Petcover®

Policy Wording

Safety Net Plan

Basic Standard | Basic Plus



This booklet contains your **Insurance** Terms and conditions.

Effective from September 2026

Please read in conjunction with your Certificate of insurance to understand the cover for your pet.

This English translation is provided for your convenience only, it should not be relied upon as an accurate translation. In the event of discrepancies, the German original version shall prevail over the English translation.

Petcover EU Agentur GmbH, Ared Strasse 16-18, 2544 Leobersdorf, Österreich, GISA number: 32484052, works as an insurance agent of Fortegra Belgium Insurance Company NV, with its registered office at Bastion Tower, Place du Champ de Mars 5, 1050 Brussels, Belgium. Petcover EU Agentur GmbH is entitled to receive premiums for the insurance company or amounts intended for the customer from the insurance company.

Petcover EU Agentur GmbH

Ared Strasse 16-18, 2544
Leobersdorf, Austria
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Hello and thank you for choosing Petcover

Thank you for choosing to insure with Petcover, we are delighted to have you and your pet as part of the family.

We hope your pet is in the best of health, but rest assured, if you need us we'll be there to help. we do all we can to make the claims process as quick and easy as possible so You can count on a prompt and caring service from our experienced staff when you need it most.

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

Wishing you and your pet a happy and healthy time ahead.

The Petcover Team

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Insurance terms and conditions

Petcover EU Agentur only provides advice on the insurance products it offers as an agent of Fortegra Belgium Insurance Company NV.

Demands and Needs – who is this product suitable for?

This product meets the demands and needs of a pet owner who wants cover for the ongoing costs of **Veterinary treatment**, for **Illnesses** and **Injuries**, during the life of their pet, with the option to add additional cover if required.

Important information

This document, the **Certificate of insurance** and any related exclusion form **Your** insurance documentation.

This insurance documentation sets out the terms and conditions of the contract of insurance between **You** and the **Insurer**. Please read the whole document carefully and keep it in a safe place. It is important that **You**:

- check that the information contained in the **Certificate of insurance** is accurate (see 'Information **You** have given us'), and
- comply with all **Your** duties and obligations under the insurance, including the important conditions below, and the action **You** must take in the event of a claim.

Failure to comply with the above could adversely affect **Your** insurance and any claim **You** make.

Information You have given us

In deciding to accept this insurance and in setting the terms and premium, the **Insurer** has 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 provided **Us** with false or misleading information, the **Insurer** has treat this insurance as if it never existed and decline all claims.

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

1. Withdraw from the contract within one (1) month of becoming aware of the breach of the duty of disclosure, unless the notification was made incorrectly through no fault of **Your** own. In the event of withdrawal, **You** and the **Insurer** are obliged to return the benefits received to each other. If the cancellation is declared after the insured event occurs, the obligation to pay benefits remains if the circumstance, in view of which the duty to notify has been violated, has no influence on the occurrence of the insured event or insofar as it has not influenced the scope of the **Insurer's** benefits. The **Insurer's** right to contest the contract because of fraudulent deception about hazards remains unaffected.
2. If **You** breached **Your** duty of disclosure when concluding the contract and the right of withdrawal is excluded because **You** are not at fault, **We** can request a higher premium from the beginning of the current **Period of Insurance** if this is appropriate in view of the higher risk (the same applies if at the conclusion of the contract a significant circumstance for the assumption of the risk was not reported because **You** were not aware of it). The entitlement to the higher premium expires if it is not asserted within one (1) month from the point in time at which the **Insurer** becomes aware of the breach of the duty of disclosure or of the fact that has not been reported.
3. If, however, the higher risk is not assumed for a higher premium in accordance with the principles governing the business of the **Insurer**, the **Insurer** can terminate the insurance relationship with one (1) months' notice. The right of termination expires if it is not asserted within one (1) month from the point in time at which the **Insurer** becomes aware of the breach of the duty of disclosure or of the fact that has not been reported.

We will contact You in writing if we:

- intend to withdraw from this insurance, or
- increase **Your** premium, or
- cancel this insurance.

Your duty to disclose to us

It is an essential part of **Your** insurance that **You** disclose to **Us** changes to **Your pet's** health or **Your Personal circumstances** 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 pet's health:

You must tell **Us** if:

- **Your pet** has shown any signs of **Illness** or **Injury** or been unwell regardless of whether or not **Your pet** was seen by a **Vet** for the problem.
- **Your pet** has been seen by a **Vet** for any reason other than routine procedures and/or neutering.
- **Your pet** has had any **Treatment** for which **Your pet** may have been seen by a **Vet** or any issues **You** have discussed with a **Vet** regarding **Your pet's** health, whether or not any **Treatment** resulted from such discussion.
- **Your Vet** or **Veterinary practice** has advised that **Your pet's** weight is over the normal limits.

Your circumstances:

You must tell **Us** if:

- **You** become aware that any details shown on **Your Certificate of insurance** are incorrect.
- **Your** address or the address at which **Your pet** is kept has changed.
- **You** no longer own any of the pets shown on **Your Certificate of insurance**.
- **You** have had any other pet(s) at the same premises needing **Veterinary treatment**, pass away or that were stolen in the last **Twelve (12) months**.
- There have been any break-ins or attempted break-ins at the premises where **Your pet** is kept in the last **Twelve (12) months**.
- **You** become aware of any contagious or infectious diseases at the premises where **Your pet** is kept or if there have been any contagious or infectious diseases at the premises where **Your pet** is kept in the last **Twelve (12) months**.

These lists are not exhaustive.

Who does the duty apply to?

The duty of disclosure applies to **You** and everyone that is an insured under the **Policy**. If **You** provide information for another insured, it is as if they provided it to **Us**.

What happens if the duty of disclosure is not complied with?

If the duty of disclosure is not complied with, **We** may withdraw from this **Policy**, cancel the **Policy** and/or reduce the amount **We** pay if **You** make a claim. If fraud is involved, **We** may treat the **Policy** as if it never existed and pay nothing.

Premium payment

You agree to pay **Us** the full amount of the premium, or each instalment where **We** have agreed that **You** may pay **Your** premium by instalments, by the date specified on **Your** payment schedule.

If the first or one-time premium is not paid within fourteen (14) days of the conclusion of the insurance contract and the request to pay the premium, the **Insurer** is entitled to withdraw from the contract

as long as the payment has not been made. It is considered a withdrawal if the claim to the premium is not legally asserted within three (3) months of the due date. If the first or one-time premium is not paid at the time the insured event occurs and after the deadline, the **Insurer** is released from the obligation to pay unless **You** were unable to make the timely payment through no fault of **Your** own.

If **You** do not pay a follow-up premium on time, the **Insurer** can set a written payment deadline of at least two (2) weeks for **You** at **Your** expense and they must notify **You** of the legal consequences: If the insured event occurs after the deadline has expired and **You** are at the time of the event in arrears with the payment of the subsequent premium, the **Insurer** is released from the obligation to provide benefits, unless **You** were unable to make the timely payment through no fault of **Your** own. After the expiry of the period, the **Insurer** can terminate the insurance relationship without giving notice if **You** are in arrears with the payment. The notice of termination can already be linked to the determination of the payment deadline so that it becomes effective when the deadline expires if **You** are in arrears with the payment at this time. **We** will expressly draw **Your** attention to this with the cancellation. The effects of the termination cease to apply if **You** make up for the payment within one (1) month after the termination or, if the termination was linked to the deadline, within one (1) month after the expiry of the payment period, unless the insured event has already occurred.

Information about Your right of withdrawal according to § 5c VersVG

You can withdraw from **Your** insurance contract within fourteen (14) days without giving reasons in writing (e.g. letter or email). The withdrawal period begins with the notification of the conclusion of the insurance contract (sending the insurance **Policy**), but not before **You** have received the insurance **Policy** and the insurance conditions including the provisions on setting or changing the premium and this instruction on the right of withdrawal.

Your declaration of withdrawal should be sent to: **Petcover EU Agentur GmbH**, Ared Strasse 16-18, 2544 Leobersdorf, Austria., by email to: *info.at@petcovergroup.com*

To meet the cancellation deadline, it is sufficient that **You** send the cancellation notice before the cancellation period expires. The declaration is also effective if it comes within the sphere of control of **Your** insurance agent. With the withdrawal, any insurance cover already granted and **Your** future obligations from the insurance contract will end. If the **Insurer** has already provided cover, a premium corresponding to the duration of cover is due. If **You** have already paid premiums to the **Insurer** that go beyond this premium, the **Insurer** must repay them to **You** without deductions. **Your** right of withdrawal expires at the latest one (1) month after **You** have received the insurance **Policy** including this instruction on the right of withdrawal.

Information about Your right of withdrawal according to § 8 FernFinG

If **You** have concluded **Your** insurance contract using only one or more means of distance communication within the framework of a sales or service system organized by the entrepreneur for distance selling (distance selling contract), **You** as a consumer can withdraw from the contract or **Your** contract declaration up to fourteen (14) days.

The withdrawal period begins on the day the contract is concluded. If **You** as a consumer have received the contractual terms and sales information only after the contract has been concluded, the withdrawal period begins with the receipt of all of these terms and information.

The deadline is met in any case if the withdrawal is made in writing or on another permanent data carrier available and accessible to the recipient and this declaration is sent before the deadline expires.

Within the withdrawal period, the fulfilment of the contract may only begin after the express consent of the consumer.

Cancelling

How You can cancel Your Policy

You can cancel **Your Policy** at any time by contacting **Us**, either telephonically or in writing at least one (1) months' notice before the end of **Your** insurance year. Please phone **Us** on 0800 400 720 between the hours of Monday to Friday from 9am to 5pm or notify **Us** of **Your** cancellation by sending an email to *info.at@petcovergroup.com* or by post to **Petcover EU Agentur GmbH**, Ared Strasse 16-18, 2544 Leobersdorf, Austria.

If **Your pet** passes away, please notify **Us** at **Your** earliest convenience and **We** will cancel **Your pet's Policy** from the day of his/her death.

How We can cancel Your Policy

We may cancel this insurance by notifying **You** in writing to the address last given to **Us**. **We** will only do this for a valid reason or due to a legal order, examples of which are:

- Non-payment of one of the ongoing premiums; for details on this please read 'Insurance terms and conditions –Premium payment'.
- If, after the conclusion of the contract, **You** have increased the risk without the consent of the **Insurer** or if **You** have allowed it to be carried out by a third party, the **Insurer** can terminate the insurance relationship without giving notice (if the breach is not **Your** fault, the termination only applies after one (1) month). The right of termination expires if it is not exercised within one (1) month from the point in time at which the **Insurer** becomes aware of the increase in risk, or if the **Condition** that existed before the increase is restored.
- If, after the conclusion of the contract, regardless of **Your** will, the risk increases, the **Insurer** is entitled to terminate the insurance relationship with one (1) months' notice. The right of termination expires if it is not exercised within one (1) month from the date on which the **Insurer** became aware of the increase in risk, or if the **Condition** that existed before the increase is restored.
- Any behaviour contrary to the contract which, as a breach of good faith, makes the continued existence of the insurance relationship unreasonable.
- If insolvency proceedings are opened against **Your** assets, the insurance relationship can be terminated with one (1) months' notice.
- 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** (that is, if **You** dishonestly obtain or try to dishonestly obtain insurance benefits).
- Threatening or abusive behaviour or the use of threatening or abusive language.
- As well as any case in which **You** put the interests of the **Insurer** at **Your** own risk in a particularly serious manner.

If **We** cancel this insurance, **You** will be entitled to a refund of the premium paid, subject to a deduction calculated for any time for which **You** have been covered. If the insurance contract is terminated prematurely or otherwise during the **Period of Insurance**, the **Insurer** is entitled to an appropriate business fee in addition to the proportional premium.

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

Definitions

If **We** explain what a word means, that word has the same meaning wherever it appears in the **Policy**.

