



We've Got Your Pet Covered

# Pet Insurance

## Dog & Cat

Mid-Range Plans  
(Core, Vital & Key)

Combined Financial Services Guide  
and Product Disclosure Statement  
(including Policy Wording)



Please read in conjunction with **Your Certificate of Insurance**  
to understand the **Policy for Your Pet**.



Dear Policyholder,

Thank You for considering insuring with Petcover, We would be 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 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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## Part 1: Financial Services Guide (FSG)

This combined Financial Services Guide (FSG) document and the Pet Insurance Product Disclosure Statement (which includes the **Policy** Wording) (PDS) that **You** have been given, aims to help **You** make an informed decision about the financial services and products **We** can provide to **You** as a retail client and together contain important information about:

- The financial services **We** can offer **You**;
- Who **We** act for in providing these services;
- How **We** and other relevant persons are paid; and
- How complaints are dealt with.

The Financial Services Guide (FSG) explains:

- **Our** products and services;
- **Our** remuneration; and
- Other important information.

Please take the time to carefully read this FSG and keep it safely with **Your Policy** documents.

### Information About Petcover's Services

The PDS also contains information on the significant benefits and characteristics of the product and the standard terms, conditions, limits and exclusions of **Our** Pet Insurance cover to assist **You** in making an informed decision about whether to purchase it or not.

In this FSG "**We, Our and Us**" refers to Petcover Aust Pty Ltd ABN 97 117 476 990 AFSL No. 507143 of 1-3 Smolic Court, Tullamarine, VIC 3043, phone 1300 731 324 which is authorised under its AFS Licence to provide advice on and deal in general insurance products, including Pet Insurance.

### Introduction

**We** aim to provide **You** with insurance products and services that protect **You** and/or enhance **Your Pet's** life. To help **Us** achieve this, it's important that **You** understand what **We** do as **Your** insurance agent.

**Our** FSG contains important information about the products and services Petcover Aust Pty Limited (**Petcover**) offers. It also explains how **We**, and **Our** representatives, may be remunerated and contains details of **Our** internal and external complaints handling procedures.

By engaging Petcover Aust Pty Ltd to provide insurance services, **You** are, in the absence of a formal written retainer agreement, agreeing to the delivery of **Our** services and to **Our** remuneration as described in this FSG.

If **You** are buying a Retail Product (as defined in the Corporations Act 2001), **We** will, if and when required, also give **You** a Product Disclosure Statement. This contains information on the product and its features to assist **You** in making an informed decision about whether or not to buy it.

If **We** give **You** personal advice about a Retail Product, which takes into account **Your** individual objectives, financial situations or needs, **We** will, if required, also give **You** a Statement of Advice. This contains the advice **We** have given, the basis of that advice and other information about **Our** remuneration and any relevant associations or interests which may have influenced the advice provided.

This FSG is also available on **Our** website [www.petcovergroup.com/au](http://www.petcovergroup.com/au)

### Who do We act for?

As an Agent acting under a Binder from the Insurer, **We** act to arrange to enter into insurance products on their behalf. Under **Our** Binder Agreement, **We** also agree to handle and settle claims on an insurer's behalf. For General Insurance Products provided as an Insurance Intermediary **We** will act on your behalf. **We** will tell **You** before or at the time if **We** are not acting for **You** in providing any part of **Our** service.

Any advice given to **You** about Pet Insurance will be of a general nature only and will not take into account **Your** personal objectives, financial situation or needs. **You** need to determine whether this product meets **Your Pet's** needs.

### How You can instruct Us

**You** can give **Us** instructions by using the contact details set out in this FSG.

### Our products and services

As an insurance intermediary **We** are licensed to deal in and provide advice in relation to Pet Insurance and or General risk insurance products.

Under **Our** licence, amongst other things, **We** are able to:

- Arrange Pet Insurance and or General risk insurance products to help **You** protect against insurable risks;
- Collect information that Insurers require from **You**;
- Where needed, provide **You** with information and advice about Pet Insurance and or General risk insurance products; and
- Assess and pay Pet Insurance Claims and where needed, assist **You** to make General insurance claims.

**We** will endeavour to arrange insurance that meets **Your** Pet Insurance and or **Your** General risks and needs. However, as it is **You** who best understands **Your** risks and needs **You** should always consider the appropriateness of any products **We** provide or any insurance **We** recommend to **You** before acting on **Our** recommendations. **We** also rely on **You** for the accuracy and completeness of information **You** provide to **Us**.

**Your Policy** documents (including policies and endorsements) contain the terms of **Your** cover, including the applicable limits, sub-limits and deductibles and **Your** obligations. **You** must read these documents carefully to ensure that the cover suits **Your** needs and so **You** understand and comply with **Your** obligations under **Your Policy(ies)**. Failure to do so may result in uninsured losses.

Finally, please note that **We** cannot guarantee the availability of insurance for **Your** particular risks or the solvency of Insurers.

### Arranging Your insurances

While cost is always important, the quality of insurance cover offered by a **Policy** is equally important. Insurance that does not match **Your** needs is worthless, however cheap the premium.

As one of Australia's leading Pet Insurance providers, **We** have many clients with similar Pets, businesses and situations with similar risks and needs. For these, **We** design and develop **Petcover** products which combine good pricing and quality cover from reputable Insurers.

**We** understand that Pet Insurance can be a complex area and not something that pet owners deal with every day. That is why **Our** employees who are involved in the sale of insurance products and services are Tier 2 qualified based on Financia I Services Reform requirements. This enables them to provide **You** with meaningful advice and assistance when **You** need it.

### The people who provide Our services

**We** provide **Our** services using **Petcover** employees.

However, in some cases **We** may use "Authorised Representatives" or "Mere Referrers". "Authorised Representatives" are third parties who **We** have authorised to provide **You** and **Your Pet's** information to **Us** to allow **Us** to be able to provide **You** with Pet Insurance.

"Mere Referrers" are other third parties who **We** have authorised to provide **You** and **Your Pet's** information to allow **Us** to be able to provide **You** with Pet Insurance. They will only provide factual information and are not authorised to provide any advice.

**Our** Authorised Representatives and Mere Referrers are not employees and do not receive a salary. Instead they may be paid a percentage of the commission and/ or other part of **Our** remuneration for the financial services they provide. This percentage may be up to 10% of **Petcover's** remuneration.

The Authorised Representative or Mere Referrer's employees may receive salaries, bonuses and/ or company dividends in their own business depending on the nature of their employment. Bonuses may be linked to general overall performance, including sales performance and may include all or part of the commission received by the Authorised Representative or Mere Referrer.

The Authorised Representative or Mere Referrer, and/or its associates, may also receive other financial and non-financial incentives from **Petcover** for arranging **Your** Pet Insurance **Policy**. Such incentives may be dependent on a number of performance-related or other factors and may include, for example, sponsorship of training events and conferences, marketing promotions and competitions.

## Information on Remuneration

### Our remuneration

Unless **We** have advised otherwise, **Our** remuneration will comprise the following:

- A commission paid to **Us** by the Insurer.

**We** receive commission from the Insurer Sovereign Insurance Australia (ABN 85 138 079 286 AFS License Number 342516), each time **You** buy a **Policy**. It is calculated as a percentage of the Insurer's base premium (this is the premium less stamp duty, GST and other government taxes, charges and levies).

Commission paid to **Us** by the Insurer are rates of commission up to 30% of the premium (before taxes and statutory charges) for Pet Insurance. Commissions depend on the type of insurance. Different Insurers may pay different rates of commission.

In addition, **We** may also receive the following:

- A service charge for **Policy** invoicing, premium collection and remittance and for issuing policies and other insurance administration work. This charge will appear on **Your** invoice and may vary depending on the work involved and the commission **We** receive; and
- **We** may charge an additional administration fee for any change to the **Policy** that necessitates **Us** producing a further statement or invoice or a certificate of currency. **We** may retain this fee from any premium refund arising in connection with the **Policy** change.

Please note that **We** treat **Our** remuneration as fully earned when **We** issue **You** with a tax invoice, unless **We** have a written agreement with **You** that varies this statement.

**You** agree that **We** may retain all **Our** commission, fees and other remuneration in full in the event of any mid-term cancellation of a **Policy** or future downward adjustment of premium. **You** also agree that the Insurer and **Petcover** may offset such remuneration from any premium refund **You** are entitled to.

**We** want to be entirely transparent about **Our** remuneration so please ask **Us** if **You** want more information or have any questions.

Where **You** have been referred to **Us** by a third party, **We** pay them a fee, a proportion of **Our** commission or other appropriate merchandise. This does not increase the premium **You** pay to **Us**.

**We** pay **Our** staff and representatives an annual salary for their services and they may also receive bonuses or other incentives and rewards based on their performance relating to sales of products and other business criteria.

If **You** require further details about any of the above remuneration received by **Us**, please ask **Us** within a reasonable time after receiving this document and before **We** provide **You** with advice on or **We** issue **You** with Pet Insurance.

## Do We receive any other remuneration for Our service?

### Interest

The law requires **Us** to pay **Your** premiums (and certain moneys paid to **Us** by Insurers for **Your** account) into a trust account pending payment to the Insurer. **We** are entitled to earn and retain interest on these monies. **Our** standard credit terms for premium payments are **fourteen (14) days**. **We** pay Insurers within the period dictated by the law or earlier if the Insurer requires.

