

British Pet Insurance

Services

Part of the Petc🐾ver[®] Group



Your Policy Wording for Your Horse

Value

Plus

Standard

Premier

This booklet contains Your Policy Terms and Conditions.

Please read in conjunction with Your Certificate of Insurance to understand the cover for Your Horse.

Version 5
Effective from January 2026

Hello and thank You for choosing British Pet Insurance Services for Your horse

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 Fortegra Insurance UK 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 Fortegra Insurance UK 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.

This pet insurance policy is underwritten by Fortegra Insurance UK Limited is registered in England, No. 15182608, registered Office: 20 Fenchurch Street, 5th Floor, London, England, EC3M 3BY. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference Number 1007149.

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Contact us

If **You** need any help with **Your Policy** at any point, or require details on how to make a claim under this **Policy**, please contact British Pet Insurance Services. Open Monday to Friday from 9am to 5pm.

By Telephone: 01444 708840

By Email: info@petcover.uk.com

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

Website: www.britishpetinsurance.co.uk

Further details on claims procedure can be found on pages 41-43.

Choice of law and jurisdiction

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.

Sanctions

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.

Rights of third parties

A person who is not a party to this contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this contract but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

Our rights

We may take any action **We** consider necessary to enforce **Your** rights or **Our** rights under this insurance. If **We** make any payment under this insurance, **We** will be entitled to all **Your** rights and remedies against any party and will be allowed to sue in **Your** name at **Our** own expense.

You must provide all information and documents and give to **Us** all such assistance as **We** may require to secure such rights and remedies.

You must do nothing either before or after a loss that alters, jeopardises, or extinguishes **Our** rights unless **You** have **our** prior written permission. For example, **You** must not enter into any contract that limits, restricts, waives, or otherwise impairs **Your** right to recover from anyone who may be liable to **You** for a loss that is otherwise covered by this insurance.

This insurance does not cover any loss where at the time of the loss **You** are a party to an agreement that limits, restricts, waives, or otherwise impairs **Your** right to recover damages from a third party or third parties in respect of the loss.

We will be entitled to all recoveries from third parties until the amount of **Our** payment under this insurance has been satisfied in full, plus any entitlement to any earned interest from the date of

payment of a claim, before any monies are paid to **You** for the uninsured loss, if any.

Any sums or property received by **You** that are due to **Us** must be held on trust for **Us** and must as soon as practicable be paid and/or delivered to **Us** following receipt.

Single Policy for multiple insureds

Our total liability under this insurance shall not exceed the sums insured specified in the **Certificate of Insurance** regardless of the number of insureds specified.

Any term in this contract which conflicts with the law which applies to the country in which **You** live shall be amended to conform to that law.

Pet Bereavement & Pet Loss Support Service

Blue Cross offers an invaluable service to support pet owners after a loss of their much-loved companions. They aid owners not only through a time of grief due to bereavement, but also in the stressful event of their pet's going missing or being stolen.

Blue Cross can be reached every day on 0800 096 6606 from 8.30am - 8.30pm to offer their assistance to those who are suffering a loss. Access is also possible via Webchat from 8:30am – 8:30pm every day at www.bluecross.org.uk/about-pbss. Alternatively, they can be contacted via email: pbss@bluecross.org.uk, where a trained volunteer will respond within 48 hours.

Please do not hesitate to reach out to Blue Cross if **You** need someone to talk to; it is important to get the help **You** need during challenging times.

Data Privacy Notice – Petcover EU Limited

Your information has been, or will be, collected or received by Petcover EU Limited. Petcover EU Limited will manage personal data in accordance with data protection law and data protection principles. Petcover EU Limited 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 Petcover EU Limited by email (info@petcover.uk.com) or at this address:

Petcover EU Limited

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

Compensation

Fortegra Insurance UK Limited are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme if Fortegra Insurance UK 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 – Fortegra Insurance UK Limited

Data Protection

Fortegra Insurance UK Limited (the Data Controller) is committed to protecting and respecting **Your** privacy in accordance with the current Data Protection Legislation (“Legislation”). Below is a summary of the main ways in which the Insurer processes **Your** personal data.

How the Insurer Uses Your Personal Data

The **Insurer** may use the personal data they hold about **You** for the purposes of performing **Your** contract of insurance, this includes providing insurance that **You** request of the **Insurer** and administering the same; including handling claims and any other related purposes, underwriting (which may include underwriting decisions made via automated means), offering renewal terms, pricing or statistical purposes. The **Insurer** may collect and use special categories of data from **You** for the purpose of identifying vulnerable customer based on substantial public interest under Schedule 1(20) of the Data Protection Act 2018. The **Insurer** may also use **Your** data to safeguard against fraud and money laundering and to meet their general legal and regulatory obligations.

Disclosure of Your Personal Data

The **Insurer** may disclose **Your** personal data to third parties involved in providing products or services to them, or to service providers who perform services on their behalf. These include the **Insurers** group companies, affinity partners, brokers, agents, third party administrators, other insurers, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, fraud detection agencies, loss adjusters, external law firms, external accountants and auditors, regulatory authorities, and as may be required by law.

International Transfers of Data

The **Insurer** may transfer **Your** personal data to destinations outside of the UK or the European Economic Area (“EEA”). Where they transfer **Your** personal data outside of the UK or EEA, they will ensure that it is treated securely and in accordance with the Legislation.

Your Rights

You have the right to ask the **Insurer** not to process **Your** data for marketing purposes, to see a copy of the personal information they hold about **You**, to have **Your** data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to restrict the processing of **Your** data, to ask them to provide a copy of **Your** data to any controller and to lodge a complaint with the local data protection authority.

Retention

Your data will not be retained for longer than is necessary and will be managed in accordance with the **Insurers** data retention **Policy**. In most cases the retention period will be for a period of ten (10) years following the expiration of the **Policy**, or their business relationship with **You**, unless they are required to retain the data for a longer period due to business, legal or regulatory requirements.

If **You** require more information or have any questions concerning the **Insurers** use of **Your** personal data, their full **Privacy Policy** can be found at <https://www.fortegra.eu/privacy-Policy>. Alternatively, please contact The Data Protection Officer, Fortegra Insurance UK Limited, 20 Fenchurch Street, 5th Floor, London, England EC3M 3BY or via email at dpofficer@fortegra.eu.

Making a Complaint

If **You** have a complaint please contact **Us** on the following details:

Telephone: 01444 708844

Email: info@petcover.uk.com

Address: 4 Bridge Road Business Park, Haywards Heath RH16 1TX.

Our aim is to get right, first time, every time. If **You** have a complaint **We** will try to resolve it straight away. If **We** are unable to, **We** will confirm **We** have received **Your** complaint within five working days and do **Our** best to resolve the problem within four weeks. If **We** cannot **We** will let **You** know when an answer may be expected. If **We** have not resolved the situation within eight weeks **We** will issue **You** with information about the Financial Ombudsman Service (FOS) which offers a free, independent complaint resolution service. **You** have the right to refer **Your** complaint to the Financial Ombudsman, free of charge – but **You** must do so within six months of the date of the final response.

The contact details for the Financial Ombudsman are detailed below:

Address: The Financial Ombudsman Service, Exchange Tower, London E14 9SR

Website: financial-ombudsman.org.uk

Telephone: 0800 0234567 or 0300 1239123

Email: complaint.info@financial-ombudsman.org.uk

If **You** do not refer **Your** complaint in time, the Ombudsman will not have **Our** permission to consider **Your** complaint and so will only be able to do so in very limited circumstances. For example, if the Ombudsman believes that the delay was as a result of exceptional circumstances. Using **Our** complaints procedure or contacting the FOS does not affect **Your** legal rights. **You** can find more information on the FOS at: www.financial-ombudsman.org.uk.

Policy Terms and Conditions

Demands and Needs – who is this product suitable for?

This product meets the demands and needs of a person who wants cover for the value of their horse if stolen or goes missing and in the event of death following an **Injury** or **Illness** with the option to add additional cover if required.

Your Horse must be aged fourteen (14) days old or older at the commencement of the insurance.

You must be over the age of 18 at the time **You** purchased this insurance.

Important information

This document, the **Certificate of Insurance** and any related exclusion or clause form **Your Policy** (contract of insurance). This insurance documentation sets out the terms and conditions of the contract of insurance between **You** and **Us**. Please read all documentation carefully and keep it in a safe place.

Wherever words appear with a capitalised beginning letter (apart from a beginning of a sentence or section headings) and in bold in this document they will have the meanings shown in the definitions section below.

It is important that **You**:

- check the sections **You** requested are included in the **Certificate of Insurance**;
- check that the information **You** have given is accurate (*see the “Information You have given Us” section*);
- notify British Pet Insurance Services as soon as practicable of any inaccuracies in information **You** have given **Us**;
- comply with all **Your** duties and obligations under each section and the insurance as a whole.

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. **We** will not return any premium paid by **You**.

If **We** establish that **You** deliberately or recklessly provided **us** with incorrect or incomplete information that **We** have relied upon in accepting this insurance and setting its terms and premium **We** may:

1. treat this insurance as if it had never existed, refuse to pay all claims and return the premium paid. **We** will only do this if **We** provided **You** with insurance cover which **We** would not otherwise have offered;
2. 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;
3. charge **You** more premium for **Your** insurance or reduce the amount **We** pay on a claim in the proportion the premium **You** have paid bears to the premium **We** would have charged **You**; or
4. cancel **Your** insurance in accordance with the “*Cancelling this insurance*” section below.

We or British Pet Insurance Services will write to **You** if **We**:

1. intend to treat this insurance as if it never existed; or
2. need to amend the terms of **Your** insurance.
3. require **You** to pay more premium for **Your** insurance.

Things You must do

You must comply with the following conditions. If **You** fail to do so **We** may not pay **Your** claim, or any payment could be reduced.

It is an essential part of **Your** insurance that **You** disclose to **Us** any changes to **Your Horse's** health 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's health - **You** must tell **Us** if **Your Horse** has:

- Shown any signs of **Illness** or **Injury** or been unwell regardless of whether **Your Horse** was seen by a **Vet** for the problem.
- Been seen by a **Vet** for any reason other than routine procedures and/or neutering.
- Had any **Treatment** for which **Your Horse** may have been seen by a **Vet** or any issues **You** have discussed with a **Vet** regarding **Your Horse's** health whether any **Treatment** resulted from such discussion.