Accident	means a sudden, unexpected, unusual, specific event, which occurs fortuitously at an identifiable time and place and is unforeseen or unintended. All accidents consequent upon or attributable to one source or original cause are treated by **Us** as one accidents. This does not include any physical damage or trauma that is of a gradual nature or that happens over a period of time. For the sake of clarity, the following **Conditions** are not considered accidents: luxating patella; a rupture or strain of one or both cruciate ligaments; degenerative joint disease; hip dysplasia and hyperextending hocks; Juvenile Pubis Symphysiodesis (JPS).
Agreed countries	means any country which is a member of the European Union at the commencement of the **Policy**, including all Schengen Area.
Alternative or complementary treatment	means the cost of any examination, consultation, advice, test and prescribed medication for the following procedures where they treat an **Illness** or **Injury**. This includes any **Veterinary treatment** specifically needed to carry out the procedure. The **Treatment** must have been preceded by an examination and diagnosis by an authorized veterinarian. • Acupuncture carried out by a **Member of a Veterinary practice**. • Homeopathy carried out by a **Member of a Veterinary practice**. • Herbal medicine prescribed by a **Member of a Veterinary practice**. • Chiropractic manipulation carried out by a **Member of a Veterinary practice**. • Hydrotherapy carried out by a **Member of a Veterinary practice**. • Osteopathy carried out by a **Member of a Veterinary practice**. • Physiotherapy, **when recommended by your veterinarian** for the treatment of an injury and/or illness, and performed by a certified physiotherapist to whom your veterinarian has referred you. This does not include any form of hydrotherapy. • **Treatment of a Behavioural Illness** carried out by a **Member of a Veterinary practice**.
Behaviour modification programme	means a programme written by an animal behaviourist who is a **Member of a Veterinary practice** detailing specific techniques to be used and action to be taken with the aim of permanently changing **Your pet's** behaviour.
Behavioural Illness	means any change to **Your pet's** normal behaviour, resulting from a mental or emotional disorder diagnosed by a **Vet**.
Bilateral Condition	means any **Condition** affecting body parts of which the pet has at least two, including, but not limited to eyes, ears, patella's (knees), cruciate ligaments. When applying an exclusion, bilateral conditions are considered as one **Condition**.
Certificate of insurance	means the relevant certificate of insurance **We** issue including on renewal or variation of the **Policy** containing details of the cover provided under the **Policy**, including any exclusions and other specific insurance details that the **Insurer** has applied to **Your** cover.
Clinical sign(s)	means changes in **Your pet's** normal healthy state or its bodily functions.
Condition	means any condition that causes discomfort, dysfunction, distress, including **Injuries** and **Illnesses**, disabilities, disorders, **Clinical sign(s)**, syndromes, infections, isolated symptoms, deviant behaviour, and atypical variations of structure and function and/or death to the pet afflicted.
Dental	means dental check-ups; teeth cleaning; removal or repair of misaligned teeth; retained deciduous teeth or teeth rasping and de-burring.
Elective surgery or treatment	means a **Treatment** that is spaying or castration; surgical sexing; micro-chipping; ringing; grooming; de-matting; beak trimming; cosmetic or aesthetic surgery; feather clipping; debudding/dehorning; prescription diet foods and any **Treatment** not related to an **Injury**, **Illness**, or trauma. Elective surgery or treatment that is beneficial to the pet but is not essential for **Your pet's** survival or does not form part of a **Treatment** for an **Injury** or **Illness**, or any **Treatment**, diagnostics or procedure **You** request, which the **Vet** confirms is not necessary to treat an **Injury** or **Illness**.
Excess(es)	means the amount(s) shown on **Your Certificate of insurance** that **You** must pay for each unrelated **Condition** claim made under **Your Policy** per **Period of Insurance**. **Veterinary fees** and **Alternative or complementary treatment** excesses may be either: • The fixed excess only. The fixed excess is the first amount **You** must pay for each unrelated **Condition** per **Period of Insurance**. Or • The fixed excess and an additional age excess (which is a percentage of the amount **You** are claiming) may also apply and where applicable will be shown on **Your Certificate of insurance**. An additional age excess will apply in the following circumstances:

Type of pet	Age of pet	Additional age Excess
Dogs (not including select breeds)	Over eight (8) years of age	20%
	Over ten (10) years of age	35%
Select breed dogs	Over four (4) years of age	20%
	Over seven (7) years of age	35%
Cats	Over eight (8) years of age	20%
	Over ten (10) years of age	35%

Excess(es) (continued from previous page)

Please see below an example of how **Your** excess(es) can be applied:

Dog (which is not a select breed), aged nine (9) years old		Cat, aged five (5) years old	
Claimable **Veterinary fees** amount	4.000 €	Claimable **Veterinary fees** amount	4.000 €
Fixed excess amount	90 €	Fixed excess amount	90 €
Revised claimable amount	3.910 €	Revised claimable amount	3.910 €
Additional age excess percentage	20%	Additional age excess percentage	0% as under the age of 8
Calculated additional age excess amount	782 €	Calculated additional age excess amount	0%
Revised claimable amount after excesses deducted	3.128 €	Revised claimable amount after excesses deducted	3.910 €

Family

means **Your** spouse, life partner, partner, parents, sons and/or daugthers, grandparents, brothers, sisters, grandsons and/or granddaughters including family of step relationships.

Home

means the place in Austria and where **You** usually live.

Illness(es)

means any change(s) to a normal healthy state, sickness, disease, defects and abnormalities, including defects and abnormalities **Your pet** was born with or were passed on by its parents. Excluding any mental or emotional disorders.

Illness which starts in the first fourteen (14) days of cover

means an **Illness** that:

- showed **Clinical sign(s)**,
- is the same as, or has the same **Clinical sign(s)** or diagnosis as an **Illness** that showed **Clinical sign(s)**, and
- is caused by, relates to, or results from, a **Clinical sign(s)** that first occurred.

In the first fourteen (14) days of:

- **Your pet's** first **Period of Insurance**, or
- the cover being added to **Your** insurance.

No matter where the **Illness** or **Clinical sign(s)** occur or happen in, or on, **Your pet's** body, the fourteen (14) day **Waiting period** will cease at 00.01 on the fifteenth (15th) day of cover.

Injury/Injuries

means a physical injury or a trauma caused immediately, solely and directly from an **Accident**. This does not include any physical injury or trauma that happens over a period of time or is of a gradual nature.

Insurer(s)

means Fortegra Belgium Insurance Company NV, an insurance company authorised under code 3251 and regulated by the National Bank of Belgium, registered in the Crossroads Bank of Enterprises under company number 1007742896 (RPR Brussels). Registered office: Bastion Tower, Place du Champ de Mars 5, 1050 Brussels, Belgium.

Journey

means travel from **Your Home** within Austria or any of the **Agreed countries** undertaken during the **Period of Insurance** for a maximum of ninety (90) days for all journeys in the **Period of Insurance**. This includes the duration of **Your** holiday or business trip and any travel in and between Austria and an agreed country and return journeys to **Your Home**.

Lifetime cover

means the cover **You** can continue to claim for, for the **Treatment** for on-going **Illness** or **Injuries** throughout **Your pet's** lifetime, provided the **Policy** gets renewed annually without a break in cover.

Market Value

means the price generally paid for an animal of the same age, breed, pedigree, sex and breeding ability at the time **You** took ownership of **Your pet** as determined by **Us**.

Maximum benefit(s)

means the most **We** will pay for the relevant level of cover **You** have chosen during the **Period of Insurance** as set out in the **Certificate of insurance**, subject to exclusions of the **Policy** and subject to the **Policy aggregate** less the agreed **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**.

Optional extra benefit(s)

means a benefit that **You** can elect to include in addition to the basic insurance. There are three optional extra benefits in the Entry and Mid Point plans:

- Loss by theft or straying
- Death from **Illness**
- Death from **Injury**

For optional extra benefits to be included **You** must select the option and pay an additional premium. Every optional extra benefit will be shown on **Your Certificate of insurance**.

Our Vet

means any **Vet** appointed or engaged by **Us** to carry out **Treatment** to **Your pet** or discuss **Your pet's Treatment** with **Your Vet**.

Period of Insurance

means the time during which the **Insurer** provides cover as shown on **Your Certificate of insurance**. It does not refer to any prior period of insurance if the policy is a renewal of a previous policy or any future period of insurance for any policy **You** may enter into with the **Insurer** upon renewal. Each period of insurance is treated as separate. This is normally **Twelve (12) months** but may be less if **Your pet** has been added to **Your** Insurance or it has been cancelled.

Personal circumstances	means circumstances about you, **Your Family** or **Your pet** which **You** have limited or no control over. Examples of personal circumstances are (but not limited to) a lack of transport, **Your pet's** size or behaviour, **Your Home** environment, **You** or **Your Family's** working hours, **Your** child-care arrangements, **Your Family's** other commitments etc.
Petcover EU Agentur GmbH	Petcover EU Agentur GmbH is registered in Austria in the commercial register under the number FN 514361p and in GISA as an insurance agent under number 32484052.
Pet passport	is a pet passport that is uniform within Europe, which is required for travel within the European Union. The pet passport has to be issued by **Your** veterinarian, who is registered in Austria.
Policy	means this document, the **Certificate of insurance** and any other documents **We** issue to **You** which are expressed to form part of the insurance terms and conditions, which set out the cover the **Insurer** provides during the **Period of Insurance**. For the sake of clarity, it does not include any prior policy that this is a renewal of or any future policy that is a renewal of the policy.
Policy aggregate	means the total amount payable for all **Veterinary fees** and **Alternative or complementary treatment** for **Injuries** and/or **Illnesses** occurring during any one **Period of Insurance** as specified in the **Certificate of insurance**.

Pre-existing Condition(s)	means any **Condition**(s) or symptom(s), sign(s) or **Clinical sign(s)** of that **Condition**, **Injury** or **Illness** occurring or existing in any form that:
	• has happened or first showed **Clinical sign(s)**,
	• has the same diagnosis or **Clinical sign(s)** as an **Injury**, **Illness** or **Clinical sign(s) Your pet** had, or
	• is caused by, relates to, or results from an **Injury**, **Illness** or **Clinical sign(s) Your pet** had occurring or existing:
	  • before **Your pet's** cover started, or prior to the **Policy** commencement date,
	  • during the fourteen (14) day **Waiting period**, or
	  • before the cover was added to **Your** insurance.
	This applies no matter where the **Injury**, **Illness** or **Clinical sign(s)** occurred or happen in, or on, **Your pet's** body. This is regardless of whether or not **We** place any exclusion(s) for the **Injury**/**Illness**.
	When referring to pre-existing conditions and **Conditions** affecting a part of **Your pet's** body of which it has two, it will be deemed to be a **Bilateral Condition**, and both will be excluded from cover

Routine or preventative treatment	means care or **Treatment** such as check-ups and procedures that are designed to prevent future **Illnesses** from occurring rather than treating existing **Illnesses**. These include but are not limited to annual physical examinations and check-ups, vaccinations, worm prevention medication, flea and other internal/external parasite prevention, nail/claw clipping, maintaining a healthy diet, removal of misaligned or retained deciduous teeth.
Select breed(s)	Bandog, Bavarian Mountain Hound, Bergamasco Shepherd Dog, Briard, Blood Hound, Boerboel, Beauceron, Bernese Mountain Dog, Bracco, all Bulldogs, Deerhound, Dogue de Bordeaux, Entlebucher Mountain Dog, Estrela Mountain Dog, Grand Blue de Gascoigne, Great Dane, Greater Swiss Mountain Dog, Hamiltonstovare, Kuvasz, Irish Wolfhound, Komondor, Maremma Sheepdog, Leonberger, all Mastiff breeds, Newfoundland, Old English Sheepdog, Polish Lowland Sheepdog, Pyrenean Mountain Dog, Rottweiler, Russian Black Terrier, Shar Pei, St Bernard or any crosses of these breeds. **We** may modify this list from time to time. Please refer to 'select breed' on **Your Certificate of insurance** to find out if **Your** dog is a select breed.
Therapist	means a certified clinical animal behaviourist who is a **Member of a Veterinary practice**.
The insured, you, your	means the person(s) named on the **Certificate of insurance** as the **Policy** holder.
Treatment	means **Veterinary treatment** or **Alternative or complementary treatment**.
Treatment of a Behavioural Illness	means the **Treatment** by a **Therapist** of a change(s) to **Your pet's** normal behaviour that is caused by a mental or emotional disorder which could not have been prevented by training and/or spaying/castration.
Twelve (12) months	means a consecutive period of three hundred and sixty-five (365) days.
Vet(s)	means a veterinarian, specialist veterinarian, veterinary practice, clinic, hospital or centre including referral hospitals, who/which is registered in Austria with the Österreichische Tierärztekammer
Veterinary fee(s)	means the amount **Vets** in general or referral practices usually charge.
Veterinary practice	means any veterinary practice or clinic that is registered with the Österreichische Tierärztekammer.
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 prescribed by a **Vet**.