**Petcover** and its staff may also receive non-monetary benefits from Insurers such as sponsorships of **Petcover** client functions and meals and entertainment. **Petcover** has and monitors compliance with a **Policy** that ensures that these do not create a conflict with **Your** interests.

Should **You** require further information regarding any of the above forms of indirect remuneration or benefits, please contact **Your Petcover** Client Relationship Manager.

### Conflicts of interest

Conflicts of interest may arise in circumstances where some or all of **Your** interests as **Our** client are, or may be, inconsistent with some or all of **Our** interests.

**We** have a conflicts of interest **Policy** and procedure, including training and monitoring, to ensure **We** are aware of and manage any conflicts of interest. **Our** company, staff and **Our** representatives must comply with this **Policy** and procedure.

Where a conflict is unavoidable, **We** will consult with **You** and manage the conflict in such a way as to avoid prejudice to any party.

### Relationships and Associations

**We** often work closely with a trade or industry association in developing and distributing certain insurance products. Sometimes these associations endorse the insurance product **We** offer to their members. **We** may pay part of **Our** remuneration or an agreed referral fee to an association for their assistance or endorsement.

**We** also have relationships with various Animal related businesses which, when they consider it appropriate, will recommend **Petcover** and **Our** Pet Insurance to their clients. **We** may pay part of **Our** remuneration or an agreed referral fee to these referrers in recognition of this introduction.



## Other important information

### Compensation Arrangements Professional Indemnity Insurance

**Petcover** have professional indemnity insurance which covers its products and services and the services provided by its representatives. In accordance with the requirements of the Corporations Act, Petcover Aust Pty Ltd maintains adequate Professional Indemnity Insurance. This insurance cover extends to claims in relation to **Our** conduct as an Australian Financial Services Licence holder and **Our** employees and representatives both past and present, to compensate clients or their beneficiaries for loss or damage suffered if **We** provide negligent advice.

This insurance meets the requirements for compensation arrangements under s912B of the Corporations Act 2001 (Cth).

### Premium and Invoice Calculations

**We** adopt industry practice in calculating local statutory charges. All amounts referred to in **Our** invoices, unless stated otherwise, are to be treated as inclusive of GST.

### Privacy Notice

In this Privacy Notice, '**We**,' '**Our**,' '**Us**' means Petcover Aust Pty Ltd and Sovereign Insurance Australia.

### Privacy

**We** value the privacy of personal information and are bound by the Privacy Act 1988 when **We** collect, use, disclose or handle personal information. **We** collect personal information to offer, provide, manage and administer the many financial services and products **We** and **Our** group of companies are involved in (including those outlined in this FSG). Further information about **Our** privacy practices can be found in **Our** Privacy Policy that can be viewed on the **Petcover** website at [www.petcovergroup.com/au](http://www.petcovergroup.com/au), or Sovereign Insurance Australia's website at [www.sovereignaustralia.com.au/wp-content/uploads/2019/01/JHG-Combined-Privacy-Policy-December-Final.pdf](http://www.sovereignaustralia.com.au/wp-content/uploads/2019/01/JHG-Combined-Privacy-Policy-December-Final.pdf) or alternatively, a copy can be sent to **You** on request. Please contact **Your Petcover** office or visit **Our** website at: [www.petcovergroup.com/au](http://www.petcovergroup.com/au) if **You** wish to seek access to, or to correct, the personal information **We** collect or disclose about **You**.

### International Transfers

In providing **You** with insurance services, **We** may transfer **Your** personal and/ or sensitive personal information outside of Australia including UK, European Union and India. If this happens **We** will ensure that appropriate measures are taken to safeguard **Your** personal and/ or sensitive personal information.

### Information We process

**You** should understand that information **You** provide, have provided and may provide in future will be processed by **Us** and the Insurer, in compliance with the Privacy Act 1988 and its National Privacy Principles for the purpose of providing insurance, handling claims and/or responding to complaints.

**Information containing personal and sensitive personal information.** Information **We** process may be defined as personal and/or sensitive personal information. Personal information is information that can be used to identify a living individual e.g. name, address, driving licence or national insurance number. Personal information is also information that can identify an individual through a work function or their title.

In addition, personal information may contain sensitive personal information; this can be information about **Your** health and/or any criminal convictions.

**We** will not use personal and/or sensitive personal information except for the specific purpose for which **You** provide it and to carry out the services as set out within this notice.

### Collecting electronic information

If **You** contact **Us** via an electronic method, **We** may record **Your** Internet electronic identifier i.e. **Your** internet protocol (IP) address. **Your** telephone company may also provide **Us** with **Your** telephone number.

### How We use Your information?

**Your** personal and/or sensitive personal information may be used by **Us** in a number of ways, including to:

- Arrange and administer an application for insurance;
- Manage and administer the insurance;
- Investigate, process and manage claims; and/or
- Prevent fraud.

## Who We share Your information with?

**We** may pass **Your** personal and/or sensitive personal information to industry related third parties, including authorised agents; service providers; reinsurers; other Insurers; legal advisers; loss adjusters and claims handlers.

**We** may also share **Your** personal and/or sensitive personal information with law enforcement, fraud detection, credit reference and debt collection agencies and within the Talanx Group of companies to:

- Assess financial and insurance risks;
- Recover debt;
- To prevent and detect crime; and/or
- Develop products and services.

**We** will not disclose **Your** personal and/or sensitive personal information to anyone outside the Talanx Group of companies except:

- Where **We** have **Your** permission;
- Where **We** are required or permitted to do so by law;
- To other companies who provide a service to **Us** or **You**; and/or
- Where **We** may transfer rights and obligations under the insurance.

## Why it is necessary to share information?

Insurance companies share claims data to:

- Ensure that more than one claim cannot be made for the same personal
- Injury or property damage;
- Check that claims information matches what was provided when the insurance was taken out;
- Act as a basis for investigating claims when **We** suspect that fraud is being attempted; and/or
- Respond to requests for information from law enforcement agencies.

## Your rights

**You** have a right to know what personal and/or sensitive personal information **We** hold about **You**. If **You** would like to know what information **We** hold, please contact **Us** at Data Protection Officer at the address listed within this notice, clearly stating the reason for **Your** enquiry. **We** may write back requesting **You** to confirm **Your** identity.

If **We** do hold information about **You**, **We** will:

- Give **You** a description of it;
- Tell **You** why **We** are holding it;
- Tell **You** who it could be disclosed to; and
- Let **You** have a copy of the information in an intelligible form.

If some of **Your** information is inaccurate, **You** can ask **Us** to correct any mistakes.

## Providing consent to process Your information

By purchasing insurance products from **Us** and by providing **Us** with **Your** personal and/or sensitive personal information, **You** consent to **Your** information being used, processed, disclosed, transferred and retained for the purposes set out within this notice.

If **You** supply **Us** with personal information and/or sensitive personal information of other people, please ensure that **You** have fairly and fully obtained their consent for the processing of their information. **You** should also show this notice to the other person.

**You** should understand that if **You** do not consent to the processing of **Your** information or **You** withdraw consent, **We** may be unable to provide **You** with insurance services.

## Collection and use of client information

### How We use Your data

**You** have the right to request a copy of the personal data **We** hold about **You**. A small charge may apply. **We** can only discuss **Your** personal details with **You**. If **You** would like anyone else to act on **Your** behalf please let **Us** know in writing.

**Petcover** gathers data containing information about its clients and their insurance placements, including, but not limited to: names, industry codes, policy types, and policy expiration dates, as well as information about the insurance companies that provide coverage to its clients or compete for its clients' insurance placements. This information is maintained in one or more databases.

**Petcover** may use or disclose information about its clients, if it is required to do so by:

- Foreign or Australian law;
- **Petcover** policy;
- Pursuant to legal process; or
- In response to a request from foreign or Australian law enforcement authorities or other government officials.

In addition to being used for the benefit of **Petcover's** clients, these databases also may be accessed by other **Petcover** affiliates for other purposes, including providing consulting and other services to Insurers for which **Our** Group of Companies may earn compensation.

Due to the global nature of services provided by **Our** Group of Companies, the information **You** provide may be transmitted, used, stored and otherwise processed outside the country where **You** submitted that information. If **You** have questions about **Our** Group data processing or related compensation, please contact **Your** local **Petcover** Office.

### General Insurance Code of Practice

The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry by promoting better communication between **Insurers** and **customers** and outlining a standard of practice and service to be met by **Insurers**.

**We** keenly support the standards set out in the Code.

**You** can obtain more information on the Code of Practice and how it assists **You** by contacting **Us**. Contact details are provided on the back cover of this document. For more information on the Code of Practice and Code Governance Committee (CGC) visit [insurancecode.org.au](http://insurancecode.org.au).

### Insurance Brokers Code of Practice

Petcover Aust Pty Ltd is a member of the Steadfast Group Ltd. Both **Petcover** and the Steadfast Group Ltd subscribes to the Insurance Brokers Code of Practice and is bound by their Code of Practice (the Code).

The Insurance Broker's Code of Practice demonstrates the Australian insurance broking industry's professional commitment to its clients. The Code is administered by the Code Administration team at the Australian Financial Complaints Authority (AFCA). The Code applies to the relationship between Insurance Brokers and their clients. It describes key service standards that clients can expect from brokers, as well as an overview of the complaints and disputes handling process. The Code has been specifically developed by the National Insurance Brokers Association (NIBA) to be a user-friendly and helpful tool for both insurance brokers and their clients.