Your circumstances - **You** must tell **Us** if:

- **You** become aware that any details shown on **Your Certificate of Insurance** are incorrect.
- **You** no longer own the horse shown on **Your Certificate of Insurance**.
- **You** have concerns regarding **Your Horse's** behaviour or any vicious tendencies.
- **Your Horse** develops any vices, such as but not limited to, crib biting, windsucking, box walking, weaving.
- **You** or anyone who rides or handles the horse suffers from any physical or mental **Illness** or disability.
- **Your Horse** is involved in an incident relating to **Injury** to a person, animal or damage to any property.

This is not an exhaustive list, above are some examples of the type of information **You** should tell **Us** about.

Changes during the Period of Insurance

We will not change the cover **We** provide for **Your Horse** during the **Period of Insurance**, unless:

- a) **You** decide to change **Your Horse's** cover.
- b) **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.
- c) Further information is provided and there is the requirement to add, remove or update exclusions because of **Your Horse's** veterinary history.

Premium payment

Your Horse 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.

Renewing this insurance

When this **Policy** is due for renewal, **We** will write to **You** at least 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, British Pet Insurance Services 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.

Changes at renewal – Unless **We** tell **You** otherwise. When **We** offer renewal, **We** may:

- a) Change the premium, excesses and policy terms and conditions.
- b) Place exclusions because of **Your Horse's** claims and veterinary history.
- c) Limit or withdraw Third Party Liability cover based on a review of **Your Horse's** behaviour, for example, any aggressive tendencies shown by **Your Horse** or any incidents where **Your Horse** has caused **Injury** or any veterinary conditions which result in **Your Horse** being dangerous to ride or handle.

Cancelling this insurance

You may cancel this insurance at any time by notifying British Pet Insurance Services. British Pet Insurance Services contact details can be found on the back cover.

Cancellation by You within the cooling-off period

This insurance has a cooling-off period of fourteen (14) days from the later of:

1. the date **You** receive this insurance documentation; or
2. the start of the **Period of Insurance**.

If **You** cancel this insurance within the cooling-off period, **We** will provide a full refund of the premium paid unless; **You** have made a claim or there has been an event that could result in a claim being made. If **We** pay a claim whether by settlement, compromise or otherwise, no refund of premium will be allowed.

Cancellation by You after the cooling off-period

If **You** cancel this insurance outside the cooling-off period, provided **You** have not made a claim or there has not been an event that could result in 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.

Cancellation by us

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.
- 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**.
- If a **Vet** advises **You** have been negligent towards **Your Horse**.
- 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

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| Accident | <p>means a sudden, unexpected and specific event which occurs at an identifiable time and place.</p> <p>All accidents arising from one event or one original cause will be treated by Us as one accident. For the sake of clarity, an accident does include physical damage or trauma of a gradual nature which happens over time.</p> |
| Alternative or Complementary Treatment | <p>means the cost of any consultation, examination, advice, test and legally prescribed medication for the following procedures where they treat an Illness or Injury;</p> <ol style="list-style-type: none"> 1. Acupuncture, chiropractic, manipulation, feed supplements, herbal medicine, homeopathy, nutraceuticals, osteopathy, physiotherapy. 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. 2. Hydrotherapy carried out either by a Vet or by a therapist following referral by Your usual Vet. 3. Specialist Farriery (corrective, remedial, therapeutic and/or surgical) carried out by a farrier registered with the FRC (Farriers Registration Council). |
| BEVA Guidelines for the Destruction of Horses | <p>means the guidelines stated within a British Equine Veterinary Association (BEVA) document which confirms the criteria which We require the horse's Condition must meet for a claim to be considered by Us for its death. The full guidelines can be found in <i>Section 2 – Death</i>.</p> |
| Certificate of Insurance | <p>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 apply to Your Policy.</p> |
| Class of Use | <p>means the purpose for which Your Horse is used and for which it is insured. The activities Your Horse is covered for are shown on Your Certificate of Insurance.</p> |
| Clinical Sign(s) | <p>means changes in Your Horse's normal healthy state, Condition or appearance or its bodily functions.</p> |
| Condition | <p>means any condition that causes discomfort, dysfunction, distress, including injuries and Illness, disabilities, disorders, Clinical Signs, syndromes, infections, isolated symptoms, deviant behaviours, and atypical variations of structure and function and/or death to the horse afflicted.</p> |
| Elective Treatment, Diagnostic or Procedure | <p>means any Treatment, diagnostic or procedure You request, which Your Vet confirms is not necessary.</p> |
| Excess(es) | <p>means the amount stated on Your Certificate of Insurance which You will have to pay in the event of a claim.</p> |
| Immediate Family | <p>means husband, wife, civil partner, life partner, parents, brothers, sisters, sons, daughters, including step relationships.</p> |
| Illness | <p>means any change to Your Horse's normal healthy physical state or appearance, sickness or disease.</p> |

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| Injury | means a physical injury resulting solely and directly from an Accident , not any injury that happens over a period of time or is of a gradual nature. |
| Loan/Lease 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. |
| Market Value | means the price generally paid for a Horse of the same age, breed, bloodline, sex and ability as Your Horse just before the Injury happened or the Illness first showed Clinical Signs . |
| Maximum Benefit | 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 , less the applicable Excess . |
| Member of a Veterinary Practice | means any person legally employed by a veterinary practice under a contract of employment, other than a Vet who may be The Insured . |
| Our Vet | means any Vet appointed or engaged by Us to carry out Treatment to Your Horse or discuss Your Horse's Treatment with Your Vet . |
| Period of Insurance | means the period stated in 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 is treated as separate. This is normally Twelve (12) Months but may be less if Your Horse or Saddlery and Tack has been added to Your insurance or it has been cancelled. |
| Policy | 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, which set out the cover We provide for 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 this policy. |
| Pre-Existing Condition | <p>means any Condition(s) or symptom(s), sign(s) or Clinical Sign(s) of any Condition, Injury or Illness occurring or existing in any form that;</p> <ul style="list-style-type: none"> a) Has happened or first showed Clinical Signs; b) Has the same diagnosis or Clinical Signs as an Injury, Illness or Clinical Sign Your Horse had; or, c) Is caused by, relates to, or results from, an Injury, Illness or Clinical Sign Your Horse had occurring or existing: <ul style="list-style-type: none"> • Before Your Horse's cover started, or prior to the Policy commencement date; • Before the section 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 We place any exclusion(s) for the Injury/ Illness.</p> |
| Riding | means riding, driving, leading, mounting, dismounting or handling Your Horse . |
| Replacement Value | means the price generally paid for new Saddlery and Tack of the same brand, make, age, type and condition, as the Saddlery and Tack that has been stolen or destroyed. |
| Saddlery and Tack | means saddles, bridles, leathers, irons, harness and riding tack normally used on Your Horse while it is being used for the activities set out on the Certificate of Insurance , (clothing or personal effects are not included). |

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| Specialist Farriery | means corrective, remedial, therapeutic and/or surgical farriery. |
| Sum Insured | means the amount You have chosen, and We have accepted as the most We will pay. |
| Treatment | means Veterinary Treatment or Alternative or Complementary Treatment |
| Twelve (12) months | means a consecutive period of 365 days calculated from and including the date an Injury happens or the first Clinical Signs of an Illness are noticed. |
| UK | means the United Kingdom, the Isle of Man and the Channel Islands |
| Vet | means a registered veterinarian, specialist veterinarian, vet practice, clinic, hospital, centre including referral hospitals, licensed to practice in the UK with the RCVS (Royal College of Veterinary Surgeons), other than a vet who may be The Insured . |
| Veterinary Fees | means the amount Vets in general or referral practice reasonably and generally charge. |
| Veterinary Treatment | means the cost of the following when required to treat an Illness or Injury ; 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 , which is not routine or Elective Treatment, Diagnostic or Procedure . |
| We, Us, Our | 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. |
| Your Vet | means the Vet You employ to carry out Your Horse's Treatment . |
| You, Your, The Insured | means the person(s) named on the Certificate of Insurance . |
| Your Horse | means the Horse, pony, donkey or other equine named on the Certificate of Insurance under Your Horse's Details. |

General Conditions

1. Conditions of the **Policy** - **You** must keep to the General Conditions and Special Conditions 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. Caring for **Your Horse** - Throughout the **Period of Insurance**, **You** must take all reasonable steps to maintain **Your Horse's** health and to prevent **Injury, Illness** and loss.
 - a) **You** must provide routine or preventative treatment normally recommended by a **Vet** to prevent **Illness** or **Injury**.
 - b) **You** must arrange and pay for **Your Horse** to have and to receive any preventative or routine care normally recommended by a **Vet** to prevent **Illness** or **Injury**.
 - c) **You** must arrange for a **Vet** to examine and treat **Your Horse** as soon as possible after it shows **Clinical Signs** of an **Injury** or **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**. If **We** decide, **You** must also take **Your Horse** to **Our Vet**.
 - d) **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.
 - e) **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)**.
 - f) **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.
 - g) **You** must make sure anyone **Riding Your Horse** has the experience to ride it and is able to ride it. They must only use **Your Horse** for the activities listed in the **Class of Use** **You** have chosen, which are shown on **Your Certificate of Insurance**.
3. Required Information – When **You** make a claim **You** agree to give **Us** any information **We** may reasonably ask for. **You** must send **Us** a claim form that has been fully completed, any required supporting documents and **We** will then write to **You** with **Our** decision.
4. **Vet's Information** - **You** agree that any **Vet** has **Your** permission to release to **Us** any information **We** ask for about **Your Horse**. If the **Vet** makes a charge for this, **You** must pay the charge. **We** will provide any information to a **Vet** who has treated or is asked to treat **Your Horse** any information about **Your** insurance.
5. Other insurance – 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.
6. Claims, Paid direct to **Vet** - 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 insurance covers, what **We** will not pay for, how the amount **We** pay is calculated and if the premiums are paid to date.
7. Claims, **Vet** fee charges - If the **Veterinary Fees** **You** are charged are higher than the **Veterinary Fees** normally charged by a general or referral practice, **We** reserve the right to request a second opinion from **Our Vet** as to whether the fees are reasonable. If **Our Vet** does not agree that the **Veterinary Fees** charged are reasonable **We** may decide to pay only the **Veterinary Fees** usually charged by a general or referral practice in a similar area as determined by **Our Vet**.
8. Claims, Over **Treatment** - If **We** consider the **Veterinary Treatment** **Your Horse** receives may not be required or may be excessive 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** provided is reasonably required **We** may decide to pay only the cost of the **Veterinary Treatment** that was necessary to treat the **Injury** or **Illness**, as determined by **Our Vet**.