Waiting period	means a period of time starting from the commencement date of the **Policy** during which an **Injury** or **Illness** or **Condition**, which first occurs or shows **Clinical sign(s)**, will be excluded from cover unless otherwise stated on **Your Certificate of insurance**. The following waiting periods apply to **Your Policy**. • Fourteen (14) day waiting period - a period of fourteen (14) days starting from the commencement date of the **Policy** (excluding renewals) as shown on **Your Certificate of insurance** of the initial **Period of Insurance**, during which an **Illness** that first occurs or shows **Clinical sign(s)** will be excluded from cover unless otherwise stated on **Your Certificate of insurance**. The fourteen (14) day waiting period will cease at 00.01 on the fifteenth (15th) day of cover. • Three hundred and sixty-five (365) day waiting period - a period of **Twelve (12) months** or three hundred and sixty-five (365) days starting from the commencement date of the **Policy** (excluding renewals), as shown on **Your Certificate of insurance** during which nasal fold, skin fold, stenotic nares and soft palate resections, enlarged tongue (macroglossa), everted laryngeal saccules, gastrointestinal tract and brachycephalic airway obstruction (BOAS), **Illness** or **Condition** that first occurs or shows **Clinical sign(s)** will be excluded from cover unless otherwise stated on **Your Certificate of insurance**. The three hundred and sixty-five (365) day waiting period will cease at 00.01 on the three hundred and sixty-sixth (366th) day of cover, regardless of **Your pet** showing **Clinical sign(s)** of the **Condition** or not, prior to commencement of cover or within the fourteen (14) day waiting period.
We, us, our	means **Petcover EU Agentur GmbH** acting on behalf of the **Insurers**. **Petcover EU Agentur GmbH** is registered in Austria in the commercial register under number FN 514361p and under GISA number 32484052 as an insurance agent.
Your pet	means the dog or cat mentioned by name on the **Certificate of insurance**.

General Conditions

Conditions of the Policy

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

Caring for Your pet

Throughout the **Period of Insurance You** must take all reasonable steps to maintain **Your pet's** health and to prevent **Injury**, **Illness** and loss (obligation), otherwise the **Insurer** can terminate the contract within one (1) month of becoming aware of the violation without observing a deadline (except if the breach of obligation is an act of no fault of **Your** own) and can be free of benefits. If the **Insurer** does not cancel within one (1) month, it cannot rely on the agreed exemption from benefits.

- **You** must provide **Routine or preventative treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**. If there is a disagreement between **You** and **Us** as to what reasonable **Routine or preventative treatments** are, the details will be referred to an independent national welfare body or an independent **Vet** mutually agreed upon.
- **You** must arrange and pay for **Your pet** to have a yearly dental examination and to receive any oral **Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**. Any **Treatment** recommended as a result of the dental examination must be carried out as soon as possible. If **You** do not comply with this obligation, then **We** may refuse any claims which relate to dental or reduce the amount **We** pay under the claim.
- **You** must keep **Your pet** vaccinated against the following:
  - Dogs – Rabies, distemper, hepatitis, parvovirus, kennel cough, leptospirosis (in areas where it is prevalent and **Vets** recommend vaccination) and any other Vaccination recommended to **You** by a **Vet**.
  - Cats – Rabies, feline infectious enteritis, feline leukemia, at flu and any other vaccination recommended to **You** by a **Vet**.

  If **You** do not keep **Your pet** vaccinated, **We** may refuse or reduce the amount **We** pay under the claim that results from any of the above **Illnesses**.
- **You** must arrange for a **Vet** to examine and treat **Your pet** as soon as possible after it shows **Clinical sign(s)** of an **Injury** or **Illness**.
- **You** must follow the advice and recommendations of the treating **Vet** so as not to prolong or aggravate the **Illness** or **Injury**. If **You** do not follow the **Vet's** advice, **We** may refuse or reduce the amount **We** pay relating to that **Injury** or **Illness**. And if **We** decide, **You** must also have **Your pet** examined by **Our Vet**.

Precautions

Throughout the **Period of Insurance You** must take all reasonable steps to:

- Maintain **Your pet's** health.
- Supply a secure and safe environment for **Your pet** to prevent **Injury**, **Illness**, theft or straying.
- Manage **Your pet** to prevent **Injury** to a person or another animal and damage or destruction to any property.

Ownership

You must be the owner of **Your pet**. **Your** cover will stop immediately if ownership is transferred to another person or organisation.

Claims pre-authorisation

We will not guarantee on the phone if **We** will pay a claim. **You** must send **Us** a claim form that has been fully completed and **We** will then notify **You** of **Our** decision in writing.

Providing claim information

When **You** make a claim **You** agree to give **Us** any information **We** may reasonably ask for (this is **Your** responsibility, the violation of which can lead to the **Insurer** being exempt from benefits in accordance with Section 6 (3) of the VersVG - see point 7) on page 20 of this insurance document). If **You** incur any charge for this, **You** must pay the charge.

Legal rights against others

If there is any other insurance under which **You** are entitled to make a claim, **You** must report the incident to that insurance company and tell **Us** their name and address and **Your** policy and claim number with them (this is **Your** responsibility, the violation of which can lead to the **Insurer** being exempt from benefits in accordance with Section 6 (3) of the VersVG - see point 7) on page 20 of this insurance document). To the extent permitted by law, **We** will only pay **Our** share of the claim.

If **You** have any legal rights against another person in relation to **Your** claim, **We** may take legal action against them in **Your** name at **Our** expense. **You** must give **Us** all the help **You** can and provide any documents **We** ask for.

Providing Your Vet information

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 pet** or is about to treat **Your pet**, asks for information about **Your** insurance that relates to a claim, **We** will tell the **Vet** what the **Policy** covers, what **We** will not pay for, how the amount **We** pay is calculated and if the premiums are paid to date.

Second opinion

If **We** consider the **Veterinary treatment** or **Alternative or complementary treatment Your pet** receives may not be required, may be excessive, or for an excessive cost, when compared with the **Treatment** normally recommended to treat the same **Illness** or **Injury** by general or referral practices, **We** reserve the right to request a second opinion from **Our Vet**. If **Our Vet** does not agree that the **Veterinary treatment** or **Alternative or complementary treatment** provided is required **We** may decide to pay only the cost of the **Veterinary treatment** or **Alternative or complementary treatment** that was necessary to treat the **Injury** or **Illness**, as advised by **Our Vet** from whom **We** have requested the second opinion.

Permission for Your Vet or Therapist to provide information

You agree that any **Vet** or **Therapist** has **Your** permission to release any information **We** ask for about **Your pet**. If the **Vet** or **Therapist** makes a charge for this, **You** must pay the charge.

Claims settlement deductions

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

Renewing Your Policy

We will write to **You** by email at least one (1) month before renewal of the **Policy** with full details of **Your** premium and terms upon which renewal will be offered for a further period of insurance. If **You** do not want to renew the **Policy** just let **Us** know.

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

At each renewal **We** ask **You** to notify **Us** of certain information. The information **We** require from **You** will be stated in **Your** renewal documentation. It is important that **You** provide **Us** with full and

accurate information as this could affect a future claim. Please note that **You** need to comply with '**Your** duty to disclose to us' before each

renewal.

If **You** need to contact **Us** to discuss **Your** renewal before the expiry of **Your** existing insurance, **Our** contact details can be found on page 23.

Occasionally, **We** may under certain circumstances not be able to offer to renew **Your Policy**. If this happens, **We** will write to **You** at least one (1) month before the expiry of **Your Policy** to allow enough time for **You** to make alternative insurance arrangements.

Changes at renewal

This document also applies for any offer of renewal **We** may make, unless **We** tell **You** otherwise.

When **We** offer renewal **We** may:

- Change the premium, **Excesses** and insurance terms and conditions.
- Place exclusions because of **Your pet's** claims and veterinary history.

Changes during the Period of Insurance

Changes will only be made to the **Policy** at renewal, **We** will not change the cover **We** provide for **Your pet** during the **Period of Insurance**, unless:

- **You** decide to change **Your pet's** cover.
- **You** did not tell **Us** about something when **We** previously asked.
- **You** provided **Us** with inaccurate information when previously asked, regardless of whether or not **You** thought it was accurate at the time.

If **You** transfer **Your pet** 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.

Illnesses in the Waiting period

Any **Illness which starts in the first fourteen (14) days of cover** (**Waiting period**) or after death from **Illness** is added to the **Policy**. The fourteen (14) day **Waiting period** will cease at 00.01 on the fifteenth (15th) day of cover starting or after death from **Illness** is added to the **Policy**. **Your Policy** does not cover any claim relating to any of these **Injuries** or **Illnesses** which started or showed **Clinical sign(s)** within the **Waiting period**. If, at a later time any of these **Injuries** or **Illnesses** which started or showed **Clinical sign(s)** within the **Waiting period** represents again with the same diagnosis, **We** will also not cover any costs to treat that **Injury** or **Illness**. This is regardless of whether **Your Vet** confirms the past and current **Injuries** or **Illnesses** are, or are not, linked.

Policy limits

Limits do apply to some animals covered by the **Policy**. **You** should read the **Policy** carefully so that **You** are aware of what limits may be applicable to **You** in the event of a loss.

Travel cover

Some cover under **Your Policy** provides cover whilst **Your pet** is on a **Journey**. This type of cover is limited to the **Agreed countries** for a maximum of ninety (90) days in each **Period of Insurance**. While **Your pet** is outside of Austria **You** must follow the conditions of the **Agreed countries**.

You must not take **Your pet** outside of Austria if a **Vet** has advised against it. If **You** do, **Your pet** will not be covered when outside of Austria.

You agree to pay translation costs for any claim documentation not written in German or English.

Jurisdiction

This insurance contract is subject to the laws of Austria and the exclusive jurisdiction of the courts of Austria. Unless **We** agree otherwise, the language of the **Policy** and all communications relating to it will be in German or English.

Sanctions and law

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.

Your residence

- **Your pet** must live in Austria.
- If **Your** address, or the address of **Your pet**, changes **You** must advise **Us** as soon as possible as this may affect the insurance cover provided.

False information

If **You** have provided false information or make a false or exaggerated claim, or any claim involving **Your** dishonesty, **We** may have the right to withdraw from the **Policy** or cancel the **Policy** following which **We** will not make any further payments and **We** may retain **Your** premium.

Update information previously provided

Throughout **Your Period of Insurance You** need to tell **Us** about certain information. The things **You** need to tell **Us** about are detailed in **Your Certificate of insurance** and in the `**Your** duty to disclose to us` in the insurance terms and conditions. It's important **You** check any new documents **We** send to understand the information **We** need. If **You** do not provide **Us** with the full and/or accurate information, it can result in a claim not being paid or affect the cover **We** provide.