The objective of the Code is to build upon the professional competence in the insurance broking profession, increase consumer confidence in insurance brokers and increase knowledge of the important role they play. The service standards outlined in the Code are also aimed at safeguarding self-regulation of the broking industry. To view a copy of the Code visit [www.niba.com.au](http://www.niba.com.au). The Code does not form part of any retainer **We** have with **You** and **Your** rights relating to any breach of the Code by **Petcover** are limited to remedies available under the Code.

### Telephone Call Recording

**We** may record incoming and/or outgoing telephone calls for training or verification purposes. This allows **Us** to check information **You** give **Us** and to verify information **We** have given **You**. Where **We** have recorded a telephone call, **We** can provide **You** with a copy at **Your** request, where it is reasonable to do so.

### Service issues and complaints

**We** have in place a formal dispute resolution process, encompassing both internal and external dispute resolution.

**We** are committed to providing quality services to **Our** clients. This commitment extends to giving **You** easy access to people and processes that can resolve a service issue or complaint.

## Making a Complaint

**We** treat complaints very seriously and believe **You** have the right to a fair, swift, prompt and courteous service at all times. If **You** are dissatisfied with any aspect our relationship, you may lodge a complaint. **Our** complaints process has three steps:

### Immediate Response & Resolution

Many concerns can be resolved immediately, or within a short amount of time. If **You** have a complaint about the service **We** have provided to **You**, please address **Your** enquiry or complaint to the staff member providing the service, or phone 1300 731 324 during normal office hours.

### Internal Dispute Resolution

If **We** are unable to resolve **Your** concern, immediately or within 2 days, we will escalate your concerns as a complaint to Petcover's Internal Dispute Resolution Team. **Your** complaint will be handled by a person with appropriate authority, knowledge and experience. **You** will be provided with the contact details of the person assigned **Your** complaint. **We** will make a decision about **Your** complaint within 30 calendar days, however **We** will aim to resolve **Your** complaint within 15 business days. If **We** are not able to resolve your complaint within 15 business days, **We** will escalate the matter to Sovereign Insurance Australia or give **You** the option to contact them yourself. Both these internal review processes will be completed within the 30 calendar days.

**You** may also contact the Internal Dispute Resolution team directly on: 1300 731 324 or via email [idr.au@petcovergroup.com](mailto:idr.au@petcovergroup.com).

**You** may also contact Sovereign Insurance Australia, 263 Albany Highway, Victoria Park, WA 6100 or via email: [complaints@sovereigninsurance.com.au](mailto:complaints@sovereigninsurance.com.au).

### External Dispute Resolution

In the unlikely event that **Your** complaint is not resolved to your satisfaction following Petcover's Internal Dispute Resolution Process, **You** may be able to take your matter to the independent dispute resolution body, the Australian Financial Complaints Authority (AFCA).

AFCA resolves certain insurance disputes between consumers and Insurers and will provide an independent review at no cost to **You**.

**We** are bound by the determination of AFCA but the determination is not binding on **You**.

#### Contact details for AFCA:

Australian Financial Complaints Authority Telephone: 1800 931 678

Email: [info@afca.org.au](mailto:info@afca.org.au)

GPO Box 3, Melbourne VIC 3000

Petcover Pty Ltd is a leading provider of Pet and animal industry related insurances and risk services. It is part of **Our** Group of Companies, which is a global leader in the design and provision of insurance, reinsurance, risk and employee benefit services. Petcover meets the diverse and varied needs of **Our** clients through **Our** animal industry knowledge, expertise and global resources.

If **You** have any questions about **Our** services or anything in this FSG, please contact Petcover on 1300 731 324.

## Part 2: Product Disclosure Statement (including Policy Wording) (PDS)

This Product Disclosure Statement ('PDS') which includes the **Policy** wording contains important information about **Your** Pet Insurance and how it works.

### About this insurance

This is an important document. **You** should read it carefully before making a decision to purchase this insurance. It will help **You** to:

- Decide whether this insurance will meet **Your** needs; and
- Compare it with other products **You** may be considering.

Please note that any recommendation or opinion in this document is of a general nature only and does not take into account **Your** objectives, financial situation or needs.

**You** need to decide if this insurance is right for **You** and **You** should read all of the documents that make up the **Policy** to ensure **You** have the cover **You** need.

## Who is the Insurer?

Sovereign Insurance Australia (ABN 85 138 079 286 AFS License Number 342516) with its registered address at 263 Albany Highway, Victoria Park, WA 6100 is the Insurer of the **Policy**.

Sovereign Insurance Australia is authorised to carry out insurance business in Australia by the Australian Prudential Regulation Authority in accordance with the Insurance Act 1973 (Cth).

## Who is the Administrator

Petcover Aust Pty Ltd ABN 97 117 476 990 AFSL No. 507143, is the sole administrator of the **Policy**, acting under a binding agreement with the Insurer that authorises it to issue, vary and dispose of this Insurance and to manage and settle claims and deal with complaints. **Petcover** can be contacted as follows, Head Office: 1-3 Smolic Court, Tullamarine VIC, 3043 Ph: 1300 731 324.

In arranging this insurance **Petcover** acts as agent for Sovereign Insurance Australia and not as **Your** agent.

## Our contract with You

Where **We** agree to enter into a **Policy** with **You** it is a contract of insurance between **Us** and **You** (see the definition of **'You'** for details of who is covered by this term). The **Policy** consists of:

- This document which sets out the standard terms of **Your** cover and its limitations;
- The relevant **Certificate of Insurance** issued by **Us**. The **Certificate of Insurance** is a separate document, which shows the insurance details relevant to **You**. It may include additional terms, conditions and exclusions relevant to **You** that amend the standard terms of this document. Only those sections shown as covered in **Your Certificate of Insurance** are insured. If the **Policy** is varied during the **Period of Insurance We** will send **You** an updated **Certificate of Insurance** taking into account the variations; and
- any other change to the terms of the **Policy** otherwise advised by **Us** in writing (such as an endorsement or Supplementary PDS) specified before entry into the contract or where required or permitted by law. These written changes may vary or modify the above documents.

These are all important documents and should be carefully read together as if they were one document to ensure that **You** are satisfied with the cover. All **Policy** documentation should be kept in a safe place for future reference.

**We** reserve the right to change the terms of the **Policy** where permitted to do so by law.

## What is covered?

Where **We** have entered into a **Policy** with **You**, **We** will insure **You** for:

- Loss or damage caused by one or more of the covered insured events; and The other covered benefits, as set out in the **Policy** occurring during the **Period of Insurance**.

Other persons may be entitled to cover, but only if specified as so entitled and limited only to the extent and interest specified.

## Terms and Conditions

Cover under this **Policy** is provided on the basis:

- That **You** have paid or agreed to pay **Us** the premium for the cover provided; and
- Of the verbal and/or written information provided by **You** which **You** gave after having been advised of **Your** Duty not to make a Misrepresentation either verbally or in writing.

If **You** failed to comply with **Your Duty not to make a Misrepresentation** or have made a misrepresentation to **Us**, **We** may be entitled to reduce **Our** liability under the **Policy** in respect of a claim and/or **We** may cancel the **Policy** to the extent **We** are prejudiced by **Your** failure. If **You** have told **Us** something which is fraudulent and it is related to **Your Policy** and the cover provided, **We** may also have the option of avoiding the **Policy** (i.e. treating it as if it never existed).

Your **Duty not to make a Misrepresentation** and the consequences of non-disclosure, are set out under the heading **'Your Duty not to make a Misrepresentation'**, on page 13.

## Some words have special meanings

Certain words used in the **Policy** have special meanings. The **Definitions** section of this document on page 22- 26 contains such terms. In some cases, certain words may be given a special meaning in a particular section of the **Policy** when used or in the other documents making up the **Policy**.

Headings are provided for reference only and for interpretation purposes and do not form part of the **Policy**

### Your obligation to comply with the Policy terms and conditions

**You** are required to comply with the terms and conditions of the **Policy**. If **You** do not comply with any term or condition, **We** may decline or reduce any claim payment and/or cancel the **Policy** to the extent **We** are prejudiced by **Your** non-compliance.

If more than one person is insured under the **Policy**, a failure or wrongful action by one of those persons may adversely affect the rights of any other person insured under the **Policy**.

### Your Duty not to make a Misrepresentation

**You** must take reasonable care not to make a Misrepresentation to **Us**. This responsibility applies until **We** issue **You** with a **Policy** for the first time or agree to renew, extend, vary/change, or reinstate **Your Policy**.

You must answer **Our** questions honestly, accurately and to the best of **Your** knowledge. A Misrepresentation includes a statement that is false, partially false, or which does not fairly reflect the truth. It is not Misrepresentation if **You** do not answer a question or if **Your** answer is obviously incomplete or irrelevant to the question asked.

The responsibility to take reasonable care not to make a Misrepresentation applies to everyone who will be insured under the **Policy**. If **You** are answering questions on behalf of anyone, **We** will treat **Your** answers or representations as theirs.

Whether or not **You** have taken reasonable care not to make a Misrepresentation is to be determined having regard to all relevant circumstances, including the type of insurance, who it is intended to be sold to, whether **You** are represented by a broker, **Your** particular characteristics and circumstances **We** are aware of.