9. Claims, Settlement - When **We** settle **Your** claim **We** reserve the right to deduct from the claim amount any amount due to **Us**.
10. If **Your Policy** is cancelled or comes to an end for any reason all cover will stop on the date the **Policy** is cancelled/ends and no further claims will be paid. If a section of cover is removed from **Your Policy**, all cover in that section will stop on the date the section is removed.
11. Exclusions can be placed on the cover for **Your Horse** due to its history and these tell **You** what cover is not provided under **Your Policy**. An exclusion can be temporary or permanent. If the exclusion is temporary, upon request **We** will tell **You** under what circumstances **We** will reconsider the exclusion and what information **You** will need to provide. **You** must pay for the cost of this information. Please contact British Pet Insurance Services if **You** wish to discuss any exclusions on **Your Policy**.
12. **Class of Use**
 - a) **You** must, always, insure **Your Horse** in the **Class of Use** which covers 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.
 - b) If an activity is listed on **Your Certificate of Insurance**, **Your Policy** provides cover when **Your Horse** is being transported by vehicle or warmed up/cooled down for the purpose of that activity. For example (but not limited to), if cross-country is listed, **Your Policy** provides cover when **You** are transporting **Your Horse** by vehicle and warming it up/cooling it down for the purpose of cross-country. **Your Policy** does not cover any **Illness**, **Injury** or incident which arises from the transportation or warming up/cooling down of **Your Horse** for an activity which is not listed on **Your Certificate of Insurance**. The only exception to this is if **Your Horse** needs to be transported to a veterinary practice; **Your Policy** will cover **Your Horse** during transportation for this reason.
 - c) **You** can reduce the **Class of Use** at renewal only.
 - d) **You** can increase the **Class of Use** at any time.
13. **You** must at all times insure **Your Horse** for its current **Market Value**. It is **Your** responsibility to ensure the **Sum Insured** **You** have chosen, and **We** have agreed, for **Your Horse** is kept up to date on **Your Policy**. **You** must review the **Sum Insured** on a regular basis to ensure it accurately reflects the **Market Value** of **Your Horse** as this can change over time. In the event of **Your Horse's** death **We** will pay the **Market Value** or **Sum Insured** whichever is less. If the **Market Value** at the time of death is lower than the **Sum Insured** shown on **Your Certificate of Insurance**:
 - **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.
14. If **Your Horse** is on loan to **You**:
 - a) Once **Your** application is finalised **We** will write to the owner of the horse. **We** will confirm the cover in place and advise any claim settlement for Death, Theft or Straying or Permanent Loss of Use will be paid directly to **You** and not the horse's legal owner, regardless of any arrangements stated in the **Loan/Lease Agreement**.
 - b) If **You** submit a claim for Death, Theft or Straying or Permanent Loss of Use, **We** will write to the owner of the Horse to advise the claim has been submitted.
15. **Your Residence** – **You** and **Your Horse** must live in the **UK**. If **Your** address changes, **You** must advise

Us as soon as possible as this may affect the insurance cover provided.

16. **Fraudulent Claims**

a) If **You** make a fraudulent claim under this insurance contract, **We**:

- i) Are not liable to pay the claim; and
- ii) May recover from **You** any sums paid by **Us** to **You** in respect of the claim; and
- iii) May by notice to **You** treat the contract as having been terminated with effect from the time of the fraudulent act.

b) If **We** exercise **Our** right under clause a) iii) above:

- i) **We** shall not be liable to **You** in respect of a relevant event occurring after the time of the fraudulent act.

17. Transferring Insurance – This insurance is not transferrable.

18. **Your** Age when cover starts – **You** must have been over the age of 18 at the time **You** purchased this insurance.

General Exclusions

Insurance is not intended to cover every single occurrence; in fact, there are some circumstances that this **Policy** will not provide insurance cover for. For example, under all sections of **Your Policy**, **We** do not pay for:

1. Any Horse less than 14 days old.
2. Any amount if the **Injury**, **Illness** or incident is shown as excluded in **Your Policy** including **Your Certificate of Insurance**.
3. Any amount caused by radiation, nuclear explosion, nuclear fallout or contamination by radioactivity.
4. Any amount caused by an act of terrorism, the use or threatened use of violence to scare or intimidate malicious persons, civil disobedience, strikes, people taking part in labour disturbances or the involvement directly or indirectly of any unlawful organization in Northern Ireland.
5. Any loss caused by or results from 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. Any amount caused by the pressure waves of an aircraft, spacecraft or anything else travelling at sonic or supersonic speeds.
7. Any legal expenses resulting from criminal proceedings because of a deliberate act by **You**.
8. The cost of treating any **Injury** or **Illness** caused by a malicious act, deliberate **Injury** or gross negligence caused by **You** or a member of **Your Immediate Family** or anyone living with **You**.
9. **Your** failure to take all reasonable precautions to protect **Your Horse** from aggravating or prolonging an **Injury** or **Illness**.
10. Any other financial loss, legal compensation, costs or expenses as a result of the death or humane destruction of **Your Horse**.
11. Any amount which results from **You** acting or behaving unlawfully, and any fines or penalties.
12. Any amount caused by, happening through, in consequence of or contributed to by avian influenza or any mutant variation relating to it.
13. Any amount resulting from a disease transmitted from animals to humans.
14. Any pandemic disease that causes widespread **Illness**, death or destruction affecting horses.
15. Any amount resulting from an **Illness** that **Your Horse** contracted while outside the **UK** that it would not normally have contracted in the **UK**.
16. Any costs caused because any government or public or local authority or any person or body having

the jurisdiction to do so, have put restrictions on **Your Horse**.

17. Legal expenses, fines and penalties connected with or resulting from a breach of the criminal law by **You** or an Act of Parliament.
18. Any amount if **Your Horse** is confiscated or destroyed under the order of any government, public or local authority or any other authority.
19. Any Horse not vaccinated against tetanus and equine influenza or any other disease that there is a known vaccine and **Vets** recommend vaccination. If not, the **Policy** will not cover any costs relating to these **Illness(es)**.
20. Any Horse not wormed as regularly as normally 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.
21. **Your** legal liability for payment of compensation in respect of:
 - Death, bodily **Injury** or **Illness**, and/or
 - Physical loss of or damage to property.

Other exclusions may apply to **Your Policy**, including the exclusions to all cover sections under the heading “*What We Will Not Pay*”. Other exclusions may also be shown on **Your Certificate of Insurance** and/or on any other document **We** give **You** that **We** tell **You** forms part of **Your Policy**.

Cover

At British Pet Insurance Services, **We** are proud of the insurance cover **We** provide for horses. In return for the payment of **Your** premium, **We** will provide cover in the following sections if they are shown on **Your Certificate of Insurance**. The cover applies within the **UK** during the **Period of Insurance**.

Benefit limits do apply to some items covered under the **Policy**. **You** should read **Your Policy** carefully so that **You** are aware of what limits may be applicable in the event of a claim.

If **You** take out **Your Policy** when **Your Horse** is outside the **UK**, **Your Policy** will start when **Your Horse** enters the **UK**.

Section 1 - Theft or Straying

What We Will Pay

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

1. The **Sum Insured** or the **Market Value** of **Your Horse** whichever is less, if it is not found or does not return.
2. The cost of advertising to try and find **Your Horse** and the reward **You** have offered when **Your Horse** is found.

What We Will Not Pay

1. More than the **Sum Insured** or the **Market Value** of **Your Horse** whichever is less.
2. Any amount if **You** do not have *Section 2 – Death* as shown as covered on the **Certificate of Insurance**.
3. More than £300 for the cost of advertising and the reward **You** have paid.
4. 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.
5. Any amount for the death of an unborn foal, embryo or foetus.
6. Any amount if the theft or loss of **Your Horse** involves **You** employee's dishonesty.
7. Any amount arising from unexplained disappearance, escape or voluntary parting of possession or title to **Your Horse** as a result of **You** being induced by fraud, trickery or similar false pretences.
8. Any reward paid to a member of **Your Immediate Family**, any person living with **You** or employed by **You** or the person who has **Your Horse** on loan.
9. Any other financial loss, legal compensation, costs or expenses as a result of the theft or straying of **Your Horse**.
10. If a claim has not been submitted within **Twelve (12) Months** of **Your Horse** going missing, this will not be covered by the **Policy**.
11. **We** will not make any claims payment until **We** have received the following;
 - Evidence of **Your** legal ownership of the Horse (passport or purchase receipt showing **You** as owner).
 - If the horse was on loan or leased, a copy of the **Loan/Lease Agreement**, signed by both parties and either **Your Horse's** passport or purchase receipt showing the owners name.

Special Conditions That Apply to Theft and Straying

1. To submit a claim under this section **Your Horse** must have been missing for 90 days and **You** must have advertised the loss of **Your Horse** and when **You** claim **You** must provide evidence showing the advertising took place.
2. **You** must notify the police as soon as **You** discover **Your Horse** has been stolen or gone missing.

3. If **Your Horse** is found or returns, **You** must repay the amount **We** have paid **You** for **Your Horse's Market Value**.

If **We** pay a claim under *Section 1 - Theft or Straying*, **Your Policy** is cancelled from the day after **Your Horse** went missing.

Section 2 – Death

Death from Injury or Illness

What We Will Pay

The **Sum Insured** or the **Market Value** of **Your Horse**, whichever is less following death or euthanasia by a **Vet** as a result of an **Injury** or **Illness** that happens or first shows **Clinical Signs**, during the **Period of Insurance**.