Fraudulent claims

If **You** submit a fraudulent claim or solicit **Your Vet** to behave in a fraudulent manner or persuade them to falsify or change information regarding a claim, then the claim may be denied and **We** may cancel the **Policy** for a valid reason. **We** may also be entitled to reclaim any payments already made to **You** in respect to such claims and **We** may retain **Your** premium.

Lost pets

If **Your pet** is lost or missing when **You** first take the **Policy**, the cover under the **Policy** will not start until **You** are reunited with **Your pet** and any incident, **Injury** or **Illness** which occurs before **You** are reunited will not be covered by the **Policy**.

You work in a Veterinary practice

If **You** are a **Vet**, **You** can treat **Your** own pet but another **Vet** must be present during any procedure and countersign the claim form. If **You** are a veterinary nurse, **You** cannot complete the **Veterinary practice** part of **Your** own claim form.

General exclusions

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

Your Certificate of insurance

A **Condition**, **Injury** or **Illness** specifically excluded on **Your Certificate of insurance**.

Your pet's age

Any pet that is less than eight (8) weeks old at the commencement of cover.

Your pet's use

Dogs used for security, guarding, track racing or coursing.

Your pet's breed

Any breed of dog that is banned by any Austrian government, public or local authority.

Laws and regulations

- Any dog that must be registered under the relevant legislation dealing with dangerous dogs. This legislation is set at state level and therefore differs between the federal states.
- Any dog declared as a dangerous dog by a government authority.
- **You** breaking the Austrian laws or regulations, including those relating to animal health or importation regulations.
- **Your pet** being confiscated or destroyed by any government or public or local authority or any person or body having the jurisdiction to do so, including because it was worrying livestock.
- Any government or public or local authority or any person or body having the jurisdiction to do so having put restrictions on **Your pet**.
- Legal expenses, fines and penalties connected with or resulting from a criminal court case or federal law.
- Any costs caused because the local government body or municipality has put restrictions on **Your pet**.
- Any benefit to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

Radiation

Radiation, nuclear explosion, nuclear fallout or contamination by radioactivity.

Transmission of disease

A disease transmitted from animals to humans.

War, acts of terrorism, riot, revolution or any similar event

An act of force or violence for political, religious or ideological reasons, war, acts of terrorism, riot, revolution or any similar event, including any chemical or biological terrorism.

When Your pet is on a Journey in an agreed country, the following exclusions apply

- **You** not following the conditions of international pet travel.
- Any **Journey You** take **Your pet** on against a **Vet's** advice.
- Any animal less than twelve (12) weeks old.
- A foreign government or public authority putting restrictions on **Your pet**.
- **Your pet** living permanently outside of Austria.
- An **Illness** that **Your pet** contracted while outside of Austria or the **Agreed countries** that it would not normally have contracted in Austria or the **Agreed countries**.

Routine or preventative treatment

Cost of **Routine or preventative treatment** or care such as check-ups and procedures that are designed to prevent future **Illnesses** from occurring rather than treating existing **Illnesses**. These include but are not limited to annual physical examinations and or check-ups, vaccinations, worm prevention medication, flea and other internal/external parasite prevention.

Elective treatment

Cost of elective treatment, diagnostics or procedures including, but not limited to spaying or castration, micro-chipping, grooming and de-matting, cosmetic or aesthetic procedures or surgery, or elective surgery including but not limited to dew-claw removal, prescription diet foods, and any **Treatment** not related to an **Injury**, **Illness**, or trauma. Elective treatment that is beneficial to the pet but is not essential for **Your pet's** survival or does not form part of a **Treatment** for an **Injury** or **Illness**.

Care and negligence

Cost of treating any **Injury** or **Illness** or other bodily **Injury** or **Illness** caused by, arising out of, or in any way connected with a malicious act, deliberate **Injury** or bodily **Injury** or gross negligence caused by **You** or a member of **Your** immediate **Family** or anyone living with **You** or acting with **Your** express or implied consent.

Pandemic disease

Any pandemic disease that causes widespread **Illness**, death or destruction affecting dogs and cats.

Pre-existing Conditions

We will not provide any cover for a **Pre-existing Condition**.

Vaccinations

Any cost or amount due to:

- Any dog not being vaccinated against rabies, distemper, hepatitis, kennel cough, leptospirosis (in areas where it is prevalent and **Vets** recommend vaccination) and parvovirus.
- Any cat not being vaccinated against rabies, feline infectious enteritis, feline leukaemia, cat flu or other disease to which there is a known vaccine and **Vets** recommend vaccination.
- A government or another official body orders that **Your pet** must be vaccinated against an **Illness** as part of a compulsory mass vaccination programme.
- **We** will not pay any costs relating to the vaccination itself or any complications that happen due to the procedure taking place. For the purpose of this insurance, 'a mass vaccination programme' means a programme of the compulsory vaccination of a species, or a selected group within a species, with the aim of protecting that group, people or other animals from an **Illness** or another risk.

Reasonable precautions

You must take all reasonable precautions to protect **Your pet** and to ensure not to prolong or aggravate an **Injury** or **Illness**.

Your legal liability

Your legal liability for payment of compensation in respect of:

- death, bodily **Injury** or **Illness**, and/or
- physical loss or damage to property.

Cover

At Petcover, **We** are proud of the insurance cover **We** provide for pets. 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 Austria and any **Journey** undertaken 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.

Veterinary fees & Alternative or complementary treatment

What We will pay for Veterinary fees

Veterinary fees *cover whilst in Austria and* ***Agreed countries*** *only.*

The cost of **Veterinary fees** incurred for the **Veterinary treatment Your pet** has received to treat an **Injury** and/or **Illness**, throughout **Your pet's** lifetime.

When referred and endorsed by **Your Vet**, **We** also cover the **Treatment of a Behavioural Illness** and the cost of physiotherapy to treat an **Injury** and/or **Illness** (physiotherapy does not include any form of hydrotherapy).

What You pay for Veterinary fees

For each **Illness** or **Injury** that is treated during the **Period of Insurance** and is not related to any other **Illness** or **Injury** treated during the same **Period of Insurance**, **You** must pay the **Excess** shown on **Your Certificate of insurance**.

What We will pay for Alternative or complementary treatment

Alternative or complementary treatment *cover whilst in Austria only.*

When referred and endorsed by **Your Vet**, the cost of any examination, consultation, advice, test and prescribed medication for the following when it is deemed necessary by **Your Vet** to treat an **Injury** and/or **Illness**:

- Acupuncture
- Homeopathy
- Herbal medicine
- Chiropractic manipulation
- Osteopathy
- Hydrotherapy
- Physiotherapy
- **Treatment of a Behavioural Illness**

For up to ten (10) sessions in total per **Period of Insurance**.

Any amounts paid under **Alternative or complementary treatment** are part of **Your Veterinary fees Maximum benefit** and not in addition to **Your Veterinary fees Maximum benefit** (**Policy aggregate**).

What You pay for Alternative or complementary treatment

For each **Illness** or **Injury** that is treated during the **Period of Insurance** and is not related to any other **Illness** or **Injury** treated during the same **Period of Insurance**, **You** must pay the **Excess** shown on **Your Certificate of insurance**.

Separate **Excesses** apply for **Veterinary fees** and **Alternative or complimentary treatment**, which means if **You** claim under both benefits for the same **Injury** or **Illness**, **You** will pay an **Excess** for each benefit.

What We will not pay for Veterinary fees and Alternative or complementary treatment

1. More than the **Maximum benefit** for the relevant cover or which will result in the **Maximum benefit** being exceeded, subject to the **Policy aggregate** (any amounts paid under **Alternative or complementary treatment** are part of **Your Veterinary fees Maximum benefit** and not in addition to) subject to exclusions of the **Policy**, less the applicable **Excess**.
2. The cost of any **Treatment** for a **Pre-existing Condition**.
3. The cost of any **Treatment** for an **Illness which starts in the first fourteen (14) days of cover**.
4. To the extent permitted by law, costs of any **Treatment** for:
   - an **Injury** that happened or an **Illness** that first showed **Clinical sign(s)** before **Your pet's** cover started, or
   - an **Injury** or **Illness** that is the same as, or has the same diagnosis or **Clinical sign(s)** as an **Injury**, **Illness** or **Clinical sign(s) Your pet** had before its cover started, or
   - an **Injury** or **Illness** that is caused by, relates to or results from an **Injury**, **Illness** or **Clinical sign(s) Your pet** had before its cover started, no matter where the **Injury**, **Illness** or **Clinical sign(s)** occurred or happened in or on **Your pet's** body.
5. To the extent permitted by law, for the costs of any **Treatment** of:
   - an **Illness** that first showed **Clinical sign(s)** within fourteen (14) days of **Your pet's** cover starting, or
   - an **Illness** which is the same as, or has the same diagnosis or **Clinical sign(s)** as an **Illness** that first showed **Clinical sign(s)** within fourteen (14) days of **Your pet's** cover starting, or
   - an **Injury** or **Illness** that is caused by, relates to or results from a **Clinical sign(s)** that first occurred, or an **Illness** that first showed **Clinical sign(s)** within fourteen (14) days of **Your pet's** cover starting, no matter where the **Injury**, **Illness** or **Clinical sign(s)** occurred or happened in or on **Your pet's** body.
6. For the cost of any **Treatment** to prevent an **Injury** or **Illness**.
7. The cost of any elective treatment, **Routine or preventative treatment**, diagnostics or procedure or any **Treatment** that **You** choose to have carried out that is not directly related to an **Injury** or **Illness**, including any complications that arise.
8. The cost of any **Treatment**, or complications arising from **Treatment**, that **You** choose to have carried out that is not directly related to an **Injury** or **Illness**, including cosmetic dentistry.
9. For the cost of killing and controlling fleas, general health improvers and any **Treatment** in connection with breeding, pregnancy, giving birth or false pregnancy.
10. For the cost of any vaccinations, spaying and castration other than the cost of treating any complications arising from these procedures.
11. For the costs of having **Your pet**:
    - put to sleep, including any veterinary consultation/visit or prescribed medication specifically needed to carry out this procedure, or
    - cremated, buried or otherwise disposed of, or
    - voluntarily euthanised.
12. For the cost of a post-mortem examination.
13. The cost of a house call unless the **Vet** or **Therapist** confirms that **Your pet** is suffering from a serious **Injury** or **Illness** and that moving **Your pet** would either endanger its life or

significantly worsen the serious **Injury**/**Illness**, regardless of **Your Personal circumstances**.