If **You** do not meet the above **Duty**, **We** may reject or not fully pay **Your** claim and/ or cancel **Your** Policy. If the Misrepresentation was deliberate or reckless, this is an act of fraud, and **We** may treat **Your Policy** as if it never existed.

### Who does the duty apply to?

The Duty not to make a Misrepresentation applies to **You** and everyone that is 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 not to make a Misrepresentation is not complied with?

If the Duty not to make a Misrepresentation is not complied with **We** may cancel the **Policy** and/or reduce the amount **We** pay if **You** make a claim. If fraud is involved, **We** may treat the **Policy** as if it never existed, and pay nothing.

### What type of insurance is this?

Subject to the **Policy** terms and conditions (including exclusions and limits), this **Policy** covers the cost of **Veterinary Fees** if **Your Pet** is injured or becomes ill. Providing **You** renew **Your Policy** each year and continue to pay the premium, the **Policy** will give **You** continuous **Veterinary Fees** cover for ongoing or long-term **Conditions**, providing the **Injury** first happened after **You** obtained cover, or the **Illness** first showed **Clinical signs**, after **You** obtained cover and the conclusion of the **twenty-eight (28) day Waiting Period**.

### When does my Policy begin?

The Policy will begin at **11:59 PM** on the day you sign up to the policy.

### How long does my Policy run for?

The **Policy** will remain in force for **twelve (12) months** from the date it starts and for any period which **You** renew unless cancelled earlier by **You** or **Us** in accordance with the terms of the **Policy**. The Policy will end or renew at **11:59 PM** on the same date, **twelve (12) months** later, that the policy began or was renewed.

## Policy Summary

Please note that this is a limited summary only and not a full description of the covers. Each cover noted is subject to terms, conditions, exclusions and limitations that are not listed in the summary.

**You** need to read the full terms, conditions and exclusions of the **Policy** and the **Certificate of Insurance** which specifies the options taken for a full explanation of the cover provided under the **Policy**.

### Applying for cover – Eligibility

Eligible cats or dogs can be covered from the age of 8 weeks and before their ninth (9th) birthday. **Select Breeds**, as defined under Definitions, are eligible for cover from the age of 8 weeks and before their 5th birthday. **Your Cat or Dog** must live in Australia.

The following dogs are not eligible for cover:

- Dogs used for security, guarding, track racing or Coursing;

- Breeds of dogs that are listed as banned by any Australian Government, public or local authority; and/or
- Dogs that are a cross breed with either a Pit Bull Terrier, Dogo Argentino, Perro De Presa Canario, Dogo Canario, Dingo, Japanese Tosa, Fila Brasileiro, Czechoslovakian Wolfhound, Saarloos Wolfhound/Wolfdog or any wolf hybrid, or any other breed advised to **You** when **You** apply for cover. This list may be modified from time to time and **We** will notify **You** in writing.

Other eligibility criteria may apply and **We** will tell **You** what they are when **You** apply for this insurance.

Subject to the **Policy** terms and conditions (including limits and exclusions), the following benefits are provided under the **Policy**:

#### COVER SUMMARY

<p>Veterinary Fees</p>	<p><b>We</b> will pay the cost of <b>Veterinary Fees</b> incurred by <b>You</b> for <b>Veterinary Treatment</b> provided during the <b>Period of Insurance</b> to treat <b>Your Pet's Injury or Illness</b>, including <b>Veterinary Fees</b> incurred during <b>Journeys</b> in the <b>Agreed Countries</b>. <b>We</b> will also cover the cost Physiotherapy provided during the <b>Period of Insurance</b> when carried out by a registered Physiotherapist with post-graduate qualifications in animal/veterinary physiotherapy or a member of the Australian Physiotherapy Association (APA) Animal Physiotherapy Group (APG), following a veterinary referral.</p>	<p>The <b>Maximum Benefit</b> <b>We</b> will pay for <b>Injury and Illness</b> for all <b>Treatment</b> types is shown on <b>Your Certificate of Insurance</b>.</p>
<p>Third Party Liability (Dogs only)</p>	<p><b>We</b> will cover <b>Your</b> Legal Liability for payment of compensation in respect of:</p> <ul style="list-style-type: none"> <li>• Death, bodily injury or illness; and/or</li> <li>• Physical loss of or damage to property occurring during the <b>Period of Insurance</b> and which is caused by an <b>Accident</b> involving <b>Your Dog</b>.</li> </ul>	<p>The <b>Maximum Benefit</b> <b>We</b> will pay for this benefit is shown on <b>Your Certificate of Insurance</b>.</p>
<p>Excesses</p>	<p>If <b>You</b> need to make a claim under this <b>Policy</b>, <b>You</b> may be required to pay an <b>Excess</b>. <b>Your Excess</b> will depend on the product <b>You</b> choose, where <b>You</b> live and the breed and age of <b>Your Pet</b>. For full details, please refer to the terms and conditions of the <b>Policy</b> and <b>Your Certificate of Insurance</b>.</p>	
<p>Co-Payment</p>	<p>A percentage amount shown on the <b>Certificate of Insurance</b> that <b>You</b> must pay for each and every claim. Any <b>Co-Payment</b> is in addition to any <b>Excess</b> which is shown on <b>Your Certificate of Insurance</b>.</p>	

## Policy Benefits

Unless otherwise indicated in the **Policy**, the amounts shown below are the **Maximum Benefits** that **We** will pay to **You** under the **Policy** in relation to a **Period of Insurance**.

PLANS	Core	Vital	Key
Umbrella for Life	✓	✓	✓
Veterinary Fees (for <b>Treatment of Injury, Accident or Illness</b> )	Up to \$5,000 Annual Benefit Limit (As shown in the <b>Certificate of Insurance</b> .)	Up to \$10,000 Annual Benefit Limit (As shown in the <b>Certificate of Insurance</b> .)	Up to \$15,000 Annual Benefit Limit (As shown in the <b>Certificate of Insurance</b> .)
Co-Payment Options	Option 1: 10% Option 2: 20% Option 3: 30%	Option 1: 10% Option 2: 20% Option 3: 30%	Option 1: 10% Option 2: 20% Option 3: 30%
Excess Options	Option 1: \$0 Option 2: \$100 Option 3: \$200	Option 1: \$0 Option 2: \$100 Option 3: \$200	Option 1: \$0 Option 2: \$100 Option 3: \$200
<b>Third Party Liability</b> (Dogs only)	Up to <b>\$1 million</b> (Any one loss occurrence.)	Up to <b>\$1 million</b> (Any one loss occurrence.)	Up to <b>\$1 million</b> (Any one loss occurrence.)
<b>Cruciate Ligament Benefit</b> (per policy year)	Up to \$1,500	Up to \$2,500	Up to \$3,000
Vet Consults (per policy year)	Up to \$400	Up to \$400	Up to \$400
<b>ParalysisTick</b> (up to the Annual Benefit Limit)	1st Claim Up to \$2,000 Subsequent Claims Up to \$1,000	1st Claim Up to \$2,000 Subsequent Claims Up to \$1,000	1st Claim Up to \$2,000 Subsequent Claims Up to \$1,000
Cancer Treatment	<b>Up to \$5,000</b> Annual Sub Limit	<b>Up to \$5,000</b> Annual Sub Limit	<b>Up to \$5,000</b> Annual Sub Limit
Hip Dysplasia	<b>Up to \$4,000</b> Annual Sub Limit	<b>Up to \$4,000</b> Annual Sub Limit	<b>Up to \$4,000</b> Annual Sub Limit
Skin Conditions	<b>Up to \$500</b> Annual Sub Limit	<b>Up to \$500</b> Annual Sub Limit	<b>Up to \$500</b> Annual Sub Limit
Boarding Fees	Up to \$500	Up to \$500	Up to \$500
Saying Goodbye to Your Pet	Up to \$300	Up to \$300	Up to \$300
Multi-pet Discount	✓ 3+ eligible pets	✓ 3+ eligible pets	✓ 3+ eligible pets
<b>OPTIONAL EXTRA BENEFIT - Day to Day Care</b>			



\$50 Annual Benefit for one (1) of the following	De-sexing Micro chipping Heart worm Behavioural therapy Teeth cleaning Council registration fees Alternative therapies Prescription diets Dew claw removal Dog training at a recognised training Centre
Annual Benefit for all of the following	Vaccinations or Health Check - \$30 Heart worm test or Blood screen - \$10 FeLv/ Fiv test or urinalysis - \$10 Flea/Tick/ Worm control - \$45
Eligibility	By Selecting the Optional for Day to Day Care Benefit and paying an Additional Premium
Excess Applicable (Optional Day to Day Care Benefit)	Nil

The benefit **Day to Day Care** is an **Optional Extra Benefit** under the **Mid Range Cover** and may not be included in cover for **Your Pet**.

*\*\*Please note, Your Pet will only be covered for Day to Day Care as an Optional Extra Benefit if You have selected the cover option and have paid an additional premium and it is shown on Your Certificate of Insurance.*

### Waiting Periods

A **Waiting Period** is the amount of time that must pass, without there being any clinical signs of the condition before we can provide cover for treatment of that condition. If the condition first shows clinical signs during the waiting period, it will be considered pre-existing and will become an exclusion on the policy.

The **waiting period** begins on the day your policy commences and ends at 11:59 PM on the final day of the waiting period.