What We Will Not Pay

1. More than the **Sum Insured** or the **Market Value**, whichever is less.
2. Any amount if the death or euthanasia of **Your Horse** happens more than **Twelve (12) months** after the date the **Injury** happened, or the first **Clinical Signs** of the **Illness** were noticed that led to the death or euthanasia.
3. Any amount if the death of **Your Horse** results from a **Pre-Existing Condition**.
4. Any amount if the death of **Your Horse** results from an **Illness** which starts in the first 14 days of cover. This means
 - An **Illness** that showed **Clinical Signs** in the first 14 days of **Your Horse's** first **Period of Insurance** or the first 14 days of the date the section was added to **Your** insurance.
 - An **Illness** that has the same diagnosis or **Clinical Signs**, as an **Illness** that showed **Clinical Signs** in the first 14 days of the date the section was added to **Your** insurance.
 - An **Illness** that is caused by, relates to, or results from, a **Clinical Sign** that was noticed in the first 14 days of **Your Horse's** first **Period of Insurance** or the first 14 days of the date the section was added to **Your** insurance.
5. Any amount if **Your Vet** or **Our Vet** believes the **Illness**, or **Injury Your Horse** is suffering from can be treated.
6. 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 **Your Horse** was in so much pain that it needed immediate euthanasia and there was not time for **You** to tell **Us**. Before **Your Horse** is euthanised **We** recommend that **You** ask **Your Vet** if **Your Horse's Condition** meets **BEVA Guidelines for the Destruction of Horses** to understand if **You** are able to submit a claim under this insurance.
7. Any amount if the death or euthanasia of **Your Horse** results from; an **Illness** or **Injury** that happened; or, an **Illness** or **Injury** which is the same as, or has that same diagnosis or **Clinical Signs** as an **Illness** or **Injury** that happened; or an **Illness** or **Injury** that is caused by, relates to or results from an **Illness** or **Injury** that happened before:
 - **Your Horse's** cover started; or,
 - the date this section was added to **Your** insurance, no matter where the **Injury** happened in or on **Your Horse's** body.
8. Any amount if **Your Horse** is euthanised and its **Condition** does not meet the current **BEVA Guidelines for the destruction of horses**.
9. 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**.
10. Any amount if the death or euthanasia of **Your Horse** results from medication unless it is given by a **Vet** or under the direction of a **Vet**.

11. Any amount if the death or euthanasia of **Your Horse** results from a vice or from **Your Horse's** behaviour.
12. Any amount for a mare's unborn foal, embryo or foetus.
13. Any other financial loss, legal compensation, costs or expenses as a result of the death or euthanasia of **Your Horse**.
14. The cost of a post mortem examination and/or report.
15. The cost of having **Your Horse** euthanised, cremated, buried or any other form of disposal.
16. Any amount if the death or euthanasia of **Your Horse** results from an **Injury** or an **Illness** while taking part in or is related in any way to an activity not shown or covered on **Your Certificate of Insurance**.
17. If a claim has not been submitted within **Twelve (12) Months** after the death of **Your Horse**, this will not be covered by the **Policy**.
18. If **You** start the cover after **Your Horse's** 20th birthday **Your** cover will be **Injury** only under the Death from Injury (Veteran Plan).
19. If **You** start the "Death from Injury or Illness" cover before **Your Horse's** 20th birthday, at the renewal following **Your Horse's** 25th birthday, this coverage will automatically change to the "Death from Injury (Veteran Plan)" which is **Injury** only and all cover for **Illness** will stop.
20. Any amount if the death of **Your Horse** results from an **Illness** if **Your Horse** is on the Death from Injury (Veteran Plan).

Death from Injury (Veteran Plan)

What We Will Pay

The **Sum Insured** or the **Market Value** of **Your Horse**, whichever is less, following death or euthanasia by a **Vet** as a result of an **Injury** that happens during the **Period of Insurance**.

What We Will Not Pay

1. More than the **Sum Insured** or the **Market Value** of **Your Horse**, whichever is less.
2. Any amount if the death or euthanasia of **Your Horse** happens more than **Twelve (12) months** after the date the **Injury** that caused the death or euthanasia.
3. Any amount if the death of **Your Horse** results from a **Pre-Existing Condition**.
4. Any amount if **Your Vet** or **Our Vet** believes the **Injury** to **Your Horse** is suffering from can be treated.
5. 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 **Your Horse** was in so much pain that it needed immediate euthanasia and there was not time for **You** to tell **Us**. Before **Your Horse** is euthanised **We** recommend that **You** ask **Your Vet** if **Your Horse's Condition** meets **BEVA Guidelines for the Destruction of Horses** to understand if **You** are able to submit a claim under this insurance.
6. Any amount if the death or euthanasia of **Your Horse** results from; an **Injury** that happened; or, an **Injury** which is the same as, or has that same diagnosis or **Clinical Signs** as an **Injury** that happened; or an **Injury** that is caused by, relates to or results from an **Injury** that happened before:
 - **Your Horse's** cover started; or,
 - the date this section was added to **Your** insurance, no matter where the **Injury** happened in or on **Your Horse's** body.
7. Any amount if **Your Horse** is euthanised and its **Condition** does not meet the current **BEVA Guidelines for the destruction of horses**.
8. 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**.
9. Any amount if the death or euthanasia of **Your Horse** results from medication unless it is given by a **Vet** or under the direction of a **Vet**.

10. Any amount if the death or euthanasia of **Your Horse** results from a vice or from **Your Horse's** behaviour.
11. Any amount for a mare's unborn foal, embryo or foetus.
12. Any other financial loss, legal compensation, costs or expenses as a result of the death or euthanasia of **Your Horse**.
13. The cost of a post mortem examination and/or report.
14. The cost of having **Your Horse** euthanised, cremated, buried or any other form of disposal.
15. Any amount if the death or euthanasia of **Your Horse** results from an **Injury** while taking part in or is related in any way to an activity not shown or covered on **Your Certificate of Insurance**.
16. If a claim has not been submitted within **Twelve (12) Months** after the death of **Your Horse**, this will not be covered by the **Policy**.

Special Conditions That Apply To Death (Death by Injury or Illness and Death from Injury (Veteran Plan))

1. **You** must tell **Us** as soon as possible if **Your Horse** shows any **Clinical Signs** of an **Injury** or an **Illness**.
2. If **You** or **Your Vet** decides on euthanasia of **Your Horse** **You** must tell **Us** as soon as possible.
3. If **Your Vet** and **Our Vet** do not agree that the **Illness** or **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.
4. **You** must as soon as possible arrange for a **Vet** to examine and treat **Your Horse** if it shows **Clinical Signs** of an **Injury** or an **Illness**. And, if **We** decide, **You** must arrange for **Your Horse** to go to another **Vet** that **We** have chosen.
5. For **Injuries**, the period of **Twelve (12) months** will start from the date the **Injury** first happened.
6. For **Illness(es)**, the period of **Twelve (12) months** will start from the date the **Illness** or **Clinical Signs** were first noticed. If **Your Horse** has suffered the same **Clinical Signs** or has been diagnosed with the same **Illness** in the past, the **Twelve (12) months** cover will start from the very first time **Your Horse** suffered from the **Clinical Signs/Illness**. This applies in all cases regardless of whether:
 - The **Clinical Signs/Illness** presents in the same or different part of the body, and/or
 - **Your Vet** confirms the past and current **Illness(es)** are, or are not, linked.
7. Cover is for an **Injury** or **Illness** for **Twelve (12) months** providing **You** renew the **Policy** and continue to pay the premium and after that time all cover for the **Injury/Illness** will stop. If **Your Horse** is covered under the Veteran Plan **Your** cover is limited to **Injury** only.
8. **You** must take proper care of **Your Horse** and take all reasonable steps to maintain **Your Horse's** health. **You** must arrange, at **Your** own expense, for **Your Horse** to have any **Treatment** normally recommended by a **Vet** to prevent **Injury** or **Illness**.
9. If **We** pay a claim under *Section 2- Death*, **Your Policy** is cancelled from the day after **Your Horse's** death.
10. Following the death or euthanasia of **Your Horse** **You** must arrange and pay for a post mortem examination and/or report.
11. **We** will not make any claims payment until **We** have received the following;
 - Evidence of **Your** legal ownership of the horse (passport or purchase receipt showing **You** as owner).
 - If the horse was on loan or leased, a copy of the **Loan/Lease Agreement**, signed by both parties and either **Your Horse's** passport or purchase receipt showing the owner's name.

BEVA Guidelines for the Destruction of Horses under All Risks of Mortality Insurance Policy (1996)

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

1. BEVA considers that the decision to advise an owner to destroy a horse on humane grounds must be the responsibility of the attending veterinary surgeon, based on his or her assessment of the clinical signs at the time of examination, regardless of whether the horse is insured. The veterinary surgeon's primary responsibility is to ensure the welfare of the horse.
2. BEVA recognises that there may be occasions when the attending veterinary surgeon will advise euthanasia but that such a decision may not necessarily lead to a successful insurance claim. It is important that all parties are aware of this potential conflict of interests before a horse is destroyed. It is the owner's responsibility to ensure compliance with any **Policy** contract with an insurer.
3. As a guide, BEVA considers that an affected horse will need to meet the following requirements to satisfy a claim under a mortality insurance **Policy**: "That the insured horse sustains an **Injury** or manifests an **Illness** or disease that is so severe as to warrant immediate destruction to relieve incurable and excessive pain and that no other options of treatment are available to that horse at that time."

If immediate destruction cannot be justified, then the attending veterinary surgeon should provide effective first aid treatment before:

- (i) Requesting that the insurance company be contacted or, failing that,
 - (ii) Arranging for a second opinion from another veterinary surgeon.
4. Insurance companies frequently require some form of examination after death. Owners should be made aware that it is in their best interests to retain the carcass, or appropriate parts, for this purpose. The horse should be positively identified.
 5. It should be stressed that in the event of a horse being destroyed on grounds which justify a claim it is still the responsibility of the insured to prove that all Policy Terms and Conditions are complied with and were current at the time of the incident.

Section 3 – Disposal

This section is an optional extra benefit and only applies if it shown as covered on **Your Certificate of Insurance**.

What We Will Pay

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 Signs** during the **Period of Insurance**.

What We Will Not Pay

1. More than the **Maximum Benefit** shown on **Your Certificate of Insurance**.
2. Any amount if **You** do not have **Section 2 – Death** shown as covered on the **Certificate of Insurance**.
3. Any amount if death or euthanasia of **Your Horse** is not covered under **Section 2 – Death**
4. If a claim has not been submitted within **Twelve (12) Months** after the death of **Your Horse**, this will not be covered by the **Policy**.

Special Conditions That Apply To Disposal

1. If **You** start the cover after **Your Horse's** 20th birthday **Your** cover will be **Injury** only under the Veteran Plan.
2. If **You** start the cover for Disposal before **Your Horse's** 20th birthday at the renewal following **Your Horse's** 25th birthday, this coverage will automatically change to the Veteran Plan which is **Injury** only and all cover for **Illness** will stop.

Section 4 – Veterinary Fees

This section is an optional extra benefit and only applies if it shown as covered on **Your Certificate of Insurance**.

Veterinary Fees for Injury or Illness

What We Will Pay

The cost of **Veterinary Treatment Your Horse** receives to treat an **Injury** that happens or an **Illness** that first shows **Clinical Signs** during the **Period of Insurance**.