14. For the extra costs for treating **Your pet** outside usual surgery hours; unless the **Vet** or **Therapist** confirms an emergency consultation is essential, regardless of **Your Personal circumstances**.
15. The cost of periodontics, dental check-ups, dental x-rays, dental prophylaxis, dental scale and polish or teeth cleaning, gingival hyperplasia, removal of plaque or calculus or periodontal surgery.
16. The cost of prosthodontics, the removal or repair of misaligned or retained deciduous teeth, orthodontic appliances, crowns, caps or splints, luxation, horizontal bone loss, impacted teeth or embedded teeth.
17. Any cost relating to orthodontics, malocclusion, supernumerary teeth, reverse scissor bite, overbite, brachygnathia, open bite, level bite or other dental malalignments.
18. Any cost of **Treatment** for teeth and/or dental disease if an annual **Dental** examination has not been undertaken within the **Twelve (12) months** preceding the problem requiring **Treatment** a **Vet** recommended resulting from the examination that had not been carried out. Evidence will need to be provided to **Us** if **Your Vet** has carried out an annual **Dental** examination.
19. The cost of nasal fold, skin fold, stenotic nares and soft palate resections, enlarged tongue (macroglossa), everted laryngeal saccules, gastrointestinal tract and Brachycephalic Airway Obstruction (BOAS), that occurs in the first **Twelve (12) months** of cover including a free cover policy, regardless of **Your pet** showing **Clinical sign(s)** of the **Condition** or not prior to commencement of cover or within the fourteen (14) day **Waiting period**.
20. The cost of the following procedures; experimental treatments or therapies, prosthetics or orthopaedic supports or braces, open heart surgeries, cancer vaccinations, therapeutic antibody for dog and cat cancers, stem cell therapy, organ transplants, gene therapies, probiotics, dental vaccines, veterinary laser treatments, 3D printing, Juvenile Pubic Symphysiodesis (JPS), any drugs not used in accordance with the manufacturers recommendations.
21. Any costs for **Alternative or complementary treatment** or **Veterinary treatment** that does not improve the health or wellbeing of **Your pet**.
22. Any prolonged course of veterinary medicines or **Alternative or complementary treatment**s for more than three (3) months if there is a veterinary operation that would have improved or cured the **Condition** unless agreed by **Us**. The maximum payment will be limited to the equivalent cost of the operation.
23. The cost for **Your Vet** to write a prescription or charge a dispensing fee.
24. Any medicines that have not been approved by the Bundesamt für Sicherheit im Gesundheitswesen (BASG) or where there is no evidence to support the usage of this medicine for this **Condition**.
25. The cost of any medication or drug course to treat a **Condition** that is for more than four (4) weeks at a time. **We** may consider a longer period of time providing **Your Vet** has submitted a full **Treatment** plan to **Us** for review prior to the **Treatment** being carried out.
26. The cost of any ongoing **Treatment** that will require more than six (6) visits, without the letter from **Your Vet** setting out a **Treatment** plan for permanent cure of the **Condition**. Any further consultations and **Treatments** will require pre-authorisation by **Us**.
27. For lifelong **Conditions You** are required to obtain an annual **Treatment** report from **Your Vet**. Pre-authorisation for one (1) year further **Treatment** will be given upon receipt of this report or until the end of **Your Policy** period.
28. Any bulk purchase of medicines that can't be used or are not needed in full by the end of the current **Period of Insurance**.
29. Any claim where the full medical history is not provided when requested.
30. For the cost of any additional veterinary attention required because **You** are unable to administer medication or **Treatment** due to **Your pet's** behaviour or **Your Personal circumstances**.
31. For the cost of hospitalisation and any associated **Treatment**, unless the **Vet** or **Therapist** confirms **Your pet** must be hospitalised for essential **Treatment**, regardless of **Your Personal circumstances**.
32. The cost of bathing, grooming, clipping or de-matting **Your pet**, other than bathing when a substance is being used which, according to manufacturer's guidelines, can only be administered by a **Member of a Veterinary practice**, regardless of **Your Personal circumstances**.
33. For any costs for treating an **Illness** or **Injury** after the last day of the **Period of Insurance**, unless a further period of insurance has been entered into by **You** and **Us**, in which case the costs may be paid under the new policy entered into with **You**.
34. For the cost of treating any **Injury** or **Illness** deliberately caused by **You** or anyone living with **You** or, while on a **Journey**, anyone travelling with **You**.
35. For the cost of **Treatment** for teeth and/or dental disease unless **Your pet** had a **Dental** examination carried out by a **Vet** in the **Twelve (12) months** before the **Clinical sign(s)** of the **Injury** or **Illness** giving rise to the claim were first noted. If any **Treatment** was recommended as a result of the check, this must have been carried out.
36. For the cost of any transplant surgery, or stem cell transplants, including any pre and post-operative care.
37. For the cost of any **Treatment** while on a **Journey** if a **Vet** believes it can be delayed until **Your pet** returns **Home**.
38. For the cost of any **Treatment** if the **Journey** was made to get **Treatment** outside of the Austria.
39. For the cost of hiring a swimming pool, hydrotherapy pool or any other pool or hydrotherapy equipment.
40. For the cost of buying or hiring equipment or machinery or any form of housing, including cages.
41. For the cost of any surgical items that can be used more than once.
42. For the cost of any **Treatment** if a claim has not been submitted within one (1) year of **Your pet** receiving **Treatment** (this is **Your** obligation), **We** may refuse or reduce the amount **We** pay (the **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG: please read point 7) under "How to claim" on page 20 of this insurance brochure).
43. For the cost of **Treatment** for a **Behavioural Illness** if **Your pet's** behaviour is caused by **You** failing to provide training.
44. The cost of any charges made for any supporting documentation needed as part of **Your** claim.
45. The cost of transporting **Your pet**, including any costs to get **Your pet** to, or from, any **Veterinary practice**.
46. The cost for a **Condition** where the diagnosis is inconclusive, but where the **Treatment** protocol is consistent with a **Treatment** protocol typically applied to a **Condition** which is not covered.

What We will not pay under Veterinary fees only

1. More than the **Maximum benefit** for the relevant cover or which will result in the **Maximum benefit** being exceeded, subject to the **Policy aggregate** (any amounts paid under **Alternative or complementary treatment** are part of **Your Veterinary fees Maximum benefit** and not in addition to), subject to exclusions of the **Policy** and less the applicable **Excess**.

2. For the cost of any food, including food prescribed by a **Vet**, unless it is:
   - Used to dissolve existing bladder stones and crystals in the urine, which is limited to a maximum of 40% of the cost of food for up to six (6) months. A diagnostic test must be carried out to confirm the presence of the stones/crystals.
   - Liquid food, used for up to five (5) days while **Your pet** is hospitalised at a **Veterinary practice**, providing the **Vet** confirms the use of the liquid food is essential to keep **Your pet** alive.
3. For the cost of pheromone products, including Adaptil diffusers and Feliway, unless used as part of a structured **Behaviour modification programme**, and then limited to a maximum period of six (6) months. If the **Behavioural Illness** recurs after these six (6) months, **We** will not cover the cost of any further pheromone products for that **Behavioural Illness**.
4. The cost of **Treatment** for a **Behavioural Illness** if **Your pet's** behaviour is caused by **You** failing to provide training.
5. The cost of spaying and castration for the **Treatment of a Behavioural Illness**.
6. For the cost of spaying or castration, unless:
   - the procedure is carried out when **Your pet** is suffering from an **Injury** or **Illness** for which cover is provided under **Veterinary fees** and it is essential to treat the **Injury** or **Illness**, or
   - the costs claimed are for the **Treatment** of complications arising from this procedure.
7. For the cost of any **Treatment** in connection with a retained testicle(s) if **Your pet** was over the age of twelve (12) weeks when cover started.
8. The cost of surgical items that can be used more than once.
9. For the cost of hydrotherapy, acupuncture, Homeopathy, chiropractic manipulation, osteopathy or any other **Alternative or complementary treatment**. This includes any **Veterinary treatment** specifically needed to carry out the particular **Alternative or complementary treatment**.
10. For the cost of a post-mortem examination.
11. The cost of any transplant surgery, or stem cell transplants, including any pre and post-operative care.
12. For the cost of any prosthesis, including any **Veterinary treatment** needed to fit the prosthesis, other than hip, knee and/or elbow replacement(s).
13. The cost of any **Treatment** while on a **Journey** if:
   - a **Vet** believes the **Treatment** can be delayed until **Your pet** returns **Home**, or
   - the **Journey** was made to get **Treatment** overseas.
14. The cost for Superlorin implants.

What We will not pay under Alternative or complementary treatment only

1. More than the **Maximum benefit** for **Alternative or complementary treatment Maximum benefit** for **Injury** and **Illness** or which will result in the **Maximum benefit** being exceeded, subject to the **Policy aggregate** (any amounts paid under **Alternative or complementary treatment** are part of **Your Veterinary fees Maximum benefit** and not in addition to), subject to exclusions of the **Policy** and less the applicable **Excess**.
2. The cost of any food, including food prescribed by a **Vet**.
3. The cost of more than ten (10) sessions in total for the **Treatment** of an **Injury**, **Illness** or **Behavioural Illness** of acupuncture, chiropractic manipulation, osteopathy or hydrotherapy.
4. The cost of **Treatment** for a **Behavioural Illness**, if **Your pet's** behaviour is caused by **You** failing to provide training.

Conditions applying to Veterinary fees and Alternative or complementary treatment

1. The maximum amount **We** will pay for the cost of **Treatment** for an **Injury** and/or **Illness** is the **Maximum benefit** which applies on the date the **Injury** happened or the date the **Clinical sign(s)** of the **Illness** first occurred, provided the relevant date falls within the **Period of Insurance**, subject to exclusions of the **Policy** and subject to the **Policy aggregate** less the applicable **Excess**.
2. If the claim includes medication, these costs will be subject to the **Maximum benefit** that applies on the date the medication will be used.
3. If **We** agree for a claim settlement to be paid direct to **Your Vet** and **You** allow this, then if the **Vet**, who has treated **Your pet** or is about to treat **Your pet**, 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 premium is paid to date.
4. If **We** receive a request to pay the claim settlement direct to a **Veterinary practice**, **We** reserve the right to decline this request.
5. **We** may refer **Your pet's** case history to **Our Vet** and if **We** request, **You** must arrange for **Your pet** to be examined by **Our Vet**.
6. As **Your pet** is insured on a **Lifetime cover**, **We** fully appreciate that the amount **You** claim for **Your pet's Treatment** can add up over the years. **You** can continue to claim for the life of **Your pet** (providing **You** continue to renew the **Policy** without a break in cover).
7. If over the lifetime of **Your pet You** have claimed over 40.000 €, to make sure **Your pet** is receiving the best **Treatment** available, **We** may require one of the following. If this is necessary, **We** will contact **You**.
   - Before any further **Veterinary fees** or **Alternative or complementary treatment** claims can be considered **We** may require **Your pet** to be examined by a specialist/ consultant **Vet**. **We** will pay any costs for this.
   - All future **Veterinary treatment** and **Alternative or complementary treatment** (other than emergency life-saving **Treatment**) may need to be authorised by **Us** before **Treatment** is carried out. A pre-authorisation claim form may need to be submitted and **We** will then let **You** know if the insurance will cover the costs of the **Treatment** applied for.
   - All future **Veterinary treatment** and **Alternative or complementary treatment** may need to be carried out in conjunction with **Our Vet** or a **Therapist We** choose, who is a specialist/consultant.
8. If **You** decide to take **Your pet** to a different **Vet** or **Therapist** for a second opinion because **You** are unhappy with the diagnosis or **Treatment** provided, **You** must tell **Us** before **You** arrange an appointment with the new **Vet** or **Therapist**. If **You** do not, **We** will not pay any costs relating to the second opinion. If **We** request, **You** must use **Our Vet** or a **Therapist We** choose. If **We** decide the diagnosis or **Treatment** currently being provided is correct, **We** will not cover any costs relating to the second opinion.
9. It is **Your** responsibility to ensure the **Veterinary practice** or **Therapist** 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.
10. **We** will require fully itemised invoices.

Death from Injury or Illness

What We will pay for death from Injury or Illness

*This cover is an **Optional extra benefit** under Entry and Mid Point plans and this cover only applies if it is shown as covered on **Your Certificate of insurance**.*

*Death from **Injury** cover whilst in Austria only.*

The price **You** paid for **Your pet**, up to the **Maximum benefit**, if it either dies or has to be put to sleep by a **Vet** during the **Period of Insurance** as a result of an **Injury** caused by an **Accident**.

If **You** have no formal proof of how much **You** paid for **Your pet**, **We** will pay the **Market Value** or purchase price, whichever is less. If **You** did not pay for **Your pet**, **We** will pay the **Market Value**.

What You pay for death from Injury or Illness

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

What We will not pay under death from Injury or Illness

1. Any amount which exceeds the **Maximum benefit** for the relevant cover, or which will result in the **Maximum benefit** being exceeded, subject to exclusions of the **Policy** and less the applicable **Excess**.
2. To the extent permitted by law, if the death results from an **Injury** or **Illness** that happened prior to the **Period of Insurance**.
3. To the extent permitted by law, if **Your pet's** death results from a **Pre-existing Condition**.
4. To the extent permitted by law, if **Your pet's** death results from an **Illness which starts in the first fourteen (14) days of cover**.
5. Any amount unless **Your Vet** confirms it was not humane to keep **Your pet** alive because it was suffering from an **Injury** that could not be treated or an incurable **Illness**.
6. Any amount if the death results from obesity, breeding, pregnancy or giving birth.
7. Any amount if the death results from an **Illness** or disease in any **Select Breed** aged five (5) years or over or any other pet aged eight (8) years or over.
8. Any amount if a claim has not been submitted within one (1) year of **Your pet's** death (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG: please read point 7) under "How to claim" on page 20 of this insurance brochure.
9. Any amount if the death results from an **Injury** or **Illness** specified as excluded on **Your Certificate of insurance** or generally not covered within these insurance terms and conditions.