Plan	Mid-Range – Key	Mid-Range – Vital	Mid-Range Core
Waiting period for Injury	No waiting period	No waiting period	No waiting period
Waiting period for illness	28 days	28 days	28 days
Waiting period for brachycephalic obstructive airway syndrome (BOAS)	12 months (365 days)	12 months (365 days)	12 months (365 days)
Cruciate ligament benefit	6 months	6 months	6 months

## Excesses and Contributions

### Fixed excess

A fixed excess is the amount, as listed on your certificate of insurance (COI), which is withheld by Petcover, for claims made against each condition, in each separate policy period.

If the condition is ongoing and spans across multiple policy periods, the fixed excess will need to be paid again for any treatment which was performed in the new policy period.

## Co-Payment/Share Excess

The co-payment/share excess is a percentage of the claimable amount, applied after the fixed excess (if applicable), that is withheld by Petcover when the claim is settled.

## Costs

The premium payable by **You** will be shown on **Your** tax invoice. **We** take into consideration a number of factors in setting premiums. The base premium **We** charge varies according to **Your** risk profile (e.g. the breed, age, gender and location of **Your Pet**, **Our** claims experience, **Your** individual claims experience, the increased costs of doing business and any events that impact the insurance industry).

**You** will also have to pay any compulsory government charges (e.g. Stamp Duty and GST) plus any additional charges of which **We** tell **You**. These amounts will be set out separately on **Your Certificate of Insurance** (or tax invoice) as part of the total premium payable.

Minimum premiums may apply. In some cases discounts may apply if **You** meet criteria **We** set. Any discounts/entitlements only apply to the extent any minimum premium is not reached. If **You** are eligible for more than one, **We** also apply each of them in a predetermined order to the premium (excluding taxes and government charges) as reduced by any prior applied discounts/entitlements. Any discounts will be applied to the base premium calculated prior to any taxes being added.

When **You** apply for this insurance, **You** will be advised of the total premium amount payable, when it needs to be paid and how it can be paid. If **You** fail to pay **We** may reduce any claim payment by the amount of premium owing and/or cancel the **Policy**. Special rights and obligations apply to instalment premium payments as set out below.

The amount **You** pay for **Your** premium includes Commission paid to **Petcover**. If a person has referred **You** to **Us**, **We** may pay them a part of the amount that relates to Commission. This will not increase the amount **You** pay **Us**.

## Payments by Instalments

If **You** pay **Your** premium by instalments refer to the 'General **Conditions**' applicable to all sections for important details on **Your** and **Our** rights and obligations. Note that an instalment premium outstanding for fourteen (14) days or longer may allow **Us** to refuse to pay a claim.

## Goods and Services Tax (GST)

All monetary limits in the **Policy** are inclusive of GST. In the event of a claim, if **You** are not registered for GST, **We** will reimburse **You** the GST component in addition to the amount **We** pay **You**. If **You** are registered for GST, **You** will need to claim the GST component from the Australian Taxation Office.

**You** must advise **Us** of **Your** correct input tax credit percentage where **You** are registered as a business and have an Australian Business Number. **You** are liable to **Us** for any GST liability **We** incur arising from **Your** incorrect advice.

## Your cooling-off period and Cancellation rights

**You** have a cooling off period of twenty-one (21) days from the date **You** purchased the **Policy**. During this period **You** can return the **Policy** and receive a refund of any premium paid, provided **You** have not exercised right or power under the **Policy** (e.g. made any claim) or the **Period of Insurance** has not ended.

To exercise **Your** cooling off rights **You** must advise **Us** of **Your** intention by phone by calling 1300 731 324 or by advising **Us** in writing. Send written confirmation to: Petcover Aust Pty Ltd, 1-3 Smolic Crt, Tullamarine VIC, 3043 or email to [info.au@petcovergroup.com](mailto:info.au@petcovergroup.com).

**We** may deduct from **Your** refund amount any government taxes or duties **We** cannot recover.

After the cooling off period has ended, **You** still have cancellation rights, however **We** may deduct a pro rata proportion of the premium for time on risk, plus any reasonable administrative costs and any government taxes or duties **We** cannot recover (refer to 'General Conditions' Cancellation on pages 29 for full details).

## How do I make a claim?

**We** will not guarantee on the phone if **We** cover a claim under the **Policy**. **You** must send **Us** a claim form that has been properly filled in. **We** will then write to contact **You** with **Our** decision.

**You** must fill in a claim form. Send **Us** the claim form together with a copy of the fully itemised invoices setting out the costs involved. Where requested **You** may need to provide a complete medical history and clinical notes relating to the treatment.

**You** can obtain a claim form online at [www.petcovergroup.com/au/claims](http://www.petcovergroup.com/au/claims) or by contacting **Us** on either 1300 731 324 or [claims.au@petcovergroup.com](mailto:claims.au@petcovergroup.com).

**You** can email the completed claim form to [claims.au@petcovergroup.com](mailto:claims.au@petcovergroup.com) or post it to:

Petcover Aust Pty Ltd, Claims Centre

1-3 Smolic Court

Tullamarine, VIC 3043

If **You** post **Your** claim **We** recommend **You** keep a copy of the claim.

### Updating this PDS

**We** may need to update this PDS from time to time if certain changes occur where required and permitted by law. **We** will issue **You** with a new PDS or a Supplementary PDS or other compliant documents to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this insurance, **We** may issue **You** with notice of this information in other forms or keep an internal record of such changes (**You** can get a paper copy free of charge by contacting **Us** using **Our** details on the back cover of this PDS). Other documents may form part of **Our** PDS and the **Policy** (for example **Certificate of Insurance**, Supplementary PDSs and/or endorsements). **We** may also issue other documents forming part of **Our** PDS and the **Policy** where required or permitted by law..

### Further information and confirmation of transactions

If **You** require further information about this insurance or wish to confirm a transaction, please contact **Us**.

### Your Pet Insurance Policy - Details

Details of **Your Pet's** cover are outlined in the **Policy** and the **Certificate of Insurance**. There are ten (10) sections of cover, but please be aware that some of the sections of cover may not be automatically provided and as such may not be included in the **Policy**. Cover under a section is only provided to **You** if it is shown as covered on **Your Certificate of Insurance**. **We** recommend **You** check **Your Pet's** cover and contact **Us**

as soon as possible if this is not as expected.

**These Terms and Conditions are part of Your insurance contract. The other parts are Your Certificate of Insurance, and Your written, internet or telephone application. To understand exactly what Your insurance contract covers You must read Your Certificate of Insurance, together with all other documents that make up Our contract with You.**

### Important things you should be aware of

Your **Vet's Fees** cover is extended to cover **Your Pet** in **Another Country**. The Pet Travel Scheme (PETS) explains what **You** need to do when travelling with **Your Pet**. You can read these rules at: <http://www.agriculture.gov.au/cats-dogs/step-by-step-guides/category-3-step-by-step-guide-for-cats>.

Note that if **You** make a claim and **You** have not followed these rules, **We** will not be able to pay.

### Your limits and excess

The most **We** can pay for claims when travelling to **Another Country** with **Your Pet** is \$2,500 per **Policy** per year. **Your** standard **Excess** will apply. All **Veterinary Fees** will be paid in Australian Dollars (AUD) regardless of currency the initial fees were invoiced in, less applicable Maximum Benefit and or any fixed Excess.

What **We** will pay for:

### Veterinary Fees in Another Country

The benefits and limits of "Cover if **Your Pet** needs medical **Treatment**" section are extended to cover necessary treatments for **Your Pet** in **Another Country**.

### Maximum time in Another Country

- **We** allow up to 90 days in **Another Country** for **Your Pet** each calendar year.
- **We** cannot pay for a claim that happens from the 91st day onwards.
- **Illness** or **Injury** that started before travelling
- **We** will not pay for any **Treatment** of **Illnesses** that **You** knew about, or should have known of, before **You** began **Your** travel.
- If **Your Pet** was showing signs of a possible change in health, **You** should have these checked by a **Vet** before **You** leave.

### Not following regulations

**We** will not pay if **You** have not followed the Pet Travel Scheme (PETS).

## Travel for Treatment

If **You** are travelling to get **Treatment** for **Your Pet** in **Another Country**, **We** will not pay any costs for any medical **Treatments**.

These are only examples of some common **Exclusions** and **Policy Limits**. Additional **Exclusions** and **Policy Limits** may apply. For full details of all relevant **Policy Limits** and **Exclusions** **You** must read the **Certificate of Insurance** and the general **Exclusions** to all sections and also to the specific exclusions to each section under the heading "What **We** will not pay".

## Delivery of Your Policy Documents

Unless **We** tell **You** otherwise or **We** tell **You** it is no longer suitable **We** will send **Your Policy** documents and **Policy** related communications electronically. This includes email and/or other methods of electronic communication. **You** will need to provide **Us** with **Your** current email address and **Your** mobile phone number. Each electronic communication will be deemed to be successfully received by **You** on the transmission date recorded in **Our** systems. Where **We** deliver **Your Policy** documents and **Policy** related communications by mail in printed form all such communications will be deemed to have been successfully delivered once mailed by **Us** to **Your** last notified postal address.