What You Pay

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

What We Will Not Pay

1. More than the **Maximum Benefit** shown on **Your Certificate of Insurance** for each unrelated **Injury** or **Illness**.
2. The cost of any **Veterinary Treatment Your Horse** receives after **Twelve (12) months** from the date the **Injury** happened or the **Illness** first showed **Clinical Signs**.
3. The cost of any **Treatment** for an **Illness** which starts in the first fourteen (14) days of cover. This means
 - An **Illness** that showed **Clinical Signs** in the first fourteen (14) days of **Your Horse's** first **Period of Insurance** or the first fourteen (14) days of the date the section was added to **Your** insurance.
 - An **Illness** that has the same diagnosis or **Clinical Signs**, as an **Illness** that showed **Clinical Signs** in the first fourteen (14) days of the date the section was added to **Your** insurance.
 - An **Illness** that is caused by, relates to, or results from, a **Clinical Sign** that was noticed in the first fourteen (14) days of **Your Horse's** first **Period of Insurance** or the first fourteen (14) days of the date the section was added to **Your** insurance.
4. The cost of any **Veterinary Treatment** for a **Pre-Existing Condition**.
5. The cost of any medicines or materials prescribed or supplied to be used after **Twelve (12) months** from the date the **Injury** happened or the **Illness** first showed **Clinical Signs**.
6. The cost of acupuncture, chiropractic, manipulation, feed supplements, herbal medicine, homeopathy, nutraceuticals, osteopathy, physiotherapy, hydrotherapy, **Specialist Farriery** or any other **Alternative or Complementary Treatment**. This includes any **Veterinary Treatment** specifically needed to carry out the particular **Alternative or Complementary Treatment**. *Please refer to Section 5 – Alternative or Complementary Treatment* where details of cover can be found if shown as covered on **Your Certificate of Insurance**.
7. The cost of any **Veterinary Treatment** a **Vet** normally recommends to prevent **Injury** or **Illness**.
8. Extra costs for treating **Your Horse** outside usual veterinary practice hours, unless the **Vet** confirms an emergency consultation is essential, regardless of **Your** personal circumstances.
9. The cost of **Treatment**, which is not **Veterinary Treatment** that **You** could carry out **Yourself**, unless the **Vet** confirms that a **Vet** or a **Member of a Veterinary Practice** must carry this out, regardless of **Your** personal circumstances. This includes controlled exercise and the use of horse-walkers.
10. The cost of buying or hiring equipment or machinery.
11. The cost of transplant surgery, including pre and post-operative care, other than stem cell therapy.
12. The cost of any **Elective Treatment, Diagnostic or Procedure** that **You** choose to have carried out that is not required to treat an **Injury** or **Illness**, including any complications that arise from this **Treatment**.
13. The cost of any **Veterinary Treatment** that results from a vice or from **Your Horse's** behaviour.
14. The cost of vaccinations, castration, removing wolf teeth, other than the cost of treating any

complications caused by these procedures.

15. The cost of any **Treatment** for abortion, pregnancy and foaling, unless needed due to a complication of pregnancy or giving birth.
16. The cost of any **Veterinary Treatment** for any **Injury** or **Illness** deliberately caused by **You** or a member of **Your Immediate Family**, or anyone living with **You** or employed by **You**.
17. Any amount if the **Veterinary Treatment** results from an **Injury** or an **Illness** while taking part in or is related in any way to an activity not shown or covered on **Your Certificate of Insurance**.
18. The cost of euthanasia, cremation, burial or disposal of **Your Horse**.
19. The cost of a post mortem examination and or report.
20. The cost of dental **Treatment** unless **Your Horse** had a dental examination (*See General Condition 2.d*) carried out by a **Vet** or a qualified equine dentist in the **Twelve (12) months** before the **Clinical Signs** of the **Injury** or **Illness** were first noted.
21. The cost of livery, stabling, grazing, feeding; or 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.
22. The cost of any **Treatment**, which is not **Veterinary 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.
23. Any costs for transporting/travelling to or from a place of treatment either for **Your Horse** or **Your Vet**. *Please refer to Section 6 – Hospitalisation and Transportation* where details of cover can be found if shown as covered on **Your Certificate of Insurance**.
24. The cost of any **Veterinary Treatment** that results from an **Injury** or an **Illness** while taking part in an activity not shown as covered on **Your Certificate of Insurance**.
25. The cost of any **Veterinary Treatment** that **Your Vet** and **Our Vet** do not agree if **We** have advised that this agreement is required.
26. If a claim has not been submitted within **twelve (12) months** of **Your Horse** receiving **Veterinary Treatment**, this will not be covered by the **Policy**.
27. The cost of any **Veterinary Treatment** for an **Illness** if **Your Horse** is aged 20 years or over, unless coverage started before **Your Horse's** 20th birthday.

Veterinary Fees for Injury (Veteran Plan)

What We Will Pay

The cost of **Veterinary Treatment** **Your Horse** receives to treat an **Injury** that happened during the **Period of Insurance**.

What You Pay

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

What We Will Not Pay

1. More than the **Maximum Benefit** shown on **Your Certificate of Insurance** for each unrelated **Injury**.
2. The cost of any **Veterinary Treatment** **Your Horse** receives after **Twelve (12) months** from the date the **Injury** happened.
3. The cost of any **Veterinary Treatment** for a **Pre-Existing Condition**.
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 acupuncture, chiropractic, manipulation, feed supplements, herbal medicine, homeopathy, nutraceuticals, osteopathy, physiotherapy, hydrotherapy, **Specialist Farriery** or any other **Alternative or Complementary Treatment**. This includes any **Veterinary Treatment** specifically needed to carry out the particular **Alternative or Complementary Treatment**. *Please*

refer to *Section 5 – Alternative or Complementary Treatment* where details of cover can be found if shown as covered on **Your Certificate of Insurance**.

6. The cost of any **Veterinary Treatment** a **Vet** normally recommends to prevent **Injury**.
7. The cost of any **Veterinary Treatment** **You** choose to have carried out that is not required to treat an **Injury**, including any complications that arise from this **Treatment**.
8. The cost of any **Veterinary Treatment** that results from a vice or from **Your Horse's** behaviour.
9. The cost of vaccinations, castration, removing wolf teeth, other than the cost of treating any complications caused by these procedures.
10. The cost of any **Treatment** for abortion, pregnancy and foaling, unless needed due to a complication or pregnancy or giving birth.
11. Extra costs for treating **Your Horse** outside usual veterinary practice hours, unless the **Vet** confirms an emergency consultation is essential, regardless of **Your** personal circumstances.
12. The cost of **Treatment**, which is not **Veterinary Treatment** that **You** could carry out **Yourself**, unless the **Vet** confirms that a **Vet** or a **Member of a Veterinary Practice** must carry this out, regardless of **Your** personal circumstances. This includes controlled exercise and the use of horse-walkers.
13. The cost of buying or hiring equipment or machinery.
14. The cost of transplant surgery, including pre and post-operative care, other than stem cell therapy.
15. The cost of any **Elective Treatment, Diagnostic or Procedure** that **You** choose to have carried out that is not required to treat an **Injury**, including any complications that arise from this **Treatment**.
16. The cost of dental **Treatment** unless **Your Horse** had a dental examination carried out by a **Vet** or a qualified equine dentist in the **Twelve (12) months** before the **Clinical Signs** of the **Injury** were first noted.
17. The cost of any **Veterinary Treatment** for any **Injury** deliberately caused by **You** or a member of **Your Immediate Family**, or anyone living with **You** or employed by **You**.
18. The cost of euthanasia, cremation, burial or disposal of **Your Horse**.
19. The cost of a post mortem examination and or report.
20. The cost of livery, stabling, grazing, feeding; or 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.
21. Any costs for transporting/travelling to or from a place of treatment either for **Your Horse** or **Your Vet**. Please refer to *Section 6 – Hospitalisation and Transportation* where details of cover can be found if shown as covered on **Your Certificate of Insurance**.
22. The cost of any **Veterinary Treatment** that results from an **Injury** while taking part in an activity not shown as covered on **Your Certificate of Insurance**.
23. The cost of any **Veterinary Treatment** that **Your Vet** and **Our Vet** do not agree if **We** have advised that this agreement is required.
24. If a claim has not been submitted within **Twelve (12) Months** of **Your Horse** receiving **Veterinary treatment**, this will not be covered by the **Policy**.

Special Conditions That Apply To Veterinary Fees

(Veterinary Fees for Injury or Illness and Veterinary Fees for Injury (Veteran Plan))

1. **You** must tell **Us** as soon as possible if **Your Horse** shows any **Clinical Signs** of an **Injury** or an **Illness**.
2. **You** must as soon as possible arrange, at **Your** own expense, for a **Vet** to examine and treat **Your Horse** if it shows **Clinical Signs** of an **Injury** or 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 **You** decide to take **Your Horse** to a different **Vet** for a second opinion because **You** are unhappy with the diagnosis or **Treatment** provided, **You** must tell **Us** before **You** arrange an appointment with them. If **You** do not, **We** will not pay any costs relating to the second opinion. If **We** request, **You** must arrange for **Your Horse** to go to a **Vet** that **We** have chosen. If **We** decide that the diagnosis or

Treatment currently being provided is correct, **We** will not cover any costs relating to the second opinion.