Conditions applying to death from Injury or Illness

1. When lodging a claim for death for **Injury** or death from **Illness**, please send **Us**:
   - a letter or death certificate from **Your Vet**, noting **Your pet's** microchip number, breed, colour and how **Your pet** died,
   - the pet's pedigree certificate and purchase receipt from when **You** bought **Your pet**, where applicable, and
   - **Your** claim form.

   We will not pay for this information.
2. If **You** make a claim for death from **Injury** or death from **Illness**, **We** will automatically cancel **Your pet** from the **Policy** from the day after his/her death.

Theft or straying & advertising and reward

What We will pay for theft or straying

*This cover is an **Optional extra benefit** under Entry and Mid Point plans and this cover only applies if it is shown as covered on **Your Certificate of insurance**.*

Theft or straying cover whilst in Austria only.

The price **You** paid for **Your pet**, up to the **Maximum benefit**, if it is stolen or goes missing during the **Period of Insurance** and is not recovered or does not return within thirty (30) days. If **You** have no formal proof of how much **You** paid for **Your pet**, **We** will pay the **Market Value** or purchase price, whichever is less. If **You** did not pay for **Your pet**, **We** will pay the **Market Value**.

What You pay for theft or straying

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

What We will not pay under theft or straying:

1. Any amount which exceeds the **Maximum benefit** for the relevant cover, or which will result in the **Maximum benefit** being exceeded, subject to exclusions of the **Policy** and less the applicable **Excess**.
2. Any amount if **You** or the person looking after **Your pet** has freely parted with it. This is valid even if **You** were tricked into doing so, unless anyone was looking after or transporting **Your pet** in return for money, goods or services.
3. Any amount if a claim has not been submitted within one (1) year of **Your pet** being stolen or going missing (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG: please read point 7) under "How to claim" on page 20 of this insurance brochure.

What We will pay for advertising and reward

*Advertising & reward cover whilst in Austria and the **Agreed countries** only.*

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

- the cost of advertising, and
- the reward **You** have offered and paid to get **Your pet** back.

If **Your pet** is stolen or goes missing during **Your Journey**, **We** will also pay the cost of **Your** accommodation to stay and look for **Your pet** if it has not been found or returned by the scheduled last date of **Your Journey**.

What We will not pay under advertising and reward

1. Any amount which exceeds the **Maximum benefit** for all incidents covered under the relevant cover or which will result in the **Maximum benefit** being exceeded for all incidents during the **Period of Insurance**, subject to exclusions of the **Policy** and less the applicable **Excess**.
2. More than 50 € towards sundries to make **Your** own posters and advertising material.
3. Any costs for another party (for example a company, organisation or pet detective) to
   - Search for **Your pet** (either on foot, with search dogs or equipment).
   - To produce anything other than posters and leaflets.
   - To communicate with people about the loss or to report **Your pet** missing to other people or organisations (other than to advertise on the internet and social media).
   - To distribute/hand out advertising materials.
4. For any reward that **We** have not agreed to before **You**

advertised it.

5. For any reward not supported by a signed receipt giving the full name, address and telephone number of the person who found **Your pet**.
6. For any reward paid to:
   - A member of **Your Family** or any person living with **You** or employed by you, including any person travelling with **You** during **Your Journey**.
   - The person who was caring for **Your pet** when it was lost or stolen.
   - The person who stole **Your pet** or any person who is in collusion with the person who stole **Your pet**.
7. Any amount if a claim has not been submitted within one (1) year of **Your pet** going missing (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG: please read point 7) under "How to claim" on page 20 of this insurance brochure.
8. If **Your pet** is stolen or goes missing during **Your Journey**:
   - More than seven (7) days' accommodation costs and more than 50 € for each day's accommodation.
   - any amount if the cost of accommodation is at a property owned by **You** or **Your Family**.
9. Any amount unless **You** have provided **Us** with some official documentation to certify the theft or loss was reported to the police or the shipping or aircraft operator if the loss or theft happened while **You** were travelling with them.

Conditions applying to theft or straying and advertising and reward

1. **You** must immediately take all reasonable steps to find or recover **Your pet**.
2. **You** must take the following steps:
   - Within twenty-four (24) hours of **You** discovering **Your** dog or cat is stolen, **You** must tell the appropriate authority and obtain written confirmation of **Your** report. Depending on where **You** live the appropriate authority may be **Your** local council or the police.
   - Tell all the **Vets** and local rescue centers within a reasonable distance of the area where **Your** dog or cat was last seen, within five (5) days of **Your pet** going missing.
   - If **Your pet** is microchipped, **You** must notify Petcard (*www.petcard.at*) within five (5) days of finding out **Your pet** missing, and
   - If **Your** dog or cat has not been found within thirty (30) days, fill in a claim form and return it to **Us** as soon as possible.
3. If **Your pet** was lost or stolen while being transported by a shipping agent or aircraft, **You** must immediately report the loss to the operator and obtain written confirmation of **Your** report.
4. For advertising and reward only:
   - The **Maximum benefit** covers the cost of both advertising and the reward. The full **Maximum benefit** is available for **You** to use for advertising but the amount **You** can use for a reward is limited to 50% of the **Maximum benefit**.
   - **You** must obtain **Our** approval before advertising a reward; if not, the cost of the reward will not be covered by the **Policy**.
   - **You** must provide **Us** with a receipt(s) for any amount which **You** are claiming for. Any costs not supported by a receipt will not be covered by the **Policy**.
5. For theft or straying only:
   - To submit a claim for theft or straying **You** must have advertised the loss of **Your pet** for at least thirty (30) days and when **You** claim **You** must provide **Us** with evidence showing the advertising took place, the pet's pedigree certificate and purchase receipt from where **You** bought **Your pet**, where applicable. **We** will not pay for this information.
   - If **Your pet** has not been found within thirty (30) days, please fill in a claim form and return it to **Us** as soon as possible.
   - If the claim is paid the pedigree certificate and purchase receipt will not be returned to **You**.
   - If **Your pet** is found or returns, **You** must repay the full amount **We** have paid **You**.
   - If the loss or theft happened during **Your Journey**, please also send **Us** the booking invoice for **Your Journey** or any other official documentation to show the dates of **Your Journey**.

There are other actions **You** can take, which although are not requirements of this insurance, may help to improve the chances of **Your pet** returning **Home**. This includes notifying all **Vets**, local rescue centres, distributing flyers and searching the local area. **We** are happy to share useful tips with **You** if **You** contact **Us**.

Third Party Liability (Dogs Only)

(This section only applies to **Your** dog named on the **Certificate of Insurance**.)

*Cover under this section applies in Austria and European Union only. In this section, '**You**' and '**Your**' mean You or any person looking after or handling **Your Pet** with **Your** permission.*

We will pay:

- **Your** legal liability for payment of compensation in respect of:
- Death, bodily Injury or Illness of another person;
- Physical loss of or damage to property; and/or
- Occurring during the **Period of Insurance** and which is caused by an **Accident** caused by **Your Pet**

We will pay Legal costs and expenses:

We will also pay the legal costs and expenses **You** incur for a legal liability claim covered under this Section with **Our** consent for which **You** are legally liable, plus the cost of any lawyers **We** appoint. Please contact **Us** to confirm approval before authorising any legal costs and expenses.

All **Accidents** of a serious consequent upon or attributable to one source or original cause are treated by **Us** as one **Accident**. This cover applies in respect of an **Accident** occurring anywhere in Austria and the European Union. The maximum amount **We** will pay for each claim under this Section - Third Party Liability for dogs covered under Superior, Mid Range and Safety Net Policy is €1,000,000 (Euro). Where permitted by law, this limit will be reduced by any amount paid under any other insurance **You** have with **Us**, that provides cover for the same liability, loss, **Accident**, occurrence or incident.

You must pay

The first €300 of each claim under this Section Third Party Liability.

We will not pay under Section 6 (applying to Third Party Liability):

1. Any amount which exceeds the **Maximum Benefit** for the relevant section or which will result in the **Maximum Benefit** being exceeded.
2. Any amount in relation to **Your** legal liability for:

   a. Damage to **Your** property;

   b. Bodily injury to or death of any person who normally lives with **You** or is part of **Your** Immediate **Family**, or for damage to their property;

   c. Bodily injury to **Your** employees or anyone who works for

You, or for damage to their property;

d. Loss of or damage to property in the care, custody or control of **You**, a member of **Your** Immediate **Family**, **Your** employees, or any person who normally lives with **You**.

e. For loss, expenses or costs involving **Your** business trade or profession, or for events that happen where **You** work. This includes where **You** live, if **You** work from **Home** and **Your Pet** has access to **Your** work area;

f. Any costs and expenses for defending **You** which **We** have not agreed beforehand. Please contact **Us** to confirm approval before authorising any legal costs and expenses.

g. Because of the terms of an agreement assumed with some other person (unless **You** would have been liable if the agreement did not exist);

h. Claims caused by, arising out of, or in any way connected with asbestos;

i. Claims caused by, arising out of or in any way connected with the discharge, dispersal, release or escape of pollutants defined as smoke, vapours, soot, fumes, acid, alkalis, toxic chemicals, liquids, gases, waste materials or other irritants, contaminants or pollutants into or upon land, the atmosphere or any watercourse or body of water. This exclusion will not apply if such discharge, dispersal, release or escape is caused by an **Accident** which occurred during the **Period of Insurance** involving **Your Pet**; and/or

j. The prevention of such contamination or pollution.

3. Claims caused by, arising out of, or in any way connected with

   a. pregnancy; or

   b. The transmission of disease.

4. Claims caused by, arising out of or in any way connected with an **Accident**, if **You** have not followed the instructions or advice given to **You** by the previous owners of **Your Pet**, or the re-homing organisation or a qualified behaviourist about the behaviour of **Your Pet**.

5. Where **Your** legal liability is covered or indemnified, in any way under any:

   a. Statutory or compulsory scheme, fund or insurance;

   b. Compensation scheme or workers compensation Policy of insurance; or

   c. Industrial award, even if the amount recoverable is nil.

6. Where **Your** legal liability is over that recoverable under any:
   Statutory or compulsory scheme, fund or insurance, or

   a. **Accident** compensation scheme or workers compensation Policy of insurance; or

   b. Industrial award.

7. For any aggravated, exemplary or punitive damages, damages resulting from the multiplication of compensatory damages, fines or penalties.

8. If **Your Pet** is kept or lives on premises that sell alcohol, unless there is no access from the residential premises to the business premises.

9. For an incident which takes place when **Your Pet** is in the care of a business or a professional and **You** are paying for their services. For example, this includes but not limited to, when **Your Pet** is in the care of a dog minder, a dog trainer, a dog sitter or at the grooming parlour or boarding kennel.

10. If the **Accident** happens in an area or place where dogs are specifically prohibited, unless **Your Pet** escapes and enters the area outside of **Your** control.

Special Conditions - applying to Section - Third Party Liability:

1. **You** must not admit responsibility, agree to pay any claim or negotiate with any person following an incident which may give rise to claim under section. If **You** do, **We** may reduce or refuse **Your** claim to the extent **We** are prejudiced.

2. **You** must, as soon as reasonably possible, send **Us** any writ, summons or legal documents **You** receive and **You** or any other person on **Your** behalf must not respond to any of these documents.