## Updating this PDS

**We** may need to update this PDS from time to time if certain changes occur where required and permitted by law. **We** will issue **You** with a new PDS or a Supplementary PDS or other compliant documents to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy

this insurance, **We** may issue **You** with notice of this information in other forms or keep an internal record of such changes (**You** can get a paper copy, (however a charge may be required for this), by contacting **Us** using **Our** details on the back cover of this PDS). Other documents may form part of **Our** PDS and the **Policy**. (for example Certificate of Insurance, Supplementary PDSs and/or endorsements). If they do **We** will tell **You** in the relevant document. **We** may also issue other documents forming part of **Our** PDS and the **Policy** where required or permitted by law.

## Definitions

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

<b>Accident</b>	means a sudden, unexpected, unusual, specific event, which occurs fortuitously at an identifiable time and place and is unforeseen or unintended. All <b>Accidents</b> consequent upon or attributable to one source or original cause are treated by <b>Us</b> as one <b>Accident</b> . 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 <b>Conditions</b> are not considered <b>Accidents</b> : luxating patella; a rupture or strain of one or both cruciate ligaments; degenerative joint disease; hip dysplasia and hyperextending hocks; Juvenile Pubis Symphysiodesis (JPS).
<b>Another Country/ Or Other Countries</b>	means any Australian Quarantine & Inspection Service (AQIS) approved Countries from which a dog or cat can return to <b>Australia</b> from.
<b>Australia</b>	means Commonwealth of <b>Australia</b> .
<b>Certificate of Insurance</b>	means the relevant <b>Certificate of Insurance</b> <b>We</b> issue including on renewal or variation of the <b>Policy</b> containing details of the cover provided under the <b>Policy</b> , including any exclusions and other specific insurance details that <b>We</b> have applied to <b>Your</b> cover.

<b>Clinical sign(s):</b>	means change(s) in <b>Your Pet's</b> normal healthy state, its bodily functions or behaviour.
<b>Co-Payment</b>	means an amount shown on <b>Your Certificate of Insurance</b> that <b>You</b> must pay for each and every claim made under <b>Your Policy</b> per <b>Policy Year</b> .
<b>Condition</b>	<p>means any <b>Condition ailment</b> that causes discomfort, dysfunction, distress, including <b>Injuries</b>, disabilities, disorders, <b>Clinical signs</b>, syndromes, infections, isolated symptoms, deviant behaviour, and atypical variations of structure and function and/or death to the <b>Pet</b> afflicted.</p> <p>Conditions are separated based on the body system affected and the treatment provided.</p> <p>If multiple parts of the body have been affected secondary to an illness, we may split these secondary conditions into their own separate claims if the treatments required for the secondary conditions do not overlap.</p> <p>For an injury, all body systems directly affected as a result of the injury will be considered under the single condition.</p>
<b>Day to Day Care (Optional Benefit)</b>	means with this cover certain preventative healthcare Benefits for <b>Your Pet</b> . The list of allowable <b>Treatments</b> and the Benefit amounts applicable are on <b>Your Certificate of Insurance</b> . If <b>You</b> have selected this <b>Optional Benefit</b> and paid an additional <b>Premium</b> , the list of allowable <b>Treatments</b> and the Benefit Limits applicable to these, are shown on <b>Your Certificate of Insurance</b>
<b>Elective Treatment, diagnostic or procedure</b>	<p>means a <b>Surgery</b> or <b>Treatment</b> that is beneficial to the <b>Pet</b> but is not essential for <b>Your Pet's</b> survival or does not form part of a <b>Treatment</b> for an <b>Injury</b> or <b>Illness</b>. <b>Treatment</b> or <b>Surgery</b> includes, but is not limited to, de- sexing, spaying or castration, microchipping, grooming and de-matting, cosmetic or aesthetic surgery, or Elective surgery including but not limited to dew-claw removal, prescription diet foods, and any <b>Treatment</b> not related to an Injury, Illness or trauma.</p> <p><b>Elective</b> surgery or <b>Treatment</b> that is beneficial to the <b>Pet</b> but is not essential for <b>Your Pet's</b> survival or does not form part of a <b>Treatment</b> for an <b>Injury</b> or <b>Illness</b>, or any <b>Treatment</b>, diagnostic or procedure <b>You</b> request, which the <b>Vet</b> confirms is not necessary to treat an <b>Injury</b> or <b>illness</b>.</p>
<b>Excess</b>	<p>means the amount(s) shown on <b>Your Certificate of Insurance</b> that <b>You</b> must pay for each unrelated <b>Condition</b> claim made under <b>Your Policy</b> per <b>Policy Year</b>.</p> <ul style="list-style-type: none"> <li>• <b>Veterinary Fees Excesses</b> may be either: <ul style="list-style-type: none"> <li>• The Fixed <b>Excess</b> only; or</li> <li>• The Fixed <b>Excess</b> and the <b>Co-Payment</b>.</li> </ul> </li> </ul>
<b>Experimental Therapies &amp; treatments</b>	<p>Means any medication and / or treatment that is either:</p> <ol style="list-style-type: none"> <li>a. Not registered by the Australian Pharmaceuticals and Veterinary Medicines Authority (APVMA), or</li> <li>b. Registered with the Therapeutics Goods Administration (TGA) only, and the efficacy and safety of the medication has not been established in the species of animal it is being used in by the veterinarian.</li> </ol>
<b>Family</b>	means <b>Your Immediate Family</b> and, grandparents, brothers, sisters, grandsons, and/or granddaughters including <b>Family</b> of step and defacto relationships.
<b>Goodbye Cover</b>	means help for <b>You</b> to cope with the financial costs of giving <b>Your Pet</b> an appropriate goodbye.

<b>Home</b>	means the place in <b>Australia</b> where <b>You</b> usually live.
<b>Illness</b>	means and unhealthy state, condition, ailment, affliction, sickness, disease, disorder, defect, syndrome or abnormality that causes pain dysfunction or distress and that is not due to an external <b>Injury</b>
<b>Illness which starts in the first 28 days of cover</b>	<p>means an <b>Illness</b> that:</p> <ul style="list-style-type: none"> <li>• Showed <b>Clinical signs</b>,</li> <li>• Is the same as, or has the same <b>Clinical signs</b> or diagnosis as an <b>Illness</b> that showed <b>Clinical signs</b>;</li> <li>• Is caused by, relates to, or results from, a <b>Clinical sign</b> that first occurred, or an <b>Illness</b> that, showed <b>Clinical signs</b>,</li> <li>• In the first <b>twenty-eight (28) days</b> of: <ul style="list-style-type: none"> <li>a. <b>Your Pet's</b> first <b>Policy Year</b>, or</li> <li>b. Any additional section being added to <b>Your</b> insurance.</li> </ul> </li> </ul> <p>No matter where the <b>Illness</b> or <b>Clinical signs</b> occur or happen in, or on, <b>Your Pet's</b> body. The <b>twenty-eight (28) day</b> Waiting Period will cease at 00.01 on the <b>twenty-ninth (29) day</b> of cover under this <b>Policy</b>.</p>
<b>Immediate Family</b>	means spouse, civil partner, life partner, partner, defacto partner, parents, sons and daughters, including <b>Family</b> of step and/or defacto relationships.
<b>Injury</b>	means a physical <b>Injury</b> or trauma caused immediately, solely and directly from an <b>Accident</b> . This does not include any physical <b>Injury</b> or trauma that happens over a period of time or is of a gradual nature.
<b>Journey</b>	means travel from <b>Your Home</b> within <b>Australia</b> or any of the <b>Agreed Countries</b> undertaken during the <b>Period of Insurance</b> for a maximum of <b>ninety (90) days</b> for all journeys in the <b>Period of Insurance</b> . This includes the duration of <b>Your</b> holiday or business trip and any travel, in and between <b>Australia</b> and an <b>Agreed Country</b> and return <b>Journeys</b> to <b>Your Home</b> .
<b>Maximum Benefits</b>	means the most <b>We</b> will pay for the relevant level of cover <b>You</b> have chosen during the <b>Period of Insurance</b> as set out in the <b>Certificate of Insurance</b> , subject to exclusions of the <b>Policy</b> and subject to the <b>Policy Aggregate</b> less the applicable <b>Excess</b> .
<b>Member of a Veterinary Practice</b>	means any person legally employed by a <b>Veterinary Practice</b> under a contract of employment, other than a <b>Vet</b> who may be the Insured under this <b>Policy</b> .

**Optional Day to Day Care Benefits**

means an additional Benefit that **You** can elect to include in addition to the basic insurance. There are **Optional Extra Benefits** in **Petcover Mid-Range** Cover being either:

- a. \$50 annual benefit for one of the following:
  - Desexing;
  - Microchipping;
  - Heartworm;
  - Behavioural therapy;
  - Teeth cleaning;
  - Council registration fees;
  - Alternative therapies;
  - Prescription diets;
  - Dew claw removal;
  - Dog training at a recognised training center.
- b. An annual benefit for all of the following:
  - \$30 for Vaccination or Health Check;
  - \$10 for Heartworm test or Blood Screen;
  - \$10 for FeLv/Flv test or Urinalysis
  - \$45 for Flea/Tick/Worm control

For **Optional Day to Day Care Benefit** to be included **You** must select the Option. If applicable the **Optional Day to Day Care 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**.

**Petcover®**

means the Administrator of this Policy with **You** and who acts on behalf of the Insurer. **Petcover** is a Registered Trade Mark, and Products sold under this Trade Mark in **Australia** are sold exclusively by Petcover Australasia Pty Ltd.

**Pet Immigration Rules**

means a system that allows pet owners in **Australia** to take their pets to **Another Country/ Or Other Countries** and bring them back to **Australia** without the need for quarantine.