4. **We** may decide that **We** need **Our Vet** to agree **Your Horse's Veterinary Treatment** with **Your Vet** before it is carried out. **We** will advise **You** if this agreement is required.
5. If **We** receive a request to pay the claim payment direct to a veterinary practice or referral centre, **We** have the right to decline this request.
6. If **Your Vet** and **Our Vet** do not agree on the **Veterinary 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** **Your Horse** needs.
7. It is **Your** responsibility to ensure the veterinary practice is paid within the required time frame. If an additional charge is added to the cost of **Treatment** due to the late payment of fees, **We** will deduct this charge from the claim settlement. If the veterinary practice or therapist provides a discount for paying the cost of **Treatment** within a certain time frame, **You** must provide payment within this time frame. If **You** do not, **We** will deduct the discount, which would have been provided, from the claim settlement.
8. For **Injuries**, the period of **Twelve (12) months** and the **Maximum Benefit** will start from the date the **Injury** happened. If **Your Horse** has more than one **Injury**, they are considered one **Injury** if:
 - Diagnosed as the same **Injury**, or
 - They happen at the same time, or
 - Are caused by, or relate to, one another, One period of **Twelve (12) months** and one **Maximum Benefit** will apply to the **Treatment** for all **Injuries**.
9. For **Illness(es)**, the period of **Twelve (12) months** and the **Maximum Benefit** will start from the date the **Illness** or **Clinical Signs** were first noticed. If **Your Horse** has suffered the same **Clinical Signs** or has been diagnosed with the same **Illness** in the past, the **Twelve (12) months** cover and the **Maximum Benefit** will start from the very first time **Your Horse** suffered from the **Clinical Signs/Illness**. This applies in all cases regardless of whether:
 - The **Clinical Signs/Illness** presents in the same or different part of the body, and/or
 - **Your Vet** confirms the past and current **Illness(es)** are, or are not, linked.
10. After **We** have paid the cost of **Treatment** for **Twelve (12) months** (or the **Maximum Benefit**) **We** will not pay for any more **Treatment** for that **Injury** or **Illness**, or anything which is caused by or related to it. **We** will also no longer cover any **Illness** or **Injury** which has the same diagnosis. This applies in all cases regardless of whether:
 - The **Injury** or **Illness** presents in the same or different part of the body, and/or
 - **Your Vet** confirms the past and current **Illness(es)** are, or are not, linked.
11. If **Your Horse** suffered from an **Illness** and it has the same diagnosis as an **Illness** which happened
 - a) Before **Your Policy** started, or
 - b) In the first 14 days of **Your Horse's** first **Period of Insurance**The **Illness** will not be covered by the **Policy**. This applies in all cases regardless of whether:
 - The **Illness** presents in the same or different part of the body, and/or
 - **Your Vet** confirms the past and current **Illness(es)** are, or are not, linked.
12. Cover is for an **Injury** or **Illness** for **Twelve (12) months** providing **You** renew the **Policy** and continue to pay the premium and after that time all cover for the **Injury/Illness** will stop. If **Your Horse** is covered under the Veteran Plan **Your** cover is limited to **Injury** only.
13. For the purposes of this Section, the following will be treated as one claim:
 - all **Injuries** sustained in or arising out of the same **Accident**;
 - lameness of more than one limb;
 - any subsequent **Injury** or **Illness** arising as a complication or consequence of the original **Injury, Illness** or **Clinical Sign(s)** or arising as a consequence of **Veterinary Treatment** for the original

Injury or Illness.

14. If a number of **Injuries**, **Illness(es)**, or **Clinical Signs** are diagnosed as one **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 Signs** of any of the **Illness(es)** were noticed.
15. To claim for items which have not been purchased from the veterinary practice, the **Vet** must confirm the items are required to treat an **Injury** or **Illness** and the quantities needed.
16. If **Your Horse** stays at a veterinary practice or hospital the **Policy** covers the cost of veterinary and nursing care. This section does not cover any charges made by the practice/hospital for livery, stabling, grazing, bedding and feeding. *Please refer to Section 6 – Hospitalisation and Transportation* where details of cover can be found if shown as covered on **Your Certificate of Insurance**.
17. If **You** start the cover after **Your Horse's** 20th birthday **Your** cover will be **Injury** only under the Veteran Plan.
18. If **You** start the cover for **Veterinary Fees** before **Your Horse's** 20th birthday at the renewal following **Your Horse's** 25th birthday, this coverage will automatically change to the Veteran Plan which is **Injury** only and all cover for **Illness** will stop.

Section 5 – Alternative or Complementary Treatment

This section is an optional extra benefit and only applies if it shown as covered on **Your Certificate of Insurance**.

What We Will Pay

The cost of **Alternative or Complementary Treatment** **Your Horse** receives to treat an **Injury** that happens or an **Illness** that first shows **Clinical Signs** during the **Period of Insurance** if recommended by a **Vet** following examination.

What We Will Not Pay

1. More than the **Maximum Benefit** for the combined **Treatment** costs of all **Illness(es)** and **Injuries** for **Alternative or Complementary Treatment** in the **Period of Insurance**.
2. Any amount if the **Injury** or **Illness** the **Alternative or Complementary Treatment** is treating is not coverable under the **Veterinary Fees** section of cover **You** have on this **Policy**. *Please see Section 4 – Veterinary Fees* and refer to **Your Certificate of Insurance** for further details.
3. The cost of any **Treatment** that **You** could carry out **Yourself**, unless the **Vet** or therapist confirms that a **Vet** or a **Member of a Veterinary Practice** must carry this out, regardless of **Your** personal circumstances. This includes controlled exercise and the use of horse-walkers.
4. If a claim has not been submitted within **Twelve (12) Months** of **Your Horse** receiving **Alternative or Complementary Treatment**, this will not be covered by the **Policy**.

Special Conditions That Apply To Alternative or Complementary Treatment

1. If **Your** claim is for **Specialist Farriery**, **We** will deduct the amount **You** normally pay for shoeing and/or the care of **Your Horse's** feet from the amount **You** have been charged for **Specialist Farriery**.
2. If **You** start the cover after **Your Horse's** 20th birthday **Your** cover will be **Injury** only under the Veteran Plan.
3. If **You** start the cover before **Your Horse's** 20th birthday at the renewal following **Your Horse's** 25th birthday, this section will automatically change to the Veteran Plan which is **Injury** only and all cover for **Illness** will stop.

Section 6 – Hospitalisation and Transportation

This section is an optional extra benefit and only applies if it shown as covered on **Your Certificate of Insurance**.

What We Will Pay

The cost of:

1. Transportation costs to, and from, a veterinary college or hospital, and
2. Livery charges at a veterinary college or hospital.

Where **Your Horse** has been referred for a second opinion or specialist **Treatment** for an **Injury** that happened or an **Illness** that first showed **Clinical Signs** during the **Period of Insurance**.

What We Will Not Pay

1. More than the **Maximum Benefit** for all livery and transportation costs in the **Period of Insurance**.
2. Any amount if the transportation or livery relates to an **Illness** or **Injury** that is not coverable under the **Veterinary Fees** section of cover **You** have on this **Policy**. *Please see Section 4 – Veterinary Fees* and refer to **Your Certificate of Insurance** for further details.
3. Any amount unless **Your Vet** has referred **Your Horse** for a second opinion or specialist **Treatment**.
4. If a claim has not been submitted to **Us Twelve (12) Months** after the date of **Your Horse's** visit to the veterinary college or hospital, this will not be covered by the **Policy**.

Special Conditions That Apply To Hospitalisation and Transportation

1. If **You** start the cover after **Your Horse's** 20th birthday **Your** cover will be **Injury** only under the Veteran Plan.
2. If **You** start the cover Hospitalisation and Transportation before **Your Horse's** 20th birthday at the renewal following **Your Horse's** 25th birthday, this coverage will automatically change to the Veteran Plan which is **Injury** only and all cover for **Illness** will stop.
3. If the transport belongs to **You** or member of **Your Immediate Family**, or it has been lent to **You** free of charge, **We** will only cover the fuel costs **You** incur, for travel between **Your Horse's** usual residence and the veterinary college or hospital.

Section 7 – Permanent Loss of Use

This section is an optional extra benefit and only applies if it is shown as covered on **Your Certificate of Insurance**.

What We Will Pay

The **Market Value** of **Your Horse** if an **Injury** happens or an **Illness** first shows **Clinical Signs**, during the **Period of Insurance**, which results in **Your Horse** never being able to take part in any one of the activities as set out on the **Certificate of Insurance**.

If **Your Horse** can no longer be ridden or used for breeding, **We** will pay a percentage of the **Market Value** (or **Sum Insured**, whichever is less). The percentage **We** will pay is shown on **Your Certificate of Insurance**.

If **Your Horse** can still be ridden or used for breeding, **We** will reduce the amount **We** will pay to 60% of the selected percentage. This means that if **You** have chosen permanent loss of use at:

100%, **We** will pay 60%

75%, **We** will pay 45%

50%, **We** will pay 30%

Of the **Market Value** (or **Sum Insured**, whichever is less) of **Your Horse**.

What We Will Not Pay

1. More than the percentage of the **Sum Insured** or the **Market Value** of **Your Horse** whichever is less, as set out on the **Certificate of Insurance**.
2. 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 Signs**.
3. 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**.
4. Any amount if the permanent loss of use is caused by a **Pre-Existing Condition**.
5. Any amount if the permanent loss of use is caused by an **Illness** which starts in the first fourteen (14) days.

This means

- An **Illness** that showed **Clinical Signs** in the first fourteen (14) days of **Your Horse's** first **Period of Insurance** or the first fourteen (14) days of the date the section was added to **Your** insurance.
 - An **Illness** that has the same diagnosis or **Clinical Signs**, as an **Illness** that showed **Clinical Signs** in the first fourteen (14) days of the date the section was added to **Your** insurance.
 - An **Illness** that is caused by, relates to, or results from, a **Clinical Sign** that was noticed in the first fourteen (14) days of **Your Horse's** first **Period of Insurance** or the first fourteen (14) days of the date the section was added to **Your** insurance.
6. Any amount for permanent loss of use if caused by an **Injury** or **Illness** which results from taking part in or is related in any way to an activity not shown or covered on **Your Certificate of Insurance**.
 7. 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.
 8. 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**.
 9. Any amount for permanent loss of use if **Your Horse** is under 2 years of age or 17 years old or over at the beginning of the **Period of Insurance** as set out on **Your Certificate of Insurance**.
 10. Any amount if the permanent loss of use for **Your Horse** results from a vice or it's behaviour.
 11. Any amount for permanent loss of use if **Your Horse** is not allowed to take part in any competition/show because of any blemish or scar or any regulations about horses that have had a Hobday operation or any other operation for a respiratory system disorder.
 12. Any amount for permanent loss of use unless the **Illness** or **Injury** prevents **Your Horse** from physically taking part in an activity.
 13. If a claim has not been submitted within **Twelve (12) Months** of **Your Horse** receiving **Treatment**, this will not be covered by the **Policy**.

Special Conditions That Apply To Permanent Loss of Use

1. **You** must as soon as possible arrange, at **Your** expense, for a **Vet** to examine and treat **Your Horse** if it shows **Clinical Signs** of an **Injury** or 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.
2. If it is **Your Vet's** opinion that **Your Horse** will never take part in any one of the activities set out on the **Certificate of Insurance** **You** must send **Us** a report from **Your Vet** giving details of **Your Horse's** **Illness** or **Injury** and the reasons for the opinion.
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. Cover is for an **Injury** or **Illness** for **Twelve (12) months** providing **You** renew the **Policy** and continue

to pay the premium and after that time all cover for the **Injury/Illness** will stop.