3. **You** agree to provide **Us** with any information connected with the claim **We** reasonably ask for, including details of **Your Pet's** history.

4. **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.

5. **You** must allow **Us** to take charge of **Your** claim and allow **Us** to prosecute, in **Your** name, any legal proceedings instituted for **Our** benefit.

6. If more than one of the dogs insured under the **Policy** are involved in, or contribute towards, an **Accident** which is covered under this Section only one **Maximum Benefit** will apply to the **Accident** for all of the dogs. This means that if:

   a. The dogs involved all have the same **Maximum Benefit**; the most **We** will pay for the **Accident** is that **Maximum Benefit**. For example, if all of the dogs insured each have a **Maximum Benefit** of €1 million, **We** will pay no more than €1 million for the **Accident**.

   b. The dogs involved are covered under a Policy which has different **Maximum Benefit**s; the most **We** will pay for the incident is the highest of the **Maximum Benefits**. For example, if one dog has a **Maximum Benefit** of €3 million, and another of €5 million, We will pay no more than €5 million for the Accident.

   c. If dogs involved (all owned by **You**, but some are uninsured) **We** will pay no more than a pro ratio portion for the insured dogs of the total amount of the claim, up to the **Maximum Benefit**.

7. If a business or a professional is being paid to care for **Your Pet** in any way (for example, but not limited to a dog minder, a dog trainer, a dog walker or a groomer) it is **Your** responsibility to:

   a. Make sure the business/person has the appropriate third party liability insurance cover; and

   b. Tell them if **Your Pet** has any behavioural problems or requires any special handling so they are able to handle **Your Pet** in an appropriate manner.

8. Third Party Liability cover will be governed by the law of the country, State or Territory where the Policy was arranged and whose courts will have jurisdiction in any dispute.

Boarding fees

In this boarding fees cover 'you' means **You** or **Your** husband, wife, civil partner, girlfriend, boyfriend or other life partner.

What We will pay for boarding fees

Boarding fees cover whilst in Austria only.

The cost of boarding **Your pet** at a licensed boarding kennel or cattery or 10 € a day towards the cost of someone who does not live with **You** (or is a co-owner of the pet), looking after **Your pet** while **You** are an inpatient in hospital during the **Period of Insurance**.

This cover is intended for unexpected visits to hospital. It does not cover pet minding fees if **You** are in hospital for a pre-planned admission.

What You pay for boarding fees

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

What We will not pay under boarding fees

1. Any amount which exceeds the **Maximum benefit** for the relevant cover for all hospitalisations, or which will result in the **Maximum benefit** being exceeded.
2. To the extent permitted by law, any amount if **You** are in hospital for less than four (4) consecutive days during each hospital stay.
3. To the extent permitted by law, any amount resulting from **You** having to go into hospital because of a sickness, disability, **Injury** or **Illness** that first occurred or manifested itself prior to or at the commencement of the **Period of Insurance** or was showing symptoms before **Your pet** was covered.
4. Any amount if the person looking after **Your pet** normally lives with **You** or is a member of **Your Family**, or is a co-owner of the Pet.
5. Any amount resulting from **You** being pregnant, giving birth or any **Treatment** that is not related to an **Injury** or **Illness**.
6. Any amount resulting from **You** having to go into a hospital for the **Treatment** of alcoholism, drug abuse, drug addiction, attempted suicide or a self-inflicted **Injury** or cosmetic surgery or other forms of elective surgery.
7. Any amount resulting from care in a nursing home or from convalescence care that **You** do not receive in a hospital.
8. Any amount if a claim under this cover has not been submitted within one (1) year of the stay in hospital (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG: please read point 7) under "How to claim" on page 20 of this insurance brochure.

Conditions applying to boarding fees

When claiming for a benefit under boarding fees, please send **Us**:

- The fully itemised invoice from the boarding establishment or pet sitter or written confirmation from the person looking after **Your pet**, showing the dates and daily costs of boarding.
- A medical certificate from **Your** hospital or GP.

Holiday cancellation

What We will pay for holiday cancellation

*Holiday cancellation cover whilst in Austria and **Agreed countries** only.*

Travel and accommodation expenses for **You** and **Your** immediate **Family** that **You** cannot recover if **You** have to cancel **Your Journey** during the **Period of Insurance** because **Your pet** is suffering from an **Injury** or **Illness** and is too ill to travel with **You**.

Any travel and accommodation expenses for **You** and **Your** immediate **Family** that **You** cannot recover if **You** have to cancel **Your Journey** during the **Period of Insurance** because **Your pet** is injured or shows the first **Clinical sign(s)** of an **Illness** up to seven (7) days before **You** leave and needs immediate lifesaving surgery.

Any travel and accommodation expenses for **You** and **Your** immediate **Family** that **You** cannot recover if **You** have to cut short **Your Journey** during the **Period of Insurance** because **Your pet**:

- goes missing, or
- is injured or shows the first **Clinical sign(s)** of an **Illness** while **You** are away and needs immediate lifesaving surgery.

If **Your pet** goes with **You** on the **Journey** during the **Period of Insurance** and is injured or shows the first **Clinical sign(s)** of an **Illness** during the **Journey** and has to return **Home** for **Veterinary treatment**, which means **You** have to cut short **Your** holiday or trip, **We** will pay:

- the value of any unused travel and accommodation expenses that **You** and **Your** immediate **Family** have paid for, and
- any extra travel expenses to return **Your pet Home**.

What You pay for holiday cancellation

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

What We will not pay under holiday cancellation

1. Any amount which exceeds the **Maximum benefit** for all **Journeys** or which will result in the **Maximum benefit** being exceeded for all **Journeys** undertaken during the **Period of Insurance**.
2. To the extent permitted by law, any amount or expenses resulting from:
   - a **Pre-existing Condition**,
   - an **Illness** that first showed **Clinical sign(s)** before **Your pet's** cover started, or
   - an **Illness** that is the same as, or has the same diagnosis or **Clinical sign(s)** as an **Illness** or **Clinical sign(s) Your pet** had before cover started, or
   - an **Injury** or **Illness** that is caused by, relates to or results from an **Illness** or **Clinical sign(s) Your pet** had before its cover started, no matter where the **Injury**, **Illness** or **Clinical sign(s)** occurred or happened in or on **Your pet's** body.
3. To the extent permitted by law, any amount or expense resulting from:
   - an **Illness which starts in the first fourteen (14) days of cover**,
   - an **Illness** that first showed **Clinical sign(s)** within fourteen (14) days of **Your pet's** cover starting, or
   - an **Illness** that is the same as, or has the same diagnosis or **Clinical sign(s)** as an **Illness** or **Clinical sign(s) Your pet** has before its cover started or within fourteen (14) days of **Your pet's** cover starting, or
   - an **Illness** that is caused by, relates to or results from an **Illness** or **Clinical sign(s)** that first occurred, or an **Illness** that first showed **Clinical sign(s)** within fourteen (14) days of **Your pet's** cover starting, no matter where the **Injury**, **Illness** or **Clinical sign(s)** occurred or happened in or on **Your pet's** body.
4. Any amount payable for travel expenses to return **Your pet Home** unless a **Vet** has certified **Your pet** is too ill to travel or has to return **Home** for **Treatment**.
5. Any amount if **Your Journey** was made to get **Veterinary treatment** or **Alternative or complementary treatment** outside of Austria.
6. As permitted by law, any amount **You** can claim back for anywhere else.

7. For the cost of food.
8. Any costs relating to a holiday or trip **You** booked less than twenty-eight (28) days before **You** were due to leave.
9. Any costs resulting from an **Injury** or **Illness We** have specified as excluded on **Your Certificate of insurance** or generally not covered by these insurance terms and conditions.
10. Any costs if a claim has not been submitted within one (1) year of **Your Journey** being cancelled (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG: please read point 7) under "How to claim" on page 20 of this insurance brochure.

Conditions applying to holiday cancellation

When claiming for a benefit under holiday cancellation **You** must supply **Us** with:

- the booking invoice and cancellation invoice from the travel agent, tour operator or other holiday sales organisation if **You** have cancelled or cut short **Your Journey**,
- the fully itemised invoice from the **Veterinary practice** that treated **Your pet**, and
- receipts for **Your** expenses if **You** are claiming for extra travelling expenses.

The invoices must show the date of the booking, the dates of the **Journey**, the date **You** decided to cancel or return **Home** and any expenses **You** cannot recover. **We** will not pay for this information.

Emergency repatriation

What We will pay for emergency repatriation

*Emergency repatriation cover whilst in Austria and **Agreed countries** only.*

If **Your pet** is injured or shows the first **Clinical sign(s)** of an **Illness** during **Your Journey** and cannot travel **Home** the same way it travelled to **Your** destination

We will pay:

- the extra costs to get **Your pet Home**,
- cost of accommodation for **You** to stay after **Your** scheduled date of travel **Home** until **Your pet** is well enough to travel, and
- should **Your pet** die, the costs of returning **Your pet's** body **Home** or the cost of disposal, charged by the **Vet** where **Your pet** dies.

What You pay for emergency repatriation

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

What We will not pay for emergency repatriation

1. Any amount which exceeds the **Maximum benefit** for all **Journeys** or which will result in the **Maximum benefit** being exceeded for all **Journeys** during the **Period of Insurance**.
2. Any costs resulting from a **Pre-existing Condition**.
3. Any costs resulting from an **Illness which starts in the first fourteen (14) days of cover**.
4. Any costs resulting from an **Injury** that happens or an **Illness** first showing **Clinical sign(s)** before the start of **Your Journey**.
5. Any costs that can be reclaimed from anywhere else.
6. Any costs unless a **Vet** has certified **Your pet** is too ill to travel **Home** the same way it travelled to **Your** destination.
7. Any amount if **Your Journey** was made to get veterinary or a **Alternative or complementary treatment** outside of Austria.
8. For more than seven (7) days' accommodation costs and more than 50 € for each day's accommodation.
9. More than 50 € for the cost of cremation or a coffin, casket or any other container for **Your pet's** remains.
10. For the cost of food.
11. Any costs if a claim has not been submitted within one (1) year of **Your Journey** being cancelled (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG: please read point 7) under "How to claim" on page 20 of this insurance brochure.

Conditions applying to emergency repatriation

When claiming for a benefit under emergency repatriation **You** must supply **Us** with:

- the booking invoice or another official document showing the dates of **Your Journey**, and
- the invoices and receipts to show the costs involved.

Denied re-entry and loss of documents

What We will pay for denied re-entry and loss of documents

*Denied re-entry and loss of documents whilst in Austria and **Agreed countries** only.*

If **Your pet** is either unable to return to Austria because of:

- an **Illness** first showing **Clinical sign(s)** during **Your Journey**,
- the failure of the microchip, or
- the **Pet passport** being lost or stolen.

We will pay:

- the cost to keep **Your pet** in a boarding kennel,
- the cost of getting a duplicate **Pet passport**,
- the cost of temporary accommodation while getting the duplicate **Pet passport**, and
- extra costs to travel **Home** if the delay in getting a duplicate **Pet passport** has caused **You** to miss **Your** scheduled travel arrangements back to **Your Home**.

What You pay for denied re-entry and loss of documents

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

What We will not pay for denied re-entry and loss of documents:

1. Any amount which exceeds the **Maximum benefit** for all **Journeys** or which will result in the **Maximum benefit** being exceeded for all **Journeys**.
2. Any costs resulting from a **Pre-existing Condition**.
3. Any costs resulting from an **Illness which starts in the first fourteen (14) days of cover**.
4. Any costs resulting from an **Injury** that happens or an **Illness** first showing **Clinical sign(s)** before the start of **Your Journey**.
5. Any costs that can be reclaimed from anywhere else.
6. Any costs that result from the failure of any microchip that does not meet the standards ISO 11784 or ISO 11785.
7. Any costs that result from a microchip reader failing to read a microchip.
8. For more than seven (7) days' accommodation costs and more than 50 € for each day's accommodation.
9. Any costs if a claim has not been submitted within one (1) year of **Your Journey** being cancelled (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG: please read point 7) under "How to claim" on page 20 of this insurance brochure.