**Period of Insurance**

means the time during which **We** give cover as shown on **Your Certificate of Insurance**. It does not refer to any prior **Period of Insurance** if the **Policy** is a renewal of a previous **Policy** or any future **Period of Insurance** for any **Policy** **You** may enter into with **Us** upon renewal. Each **Period of Insurance** is treated as separate. This is normally twelve (12) months but may be less if **Your Pet** has been added to **Your Insurance** or it has been cancelled.

**Policy**

means this document and the **Certificate of Insurance** and any other documents **We** issue to **You** which are expressed to form part of the **Policy** terms, which set out the cover **We** provide for the **Period of Insurance**. For the sake of clarity, it does not include any prior **Policy** that this is a renewal of or any future **Policy** that is a renewal of this **Policy**.

**Policy Year**

means the time during which **We** give cover as shown on **Your Certificate of Insurance Policy** details. This is normally **twelve (12) months** but may be less if **Your Pet** has been added to, or cancelled from, **Your** 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:

- a. Has happened or first showed **Clinical signs**;
- b. Has the same diagnosis or **Clinical signs** as an **Injury,**
- c. **Illness** or **Clinical sign Your Pet** had; or
- d. Is caused by, relates to, or results from, an **Injury, Illness** or **Clinical sign Your Pet** had occurring or existing:
  - Before **Your Pet's** cover started, or prior to the
  - **Policy** commencement date;
  - During the **twenty-eight (28) day Waiting Period**; or
  - Before the section 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**.

For the avoidance of doubt when referring to Pre- Existing Conditions, where **Your Pet** has a Condition affecting a part of its body of which it has two, including, but not limited to eyes, ears, patella's (knees), cruciate ligaments, both instances of the **Condition** will be excluded from cover if either of the parts of the **Pet's** body were affected by the **Condition** before **Your Pet's** cover started, or prior to the **Policy** commencement date.

**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, heart worm prevention medication; flea and other internal/external parasite prevention.

(If **You** have elected to take the **Optional Extra Benefit** of **Day to Day Care Package** and paid an additional **Premium**, some of the above may be allowable if they are shown on **Your Certificate of Insurance**).

**Related Conditions**

means a **Condition** that even though it has shown first signs or symptoms during the **Policy Period** (outside of the **Waiting Period**), it is considered to be a **Pre-existing Condition** if it has the clinical symptoms, diagnostic classification or results from the same disease process as a **Pre-existing Condition** regardless of the number of areas of **Your Pet's** body affected.

For example: if **Your Pet** suffers from arthritis in its legs prior to the Commencement Date of the **Policy** or during the **Waiting Period**, all future occurrences of arthritis for example in the back or neck, will be considered to be **Related Conditions** and will not be covered.

**Recurring Condition**

means a **Condition** that is curable but may relapse repeatedly with intervals of remission in between.



<b>Select Breed(s)</b>	<p>means Bandog, Bavarian Mountain Hound, Bergamasco Shepherd Dog, Briard, Blood Hound, Boerboel, Beauceron, Bernese Mountain Dog, Bracco, All Bulldogs (i.e. English, American, Australian, Miniature, etc.), Bull Arab, Deerhound, Dogue de Bordeaux, Entlebucher Mountain Dog, Estrela Mountain Dog, Grand Blue De Gascoigne, Great Dane, Greater Swiss Mountain Dog, Hamiltonstovare, Hungarian Kuvasz, Irish Wolfhound, Komondor, Maremma Sheepdog, sLeonberger, 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. (<b>We</b> may modify this list from time to time).</p> <p>Please refer to the <b>'Select Breed'</b> section on <b>Your Certificate of Insurance</b> to find out if <b>Your Pet</b> is a <b>Select Breed</b>.</p>
<b>Travel Documents</b>	<p>means the Pet's Import Permit issued by AQIS, any Vaccination Certificates and/or Certificate for <b>Treatment</b> against parasites issued for <b>Your Pet</b> under the Regulations for taking a pet to <b>Australia</b>.</p>
<b>Treatment</b>	<p>means reasonable <b>Veterinary Treatment</b> and customary examinations, consultations, hospitalisation, surgery, x-rays, medication, diagnostic tests, nursing and other care and procedures provided by a vet to relieve or cure a disease, <b>Illness</b> or <b>Accidental Injury</b> during the <b>Policy Period</b>.</p>
<b>Umbrella for Life</b>	<p>means with this cover <b>You</b> can continue to claim for the <b>Treatment</b> for on-going <b>Illness</b> or <b>Injuries</b> throughout <b>Your Pet's</b> lifetime, provided <b>You</b> renew the <b>Policy</b> annually without a break in cover and pay the required premium.</p>
<b>Vet</b>	<p>means a registered Veterinarian, Specialist Veterinarian, vet practice, clinic, hospital, centre including referral hospitals, licensed to practice in <b>Australia</b>, other than a <b>Vet</b> who may be the Insured under this <b>Policy</b>.</p>
<b>Veterinary Fees</b>	<p>means the amount Vets charge for the care and treatment they provide.</p>
<b>Veterinary Practice</b>	<p>means any veterinary service provided by a veterinary organisation or business.</p>
<b>Veterinary Treatment</b>	<p>means the cost of the following when required to treat an <b>Illness</b> or <b>Injury</b>,</p> <p>Any examination, consultation, advice, tests, X-rays, diagnostic procedure, surgery and nursing carried out by a <b>Vet</b>, a Veterinary Nurse or another <b>Member of a Veterinary Practice</b> under the supervision of a <b>Vet</b>; and</p> <p>Any medication legally prescribed by a <b>Vet</b>.</p>

**Waiting Period**

means a period of **twenty-eight (28) days** starting from the commencement date of the **Policy** (excluding renewals) as shown on **Your Certificate of Insurance** during which an **Illness** or **Condition** that first occurs or shows **Clinical signs** will be excluded from Cover unless otherwise stated on **Your Certificate of Insurance**. The **twenty-eight (28) day Waiting Period** will cease at

00.01 on the **twenty-ninth (29) day** of cover.

Other **Waiting Periods** apply for the following:

Cruciate Ligament Disease **Waiting Period** means a period of six (6) Calendar months or one hundred and eighty (180) days starting from the commencement date of the **Policy**, as shown on **Your Certificate of Insurance** during which Cruciate Ligament **Illness** or **Condition** first occurs or shows Clinical signs will be excluded from Cover unless otherwise stated on **Your Certificate of Insurance**. The one hundred and eighty (180) days Waiting Period will cease at 00.01 on the one hundred and eighty first (181) day of cover.

Brachycephalic Airway Obstruction (BOAS) **Waiting Period**, nasal fold, skin fold, stenotic nares and soft palate resections, enlarged tongue (macroglossa), everted laryngeal saccules, Gastrointestinal Tract and Brachycephalic Airway Obstruction (BOAS), means a Period of twelve (12) calendar months or three hundred and sixty five (365) days starting from the commencement date of the **Policy**, 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** first occurs or shows **Clinical signs** will be excluded from Cover unless otherwise stated on **Your Certificate of Insurance**. The three hundred and sixty five (365) days Waiting Period will cease at 00.01 on the three hundred and sixty sixth (366) day of cover, regardless of **Your Pet** showing **Clinical Signs** of the **Condition** or not, prior to commencement of cover or within the **twenty-eight (28) day Waiting Period**.

**We, Us, Our**

means **Petcover** acting on behalf of Sovereign Insurance Australia, the Insurer of **Your Policy**.

## General Conditions

**You, Your**

means the person(s) named on the **Certificate of Insurance**.

**Your Pet**

means the dog or cat named on the **Certificate of Insurance**.

**Conditions of the Policy**

**You** must comply with the General **Conditions** and Special **Conditions** of the **Policy** to have the full protection of the **Policy**. If **You** do not, and the **Condition** **You** have not complied with relates to a claim, **We** may refuse or reduce the amount **We** pay under the claim.

## Caring for Your Pet (Vaccinations)

Throughout the **Period of Insurance**, **You** must take all reasonable steps to maintain **Your Pet's** health and to prevent **Injury, Illness** and loss.

a. **You** must provide **Routine or Preventative Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**. If there is a disagreement between **You** and **Us** as to what reasonable steps are, the details will be referred to an independent national Welfare body or an independent **Vet** mutually agreed upon.

b. **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 any claims which relate to dental issues **We** may refuse or reduce the amount **We** pay under the claim for dental **Treatment**, to the extent that **Your** non-compliance caused or contributed to the loss or damage.

c. **You** must keep **Your Pet** vaccinated against the following **Conditions**:

**Dogs** – Distemper, hepatitis, parvovirus, kennel cough and leptospirosis (in areas where it is prevalent, all ticks (including those which cause paralysis) and **Vets** recommend vaccination) and any other vaccination recommended to **You** by a **Vet**.

**Cats** – Feline infectious enteritis, feline leukemia and cat 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 result from any of the above **Illnesses**, to the extent that the unvaccinated **Illnesses** caused or contributed to the loss or damage.

d. **You** must take reasonable steps to arrange for a **Vet** to examine and treat **Your Pet** as soon as possible after it shows **Clinical signs** of an **Injury** or **Illness**. **You** must follow the advice and recommendations of the treating **Vet** so as not to prolong or aggravate the **Illness** or **Injury**. If **You** do not follow the **Vet's** advice **We** may refuse or reduce the amount **We** pay relating to that **Injury** or **Illness**. And if **We** decide, **You** must take **Your Pet** to a mutually agreed upon independent **Vet**.