6. For **Injuries**, the period of **Twelve (12) months** will start from the date the **Injury** happened. If **Your Horse** has more than one **Injury**, if they are:
 - Diagnosed as the same **Injury**, or
 - They happen at the same time, or
 - Are caused by, or relate to, one another.The **Twelve (12) months** of cover will start from the date the first **Injury** happened.
7. For **Illness(es)**, the period of **Twelve (12) months** will start from the date the **Illness** or **Clinical Signs** were first noticed. If **Your Horse** has suffered the same **Clinical Signs** or has been diagnosed with the same **Illness** in the past, the **Twelve (12) months** cover will start from the very first time **Your Horse** suffered from the **Clinical Signs/Illness**. This applies in all cases regardless of whether:
 - The **Clinical Signs/Illness** presents in the same or different part of the body, and/or
 - **Your Vet** confirms the past and current **Illness(es)** are, or are not, linked.
8. If a number of **Injuries**, **Illness(es)**, or **Clinical Signs** are diagnosed as one **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 Signs** of any of the **Illness(es)** were noticed.
9. 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. The cost of freeze marking is **Your** cost. 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.
10. If **Your Horse** is covered for 100% of the **Sum Insured** or the **Market Value** of **Your Horse** whichever is the less, and **We** pay a claim for it, **Your Horse** will continue to belong to **You**. **We** will reduce the amount **We** pay **You** by what **Your Horse** is worth at the date of payment.
11. **You** must tell **Us** as soon as possible if **Your Horse** shows **Clinical Signs** of an **Injury** or an **Illness**, that may lead to a loss of use claim.
12. If **We** pay a claim under *Section 7 – Permanent Loss of Use*, **Your Policy** is cancelled from the date of settlement of the claim.
13. **We** will not make any claims payment until **We** have received the following;
 - **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**.
 - Evidence of **Your** legal ownership of the horse (passport or purchase receipt for the horse showing the owner's name).
 - If **Your Horse** was on loan or leased, a copy of the **Loan/Lease Agreement**, signed by both parties and either **Your Horse's** passport or purchase of receipt showing the owner's name.
14. **We** will remove Permanent Loss of Use cover from **Your Policy** at the renewal following **Your Horse's** 17th Birthday and from this time all cover under this benefit will stop.

Section 8 – Third Party Liability

This section is an optional extra benefit and only applies if it shown as covered on **Your Certificate of Insurance**.

In this section, ‘**You**’ or ‘**Your**’ also includes anyone **Riding Your Horse** with **You** permission.

What We Will Pay

If property is damaged or someone is killed, **Injured** or falls ill as a result of an incident involving **Your Horse** during the **Period of Insurance** and **You** are legally responsible, **We** will pay inclusively up to, but not exceeding the **Maximum Benefit** shown in the **Certificate of Insurance** for:

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

What You Pay

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

What We Will Not Pay

1. More than the **Maximum Benefit** for each incident. If **You** have more than one horse insured under this **Policy**, *please refer to ‘Conditions applying to Third Party Liability’ point 7.*
2. Any costs and expenses for defending **You** that **We** have not agreed beforehand.
3. Any compensation, costs and expenses resulting from an incident which involves the profession, occupation or business of anyone who is employed by **You**, anyone who works for **You** in any way (paid or not) or anyone who **You** have paid for their services.
4. Any compensation, costs and expenses if **You** are legally responsible only because of a contract **You** have entered into.
5. Any compensation, costs and expenses for the death, **Injury** or **Illness** of **You**, an **Immediate Family** member, anyone who lives with **You** or is employed by **You**.
6. Any compensation, costs and expenses for property that belongs to, or is the responsibility of **You**, an **Immediate Family member** or anyone who lives with **You** or is employed by **You**.
7. Any compensation, costs and expenses that result from an incident if **You** have not followed instructions or advice given to **You** by a **Vet** or a qualified behaviourist about **Your Horse**.
8. Any compensation, costs and expenses if the incident happens in an area or place where horses are specifically prohibited, unless **Your Horse** escapes and enters the area outside of **You** control.
9. Any compensation, costs and expenses for an incident which occurs when **Your Horse** is tethered or when **Your Horse** has escaped from, or has been purposefully released from, a tether.
10. Any compensation, costs and expenses if all or part of a fence, a wall, a gate or an agricultural crop is damaged while **You** are **Riding Your Horse**.
11. Any compensation, costs and expenses if someone is **Riding Your Horse** for professional lessons or **Riding** at a riding establishment unless that person is a member of **Your Immediate Family** or the person has **Your Horse** on loan.
12. Any compensation, costs and expenses if the incident results from the business activities of a riding establishment.
13. Any compensation, costs and expenses 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.
14. Any compensation, costs and expenses if the person who is killed, **injured** or falls ill is being paid to ride or handle **Your Horse**.
15. Any compensation, costs and expenses if the person, who has been paid to ride or handle **Your Horse**, is negligent and this results in damage to property or the death, **Injury** or **Illness** of another person.

16. Any compensation, costs and expenses if the incident results from a stallion serving or attempting to serve a mare, or from any activity involving artificial insemination.
17. Any compensation, costs and expenses if **You** are responsible under the laws of any country, other than members of the European Union.
18. Any compensation, costs and expenses if **You** are responsible for air, water or soil pollution, unless it can be proven that the pollution took place immediately after and as a result of an incident involving **Your Horse**.

Special Conditions That Apply To Third Party Liability

1. **You** must not admit responsibility, agree to pay any claim or negotiate with any person following an incident.
2. **You** must notify **Us** as soon as possible:
 - If an incident occurs which could lead to a claim under this section, even if **You** don't believe a claim will be made against **You** at the time.
 - Upon being advised of any prosecution, inquest or enquiry which could lead to a claim under this section.
3. **You** must as soon as possible send **Us** any writ, summons or legal documents **You** receive and **You** or any other person must not respond to any of these documents.
4. **You** agree to provide **Us** with any information connected with a claim **We** ask for, including details of **Your Horse's** history.
5. **You** agree to tell **Us** or help **Us** find out all the circumstances of an incident that results in a claim, provide written statements and go to court if needed.
6. **You** must allow **Us** to take charge of **Your** claim and allow **Us** to prosecute in **Your** name for **Our** benefit.
7. Where there is more than one horse insured under the **Policy**, if more than one of the horses insured under the **Policy** are involved in, or contribute towards, an incident only one **Maximum Benefit** will apply to the incident for all the horses. This means that if the horses involved all have the same **Maximum Benefit**; the most **We** will pay for the incident is that **Maximum Benefit**. For example, if all the horses insured each have a **Maximum Benefit** of £1 million, **We** will pay no more than £1 million for the incident.
8. When another party is being paid to take care of **Your Horse**:

If a business (such as a livery yard) or a person (such as a groom) is being paid to ride or care for **Your Horse**, it is **Your** responsibility to:

 - Make sure the business/person has the appropriate insurance cover for third party liability, and
 - Tell them if **Your Horse** has any vices or behavioural problems or requires any special handling so they can handle **Your Horse** in an appropriate manner.

Section 9 – Personal Accident

This section is an optional extra benefit and only applies if it shown as covered on **Your Certificate of Insurance**.

In this section, ‘**You**’ or ‘**Your**’ also includes anyone **Riding Your Horse** with **Your** permission.

What We Will Pay

If **You** are **Riding Your Horse** and are **Injured**, die or must stay in hospital because of an **Accident** that happens during the **Period of Insurance**, **We** will pay up to the amount stated in the *List of Cover*.

| List of Cover | Basic Maximum Benefit | Premium Maximum Benefit |
|--|--------------------------|----------------------------|
| 1. Death | £10,000 | £20,000 |
| 2. Permanent blindness in one or both eyes | £10,000 | £20,000 |
| 3. Loss of one or more limbs <ul style="list-style-type: none">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 |
| 4. Permanent total disablement <ul style="list-style-type: none">If, because of an Accident, You will never be able to carry out any type of work. | £10,000 | £20,000 |
| 5. Temporary total disablement <ul style="list-style-type: none">If, because of the Accident, You cannot carry out all the duties of Your job.If You do not have a job, We will pay Your medical expenses due to Your Injury up to the weekly benefit.If You are self-employed please refer to ‘<i>Special conditions that apply to Personal Accident</i>’ – Point 9. | Nil | £150 each week |
| 6. Hospital benefit <ul style="list-style-type: none">For each 24 hours You are in hospital | £15 | £15 |
| 7. Emergency dental treatment | £1,000 | £1,000 |

What You Pay

The first £150 for emergency dental treatment.

What We Will Not Pay

- Any amount if **You** death, permanent total disablement, permanent blindness or loss of one or more limbs(s) happens more than twenty-four (24) months after the date **You** were Injured.
- Any amount for permanent total disablement until at least 52 weeks after the date of the **Accident**.
- The first 7 days of temporary total disablement for each **Accident**.
- More than 52 consecutive weeks of temporary total disablement for each **Accident**.

5. More than 30 days hospital benefit for each **Accident**.
6. Any amount for dental treatment which is not directly related to the **Riding Accident**.
7. Any amount if **You** are under 5 years old or over 75 years old.
8. Any amount if someone is **Riding Your Horse** for professional lessons or **Riding** at a riding establishment unless that person is a member of **Your Immediate Family** or the person has **Your Horse** on loan.
9. 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.
10. Any extra amount because of a medical condition, **Injury** or **Illness** **You** had before this cover started.
11. Any amount if the **Injury** or death resulted from suicide, attempted suicide or **You** deliberately injuring yourself.
12. 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.
13. Any amount if the **Injury** or death results from **You** being under the influence of alcohol.
14. 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.
15. A claim must be submitted to **Us** within thirty (30) months of the **Injury** happening for death, permanent blindness and loss of one or more limb(s). Any claims received after this time will not be covered by the **Policy**.
16. A claim must be submitted to **Us** within eighteen (18) months of the **Injury** happening for permanent total disablement and/or temporary total disablement. Any claims received after this time will not be covered by the **Policy**.
17. A claim must be submitted to **Us** within **Twelve (12) Months** of the **Injury** happening for dental treatment and/or hospitalisation. Any claims received after this time will not be covered by the **Policy**.

Special Conditions That Apply To Personal Accident

1. If **You** are Injured, **You** must get medical attention as soon as possible.
2. **You** must wear approved protective headgear at all times when **Riding Your Horse**. This must be manufactured to BSEN1384:1997 with CE mark, EN1384:1996 with CE mark, PAS015:2011 with BSI kitemark, ASTM F1163:2004a SEI mark, E2001 with Snell certification label or AS/NZ 3838:2006 with SAI global mark. If **You** do not comply with the above, **We** will not pay any amount resulting from a head **Injury**.
3. **We** can appoint and pay for **Our** own medical advisers to examine **You** as often as **We** feel is necessary.
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 disabilities numbered 1, 2, 3 or 4 in the *List of Cover*, **We** will only pay one amount. The amount **We** will pay in total for all the disabilities is limited to the **Maximum Benefit** shown on **Your Certificate of Insurance**.
7. Once **We** have paid a claim for any of the disabilities numbered 2, 3 or 4 in the *List of Cover*, all cover for all of these stop. If **You** have another **Accident** **You** cannot claim for any of these disabilities.
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. **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 refrain to carry out an alternative type of work.