Conditions for denied re-entry and loss of documents

1. When the **Pet passport** is left unattended, it must be kept in **Your** locked accommodation or in the locked boot, covered luggage area or glove compartment of a locked vehicle.
2. If the **Pet passport** is lost or stolen, within twenty-four (24) hours of discovering it missing, **You** must report the incident to the police and obtain a police report. If the loss or theft occurred on a ship, aircraft, train or coach, **You** must report the loss to the operator and obtain a report.

Claiming

Making a claim

It's distressing when a much-loved pet suffers an **Injury** or **Illness** so **We** do all **We** can to make the claims process as quick and easy as possible. There's lots of useful information on **Our** website *petcovergroup.com/at* to assist **You** with making a claim.

We guarantee to handle **Your** claim fairly and promptly. **We** will provide a claims handling service for as long as **You** remain a client of **Petcover EU Agentur GmbH**, and **We** will assist **You** in the pursuance and settlement of **Your** claim.

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

How to claim

1. Notify **Us** of a potential claim as soon as possible by:
   - downloading and completing a claim form from **Our** website: *petcovergroup.com/at*; or completing the claim form online, upload the relevant documentation and submit, or
   - contact **Us** by telephone if **You** would like **Us** to send **You** a claim form.
   - For Third Party Liability **You** must let **Us** know of any incident that happens even if **You** don't believe a claim will be made against You at this time. Details of what **You** need to do if an incident happens can be found in 'Special Conditions - applying to Third Party Liability - point 1 and 2.'
2. Claims for **Veterinary fees** only may be lodged with **Your Vet** (if mutually agreed by **Your Vet**) and **We** will pay the **Veterinary practice** directly. **You** will need to pay **Your Vet** the applicable **Excess(es)** and any non-claimable items.
3. **You** must notify **Us** about claims for **Veterinary fees** and **Alternative or complementary treatment** no later than one (1) year after the **Treatment** date (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG: please read point 7) under "How to claim" on page 20 of this insurance brochure.
4. **We** will not guarantee on the phone if **We** will pay a claim. **You** must send **Us** a claim form that has been fully completed and **We** will then inform **You** of **Our** decision in writing.
5. If **Your pet** has been injured or died after being attacked by another animal, please phone **Us** on 0800 400 720 and talk to **Our** claims team to guide **You** through the process. **We** will also need:
   - name, address and contact details of the owner of the other animal,
   - confirmation of the current location of the animal which attacked **Your pet**, and
   - confirmation (and if applicable any reference numbers) of the police and the government or public or local authority being advised of the attack.
   - Contact **Us** as soon as reasonably possible about any incident that happens involving **Injury** to a person, another animal or property even if **You** don't believe a claim will be made against **You** at the time. Call **Us** on 0800 400 720 Monday to Friday 9:00am – 17:00pm
   - For Third Party Liability Claims, do not admit responsibility, agree to pay any claim or negotiate with any person following an incident that may give rise to a claim. Any writ, summons or need to be sent to **Us** as soon as reasonably possible. **You** must not respond to any of these documents.
6. For claims for advertising and reward, **You** must phone **Us** on 0800 400 720 and talk to **Our** claims team for the approval of any reward before **You** advertise it.
7. **Exemption from performance by the Insurer in accordance with section 6 (3) of the VersVG:** If the exemption from performance has been agreed in the event that an obligation is violated that has to be met by the **Insurer** after the insured event occurs, the agreed legal consequence does not occur if

the **Injury** does not occur intentionally or is based on gross negligence. If the obligation is not violated with the intention of influencing the **Insurer's** obligation to provide benefits or impairing the establishment of such circumstances that are visibly significant for the **Insurer's** obligation to provide benefits, the **Insurer** remains obliged to provide benefits insofar as the violation does not affect the determination of the insured event or has an impact on the determination or the extent of the benefit incurred by the **Insurer**.

Supporting documents required when claiming

For Veterinary fees & Alternative or complimentary treatment

Please send **Us**:

The fully completed claim form.

The full itemised invoices from the **Veterinary practice** which show what **You** are claiming for. If necessary, **We** may request the original invoice.

Your pet's full clinical history. When **You** make the first claim for **Your pet**, **We** will obtain its full clinical history.

The full clinical history is a record of all visits **Your pet** has made to a **Vet** and this information will be obtained from each **Veterinary practice Your pet** has attended.

Claims for certain **Conditions** may also require additional information about **Your pet's** full clinical history. **We** will advise **You** if **We** need this once **We** receive **Your** claim form.

For **Veterinary fees**, if the claim is for **Treatment** in an agreed country, **You** need to provide the booking invoice for **Your Journey** or any other official documents which show the dates of **Your Journey**.

For death from Illness or Injury

Please send **Us**:

- The fully completed claim form.
- The death certificate from **Your Vet**.
- The purchase receipt from when **You** bought **Your pet**.
- If **Your pet** is a pedigree, the pedigree certificate. If necessary, **We** may request the original.

For theft or straying

Please send **Us**:

The fully completed claim form.

Evidence of the advertising carried out to try and find **Your pet**.

Confirmation and if applicable the report of **You** advising the appropriate authority, for example **Your** local council or the police.

Evidence of **You** notifying Petcard *(www.petcard.at)* within five (5) days of finding out **Your pet** is missing.

The purchase receipt from when **You** bought **Your pet**.

If **Your pet** is a pedigree, the pedigree certificate. If necessary, **We** may request the original.

For advertising and reward

You must phone **Us** on 0800 400 720 and talk to **Our** claims team for the approval of any reward before **You** advertise it.
Please send **Us**:

- The fully completed claim form.
- The invoices and receipts to show the costs involved, including a receipt for any reward paid. If necessary, **We** may request the original invoices.
- If the loss or theft happened during **Your Journey**, the booking invoice or another official document to show the dates of **Your Journey**.
- If applicable the police or operator's report.

For boarding fees

Please send **Us**:

- The fully completed claim form.
- A medical certificate from **Your** hospital or GP.
- The fully itemised invoice from the boarding establishment or pet sitter or written confirmation from the person looking after **Your pet**, showing the dates and daily costs of boarding. If necessary, **We** may request the original invoice.

For holiday cancellation

Please send **Us**:

- The fully completed claim form.
- The booking invoice and cancellation invoice from the travel agent, tour operator or other holiday sales organisation. The invoices must show the date of the booking, the dates of the **Journey**, the total cost of the holiday or trip, the date **You** decided to cancel or return **Home** and any expenses **You** cannot recover.
- The fully itemised invoice from the **Veterinary practice** that treated **Your pet**.
- The receipts for **Your** extra travel expenses.

Emergency repatriation & denied re-entry and loss of documents

Please send **Us**:

- The fully completed claim form.
- The booking invoice or another official document showing the dates of **Your Journey**.
- The invoices and receipts to show the costs involved. If necessary, **We** may request the original invoices.
- If applicable the police or operator's report.

Making a complaint

Our aim is to ensure that all aspects of **Your** insurance are dealt with promptly, efficiently and fairly. At all times **We** are committed to providing You with the highest standard of service.

If **You** wish to make a complaint, **You** can do so at any time by sending the matter in the first instance to **Us**.

The address is:
Petcover EU Agentur GmbH
Ared Strasse 16-18, 2544 Leobersdorf, Austria

Phone 0800 400 720

Email info.at@petcovergroup.com

Website petcovergroup.com/at

As a consumer, **You** have the option of contacting the Insurance Ombudsman at: https://www.versicherungsombudsmann.de/das-schlichtungsverfahren/schlichtungsantrag/"Request for conciliation – Insurance Ombudsman if no agreement can be reached, without prejudice to Your right to pursue legal remedies. For further information, please refer to the Insurance Ombudsman website at https://www.versicherungsombudsmann.de/"Versicherungsombudsmann – Außergerichtliche Streitbeilegung, unabhängig und kostenfrei

You also have the right to send **Your** complaint to the Federal Financial Supervisory Authority (BaFin). Further information on the complaints handling processcan be found at https://www.bafin.de/DE/Verbraucher/BeschwerdenStreitschlichtung/beschwerdenstreitschlichtung_node.html

Alternatively, You may wish to contact the Insurance Ombudsman in Belgium using the following details:

A.S.B.L. OMBUDSMAN DES ASSURANCES

Square de Meeûs 35,

1000 Bruxelles

Téléphone : +32 (2) 547 58 71

Fax : +32 (2) 547 59 75

info@ombudsman.as

Please note:
Submitting a complaint does not prevent You from always calling the ordinary courts.

Data privacy notice – Petcover EU Agentur GmbH

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

The full data privacy notice can be found at *petcovergroup.com/at*.

A paper copy of the data privacy notice can be obtained by contacting **Us** by email *info.at@petcovergroup.com* or at this address:

Petcover EU Agentur GmbH
Ared Strasse 16-18, 2533 Leobersdorf Austria

Data privacy notice – Arch Insurance (EU) DAC

All personal information that You provide to **Petcover EU Agentur GmbH** in connection with the provision of this contract will be stored in a secure and prudent manner and treated as confidential, and in accordance with the Regulation 2016/679 of 27 April 2016 ("General Data Protection Regulation" or "GDPR") and the Act of 30 July 2018 on the protection of natural persons with regard to the processing of personal data, as amended from time to time and other applicable data protection requirements for the processing and storage of personal data.

The information will only be stored for as long as it is necessary to process **Your** inquiry or perform the service in question, or longer if **Petcover EU Agentur GmbH** or the **Insurer** are obliged to do so by law or regulation. **You** have the right to demand access to registered personal data, as well as for correction and deletion in accordance with the law. Due to security-related reasons, **We** will primarily respond to **Your** request using **Your** address. The processing of requests regarding Your personal data will be handled by **Petcover EU Agentur GmbH**.

See privacy policies on https://fortegra.eu/privacy-notices and petcovergroup.com/at.

A paper copy of the data privacy notices can be obtained by contacting Us by email info.at@petcovergroup.com or at this address: **Petcover EU Agentur GmbH** Ared Strasse 16-18, 2544 Leobersdorf, Austria

Contact us

If **You** need any help with **Your Policy** at any point, please contact **Us**. **We** are open Monday to Friday from 9am to 5pm.

Phone	0800 400 720
Email	*info.at@petcovergroup.com*
Post	**Petcover EU Agentur GmbH** Ared Strasse 16-18, 2533 Leobersdorf Austria
Website	*petcovergroup.com/at*

This insurance is issued by **Petcover EU Agentur GmbH** trading as Petcover Austria in accordance with the authorisation granted to them under the binding authority agreement with Fortegra Belgium Insurance Company NV.

Petcover EU Agentur GmbH is registered in Austria under number FN514361p. **Petcover EU Agentur GmbH** is authorised and regulated by the Austrian Financial Market Authority (FMA).

Details of the Insurer

This insurance is underwritten by Fortegra Belgium Insurance Company NV.

Fortegra Belgium Insurance Company NV is an insurance company authorised under code 3251 and regulated by the National Bank of Belgium, registered in the Crossroads Bank of Enterprises under company number 1007742896 (RPR Brussels). Registered office: Bastion Tower, Place du Champ de Mars 5, 1050 Brussels, Belgium.

Petcover EU Agentur GmbH

Ared Strasse 16-18, 2533 Leobersdorf Austria

Telephone 0800 400 720 | Email info.at@petcovergroup.com | Website petcovergroup.com/at

Petcover EU Agentur GmbH, Ared Strasse 16-18, 2544 Leobersdorf, Österreich, GISA number: 32484052, works as an insurance agent of Fortegra Belgium Insurance Company NV, with its registered office at Bastion Tower, Place du Champ de Mars 5, 1050 Brussels, Belgium. Petcover EU Agentur GmbH is entitled to receive premiums for the insurance company or amounts intended for the customer from the insurance company.