, if stolen • Photographs showing the damage, if damaged • Two estimates for repair, if damaged
<p>Horse Trailer & Horse Drawn Vehicle</p>	<ul style="list-style-type: none"> • A fully completed claim form by You • Evidence of Your legal ownership (proof of purchase, registration certificate) • Copy of police crime report, if stolen • Photographs showing the damage, if damaged • Two estimates for repair, if damaged

Making a complaint

Our aim is to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing you with the highest standard of service.

If you wish to make a complaint, you can do so at any time by referring the matter in the first instance to us.

The address is:

British Pet Insurance Services

4 Bridge Road Business Park, Haywards Heath, West Sussex, RH16 1TX

Telephone: 01444 708844

Email: info@petcover.uk.com

Website: www.britishpetinsurance.co.uk

Please note: If you are not satisfied after we have reviewed your complaint, you may refer it to the Financial Ombudsman Service within six (6) months of the date of our final response.

The FOS is an independent service in the UK for settling disputes between consumers and businesses providing financial services. You can find more information on the FOS at: www.financial-ombudsman.org.uk.

Compensation

Alwyn Insurance Company Limited are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the scheme if Alwyn Insurance Company Limited is unable to meet its obligations to you under this insurance.

If you were entitled to compensation under the scheme, the level and extent of the compensation would depend on the nature of this insurance. Further Information about the scheme is available from the Financial Services Compensation Scheme (PO Box 300, Mitcheldean, GL17 1DY) and on their website: www.fscs.org.uk.

Data Privacy Notice - Petcover EU Limited

Your information has been, or will be, collected or received by Petcover EU Limited. We will manage personal data in accordance with data protection law and data protection principles. We require personal data in order to provide good-quality insurance and ancillary services and will collect the personal data required to do this. This may be personal information such as name, address, contact details, identification details, financial information and risk details.

The full Data Privacy Notice can be found at www.britishpetinsurance.co.uk.

A paper copy of the Data Privacy Notice can be obtained by contacting us by email (info@petcover.uk.com) or at this address:

Petcover EU Limited 4 Bridge Road Business Park, Haywards Heath, West Sussex, RH16 1TX.

Data Privacy Notice - Alwyn Insurance Company Limited

The insurers are a data controller (as defined by the UK Data Protection Act 2018 and all applicable laws which replace or amend it, including the General Data Protection Regulation) who may collect and process your personal information.

For full details of what data the insurers collect about you, how they use it, who they share it with, how long they keep it and your rights relating to your personal data, please refer to the insurers

Privacy Notice which will be available on the insurers website www.archcapgroup.com/privacy-policy

In summary:

The insurers may, as part of their agreement with you under this contract, collect personal information about you, including:

- Name, address, contact details, date of birth and cover required
- Financial information such as bank details
- Details of any claim

The insurers collect and process your personal information for the purpose of insurance and claims administration.

All phone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

Your personal information may be shared with third parties which supply services to the insurers or which process information on behalf of the insurers (for example, premium collection and claims validation, or for communication purposes related to your cover). The insurers will ensure that they keep your information secure and do not use it for purposes other than those that are specified in the Privacy Notice.

Some third parties that process your data on behalf of the insurers may do so outside of the European Economic Area (“EEA”). This transfer and processing are protected by EU Model Contracts which aim to provide the equivalent level of data protection to that found in the EU.

The insurers will keep your personal information only for as long as they believe is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

The insurers will share your information if they are required to by law. The insurers may share your information with enforcement authorities if they asked to do so, or with a third party in the context of actual or threatened legal proceedings, provided they can do so without breaching data protection laws.

If you have any concerns about how your personal data is being collected and processed, or wish to exercise any of your rights detailed in the Privacy Notice, please contact:

Data Protection Officer

Alwyn Insurance Company Limited

360 Hamilton Avenue

Suite 600

White Plains

New York

NY 10601-2908

Email: ArchDPO@archcapservices.com – including to contact our UK representative

British Pet Insurance

Services

Part of the Petcover[®] Group

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