9. 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.

If **You** do not provide this information, **We** will only pay **Your** medical expenses due to **Your Injury** up to the weekly benefit.

Section 10 – Saddlery and Tack

This section is an optional extra benefit and only applies if it shown as covered on **Your Certificate of Insurance**.

What We Will Pay

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

1. the cost of repairing the **Saddlery and Tack** if it is damaged to bring it back to the same condition it was in before it was damaged; or,
2. the **Replacement Value** or the **Sum Insured** whichever is less of the **Saddlery and Tack** if the cost of repair is more than it was worth, or it is stolen or destroyed.

What You Pay

The **Excess** as shown on **Your Certificate of Insurance** for each incident where **Saddlery and Tack** is stolen, damaged or destroyed.

What We Will Not Pay

1. More than the **Sum Insured** for each incident.
2. More than £400 for any saddle or item of tack **You** do not have formal proof of purchase for, that shows the make, model and the date of purchase or a saddlers valuation which shows the make, model and value of the item and the date the valuation was carried out. The saddlers valuation must have been carried out and submitted to **Us** before the item is stolen, damaged or destroyed.
3. Any amount for clothing or personal effects.
4. Any amount for stolen **Saddlery and Tack** unless there is proven forcible or violent entry to the premises or vehicle where the **Saddlery and Tack** was kept.
5. Any amount for **Saddlery and Tack** **You** do not own, unless **You** are responsible for the **Saddlery and Tack** due to the contract **You** have entered into.
6. Any amount if the **Saddlery and Tack** is damaged or destroyed by wear and tear or the actions of moths, insects, vermin, pest or any other cause that happens slowly.
7. Any amount if the **Saddlery and Tack** is damaged when it is being cleaned, dyed, repaired or restored.
8. Any amount if **Your Saddlery and Tack** is being used by a riding establishment or by someone for professional lessons if they are not a member of **Your Immediate Family** or the person who has **Your Horse** on loan.
9. Any amount to have the **Saddlery and Tack** adjusted to fit **Your Horse**.
10. Any amount if the **Saddlery and Tack** is stolen or damaged as a result of any business activity, **Your** profession, **Your** occupation or while **You** are working for someone, whether **You** are paid or not.
11. More than the **Saddlery and Tack** was worth at the time it was stolen, damaged or destroyed.

12. If a claim has not been submitted within **Twelve (12) Months** of the loss or damage, this will not be covered by the **Policy**.

Special Conditions That Apply To Saddlery and Tack

1. When **Saddlery and Tack** is left unattended, it must be kept in;
 - the locked boot or covered luggage area of a locked vehicle; or,
 - the house, flat, or other domestic building that **You** live in that has been locked with a 5-lever mortice 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 5-lever mortice deadlock, or equivalent locks on all doors and has steel bars or a steel grid on all windows. If the **Saddlery and Tack** is left unattended and it is stolen, or damaged during attempted theft, the claim will only be considered if the above security was in place at the time.
2. Cover may be provided when unattended for **Saddlery and Tack** is stored in a large metal shipping container that cannot be moved. This only applied where the details have been discussed with **Us** and **We** have confirmed cover is in place. **Our** confirmation will be detailed on **Your Certificate of Insurance** and must have been given before any incident happens which leads to a claim.
3. If **You** have not insured all the **Saddlery and 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 and Tack** for represents.
4. **You** must notify the police as soon as **You** discover any of **Your Saddlery and Tack** has been stolen or deliberately damaged and obtain a crime reference number.
5. If **Your Saddlery and Tack** is found, **You** must as soon as possible advise **Us** and if **We** have paid **Your** claim **You** must repay the full amount **We** have paid **You**.
6. Where the item is damaged beyond repair the salvage value will be deducted from the amount **We** pay **You**.

Claiming

Making a claim

It's distressing when **Your Horse** suffers an **Injury** or **Illness** so **We** do all **We** can to make the claims process as quick and easy as possible. Please use the following website; www.britishpetinsurance.co.uk to assist **You** making a claim.

The claimable period of this **Policy** is for a **Twelve (12) Months** period only. The **Twelve (12) Months** starts on the date the **Injury** first happened after **Your Horse's** cover started, or the first clinical sign of the **Illness** or **Condition** occurring or existing in any form, after the conclusion of the first 14 days of cover. After this **Twelve (12) Months** period **We** will not cover any further claims for that or any related **Injury** or **illness**.

Claim payments will be made by electronic fund transfer, if another method of payment is required any costs incurred for administration will be deducted from the claim settlement.

How to claim

1. Most claim forms can be downloaded from the following website: www.britishpetinsurance.co.uk; or
2. Contact British Pet Insurance Services by telephone if **You** would like British Pet Insurance Services to send **You** a claim form; or
3. Claims for **Veterinary Fees** only may be lodged with **Your Vet** (if mutually agreed by **Your Vet**) and British Pet Insurance Services will pay the veterinary practice directly. **You** will need to pay **Your Vet** the applicable **Excess(es)** and any non-claimable items.
4. In all cases, other than for **Veterinary Fees**, **You** must let **Us** know of any circumstances which are likely to lead to a claim.
5. British Pet Insurance Services will not guarantee on the phone if British Pet Insurance Services will pay a claim. **You** must send British Pet Insurance Services a claim form that has been fully completed, any required supporting documents listed below and British Pet Insurance Services will then write to **You** with their decision.
6. Please make sure **Your** claim form is completed fully by both **You** and if applicable **Your Vet**. If it is not fully completed or if any information is missing, British Pet Insurance Services will return the claim form to **You** which will unfortunately delay **Your** claim. **Your** insurance does not cover any charges made for the completion of claim forms or the cost of any supporting documents. Where specifically stated, British Pet Insurance Services will require a full veterinary history for **Your Horse**, this is a record of all veterinary visits for **Your Horse** and this information must be obtained from each veterinary practice he/she has been registered with.
7. When **You** send **Your** claim in the post **You** must send British Pet Insurance Services the original documents. If the claim is being emailed, please retain original copies for all documents (including the claim form and any invoices).

Please send British Pet Insurance Services the following supporting documentation related to Your claim or incident:

For Section 1 – Theft or Straying

1. If **You** own the horse - the passport and/or purchase receipt showing **You** as the owner.
2. If **You** have the horse on loan – a copy of the **Loan Agreement**, signed by both parties and either the horse's passport or purchase receipt showing the owners name.
3. If **You** are claiming for advertising expenses – the receipts showing the costs involved.
4. The purchase receipt if the horse is valued at £10,000 or above.

For Sections 2 – Death and/or Section 3 – Disposal

1. The full veterinary history for **Your Horse**. This is a record of all veterinary visits for **Your Horse** and this information must be obtained from each veterinary practice the horse has been registered with.
2. The post-mortem report (unless British Pet Insurance Services have agreed this is not required).
3. If **You** own the horse - the passport and/or purchase receipt showing **You** as the owner.
4. The purchase receipt if the horse is valued at £10,000 or above.
5. If **You** have the horse on loan – a copy of the **Loan Agreement**, signed by both parties and either the horse's passport or purchase receipt showing the owners name.
6. If **You** are claiming for disposal costs – the disposal receipt.

For Section 4 – Veterinary Fees

1. Invoices which show what **You** are claiming for.
2. The horse's full veterinary history is required for the first claim submitted for **Your Horse**. This is a record of all veterinary visits for **Your Horse** and this information must be obtained from each veterinary practice the horse has been registered with.
In addition, British Pet Insurance Services may require this when **You** submit claims for certain **Conditions** but will let **You** know if this is required once British Pet Insurance Services have received **Your** claim form.
3. If **Your Horse** has been referred to another veterinary practice or hospital, please send British Pet Insurance Services a report from the practice/hospital detailing their investigation and findings.

For Section 5 – Alternative or Complementary Treatment

1. Invoices which show what **You** are claiming for.
2. For certain **Conditions**, British Pet Insurance Services may require additional information but British Pet Insurance Services will let **You** know this if needed once British Pet Insurance Services have received **Your** claim form.

For Section 6 – Hospitalisation and Transportation

For hospitalisation/livery charges:

1. Invoices from the veterinary college or hospital to show the livery charged for **Your Horse's** stay.

For transportation charges:

1. Invoices from a transport company on headed paper, or
2. Petrol receipts, a route planner and miles per gallon for the vehicle **You** used to transport **Your Horse**, or
3. Invoice on headed paper, for the hire of a trailer or horse box.

For Section 7 – Permanent Loss of Use

1. The full veterinary history for **Your Horse**. This is a record of all veterinary visits for **Your Horse** and this information must be obtained from each veterinary practice the horse has been registered with.
2. A report from **Your Vet** giving details of **Your Horse's Illness or Injury** and stating their opinion regarding its future ability and the reasons for the opinion.
3. If **You** own the horse - the passport and/or purchase receipt showing **You** as the owner.
4. If **You** have the horse on loan – a copy of the **Loan Agreement**, signed by both parties and either the horse's passport or purchase receipt showing the owners name.
5. The purchase receipt if the horse is valued at £10,000 or above.

For Section 8 – Third Party Liability

1. **You** must telephone British Pet Insurance Services if an incident happens, even if **You** don't believe a claim will be made against **You** at the time.
2. Please send British Pet Insurance Services all correspondence, writs, summons or legal documents as soon as **You** receive them. **You** or any other person must not respond to any of these documents.

For Section 9 – Personal Accident

Please contact British Pet Insurance Services and British Pet Insurance Services will advise what additional documents are required.

For Section 10 – Saddlery and Tack

For any item valued over £400, the purchase receipt showing the make, model and date of purchase or saddlers valuation.

If the item has been stolen:

1. The crime report.
2. Two quotations to replace the item with a new equivalent item.
3. Photographs showing the damage to the place where the items were stolen from.

If the item is damaged and repairable:

1. Two estimates for repair.
2. Photographs showing the damage to the item.

If the item is damaged and not repairable:

1. Written confirmation from a saddler stating the item is damaged beyond repair and stating the current salvage value.
2. Two quotations to replace the item with a brand new equivalent item.
3. Photographs showing the damage.

British Pet Insurance

Services

Part of the Petcover[®] Group

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