## Claims Pre-Authorisation

**We** will not guarantee if **We** will pay a claim prior to a claim being submitted. **You** must send **Us** a claim form that has been fully completed and **We** will then communicate our decision with **You**.

## Vet Information, Other Insurance

When **You** make a claim **You** agree to give **Us** any information **We** may reasonably ask for.

## Legal rights against others

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

b. 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.

<b>Claims - Paid Direct to Vet</b>	<p>If <b>We</b> agree for a claim payment to be paid directly to <b>Your Vet</b> and <b>You</b> allow this, then if the <b>Vet</b>, who has treated <b>Your Pet</b> or is about to treat <b>Your Pet</b>, asks for information about <b>Your</b> insurance that relates to a claim, <b>We</b> will tell the <b>Vet</b> what the insurance covers, what <b>We</b> will not pay for, how the amount <b>We</b> pay is calculated and if the premiums are paid to date.</p>
<b>Claims - Vet Fee Charges</b>	<p>If the <b>Veterinary Fees You</b> are charged are higher than the <b>Veterinary Fees</b> normally charged by a general or referral practice, <b>We</b> reserve the right to request a second opinion from an <b>Independent Vet</b> as to whether the fees are reasonable. If the <b>Independent Vet</b> does not agree that the <b>Veterinary Fees</b> charged are reasonable <b>We</b> may decide to pay only the <b>Veterinary Fees</b> usually charged by a general or referral practice in a similar area as determined by <b>Our Vet</b>.</p>
<b>Claims - Over Treatment</b>	<p>If <b>We</b> consider the <b>Veterinary Treatment</b> or <b>Alternative</b> or <b>Complementary Treatment Your Pet</b> receives may not be required or may be excessive when compared with the <b>Treatment</b> normally recommended to treat the same <b>Illness</b> or <b>Injury</b> by general or referral practices, <b>We</b> reserve the right to request a second opinion from an independent <b>Vet</b>. If the independent <b>Vet</b> does not agree that the <b>Veterinary Treatment</b> or <b>Alternative</b> or <b>Complementary Treatment</b> provided is reasonably required, <b>We</b> may decide to pay only the cost of the <b>Veterinary Treatment</b> or <b>Alternative</b> or <b>Complementary Treatment</b> that was necessary to treat the <b>Injury</b> or <b>Illness</b>, as advised by the independent <b>Vet</b> from whom <b>We</b> have requested the second opinion.</p>
<b>Claims - Veterinary information</b>	<p><b>You</b> agree that any <b>Vet</b> or <b>Therapist</b> has <b>Your</b> permission to release any reasonable information <b>We</b> ask for about <b>Your Pet</b>. If the <b>Vet</b> or <b>Therapist</b> makes a charge for this, <b>You</b> must pay the charge.</p>
<b>Claims - Settlement</b>	<p>When <b>We</b> settle <b>Your</b> claim, <b>We</b> reserve the right to deduct from the claim amount, any amount due to <b>Us</b>.</p>
<b>Cancelling Your Policy</b>	<p><b>You</b> can cancel <b>Your Policy</b> by calling us at 1300 731 324 or writing to <b>Us</b>. <b>You</b> are entitled to a refund of the money <b>You</b> have paid for the <b>Period of Insurance</b> after the cancellation date</p>

## Cancellation rights

- a. In addition to **Your** Cooling off rights detailed earlier,
- b. **You** may cancel the **Policy** at any time by notifying **Us**.
- c. Cancellation by **You** will be effective from 16:00 (4:00pm) AEST on the day **We** receive **Your** notice of cancellation.
- d. **We** have the right to cancel the **Policy** where permitted by and in accordance with law. For example, **We** may cancel:
  - If **You** failed to comply with **Your** Duty not to make a Misrepresentation;
  - Where **You** have made a misrepresentation to **Us**
  - during negotiations prior to the issue of the **Policy**;
  - Where **You** have failed to comply with a provision of the **Policy**, including the term relating to payment of premium; or
  - Where **You** have made 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**, and **We** may do so by giving **You** three days' notice in writing of the date from which the **Policy** will be cancelled. The notification may be delivered personally or posted to **You** at the address last notified to **Us**.
- e. Cancellation by **Us** will be effective from the later of 16:00 (4:00pm) AEST on the third business day after the day it is given to **You** or such other date specified in the cancellation notice.

If **You** or **We** cancel the **Policy** **We** may deduct a pro rata proportion of the premium for time on risk, and any government taxes or duties **We** cannot recover.

For the avoidance of doubt, if the **Policy** is cancelled or comes to an end for any reason all cover for **Your Pet** will stop on the date and time the cancellation becomes effective and no further claims will be paid.

## Cancellation where no claims have been made

If **You** cancel the **Policy** for whatever reason after the Cooling off period and **You** have paid the annual **Premium** in full, provided no claim has been made, **We** will refund the premium less:

- The amount covering the period **You** were insured for;
- Any government or statutory charges **We** are unable to recover.

If **You** have been paying **Your** premium by instalments, there is no premium refund (including for any remaining days of a current instalment period). No further premiums instalments will be deducted.

## Cancellation after a claim has been made

- If **You** cancel **Your Policy** for whatever reason after having made a claim, no premium refunds are payable and the remaining premiums for that **Policy Period** must be paid if it is not already been paid.
- Any outstanding premium may be deducted from any claim payment owed, or alternatively, charged to **Your** nominated bank/credit card account. This clause survives termination of this contract.
- If **You** cancel **Your Policy** because **Your Pet** has passed away and after having made a claim, **Your Policy** will be cancelled as set out above, by **Us**.

## Paying Your Premium

- a. Cover under the **Policy** is provided on the basis that **You** have paid or agreed to pay **Us** the **Premium** for the Cover provided. The amount **You** pay is shown on **Your Certificate of Insurance** and includes all **Premiums**, administration fees, and any applicable government taxes, fees and/or charges.
- b. The **Premium** is payable when **You** take out a new **Policy** and when **You** renew **Your Policy**.
- c. You may choose to pay the premium:
  - Annually by Credit Card or Direct Debit; or
  - Annually by cheque.
- d. When premiums are paid monthly by instalment, claims are paid on the basis that **You** agree to pay the remaining **Premiums** for the **Policy Period**.

Note: If **We** accept and pay a claim under the **Policy**, **We** may deduct the balance of any outstanding premium from the claim payment.

**Your Policy** will not operate until **You** have paid **Your Premium** (or **Your** first instalment if **You** have elected to pay by installments).

Your **Premium** must be paid on or before its due date.

- e. If **You** pay by monthly instalments and if **You** do not pay an instalment on time, **We** will let **You** know and **We** will try to deduct the overdue amount along with **Your** next regular payment on the next instalment due date. If the next attempt to deduct the outstanding amount and the next instalment amount fails, **We** will cancel **Your Policy** for non-payment. **We** will send **You** a notice advising **You** of cancellation and cancellation will be effective 14 days from the date on this notice. So it's important that **You** pay **Your** instalments on time. If **You** can't, **You** should get in touch with **Us** immediately. then if the outstanding instalment remains unpaid for at least fourteen (14) days **We** can refuse to pay a claim arising after the payment was due or if the instalment remains unpaid for at least one month **We** can cancel the **Policy**. **We** also reserve the right to have **You** pay the rest of the yearly premium immediately.
- f. If **We** cancel **Your Policy** due to non-payment of an installment premium **You** need to be aware that:
  - No benefits or entitlements can be paid under the
  - **Policy**;
  - **You** may be refused cover in the future under any
  - **Policy** administered by **Petcover**; and
  - Any application for general insurance products in the future may be affected because **You** had a **Policy** cancelled as a result of unpaid premiums.
- g. If the **Policy** is cancelled by **Us** because **You** have not paid the premium **We** may agree to reinstate the **Policy**. If **We** agree, **We** may charge an administration fee and may require **You** to pay all premiums due until the end of the current **Period of Insurance**.
- h. When **We** settle **Your** claim, **We** will deduct from the claim, any amount due to **Us**.

## Renewing Your Policy

If **You** pay **Your** premium by Direct Debit instalment, when **the Policy** is due for renewal **We** will renew it for **You** automatically, to save **You** the worry of remembering to contact **Us** before the renewal date. **We** will write to **You** at least fourteen (14) days before the **Policy** expires with full details of **Your** premium and terms upon which renewal will be offered for a further **Period of Insurance**.

If **You** do not want to renew the **Policy** just let **Us** know. 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 not to make a Misrepresentation before each renewal (see above).

## Automatic Renewal of Your Policy

**We** will advise **You** regarding renewal of **Your Policy** prior to the expiration of the current **Policy**. **We** may change the terms and conditions of the **Policy** on renewal to reflect the portion of the risk associated with insuring **Your Pet** based on factors such as (but not limited to) **Your Pet's** age, location and medical history. Unless otherwise notified, **Your** Cover will be automatically renewed on the terms contained in the renewal offer and **We** will deduct/charge the renewal **Premium** from **Your** nominated account/credit card unless **You** tell us not to.

If the account/ credit card is not yours, **You** confirm **You** have the authority of the relevant person to use it and they have agreed to these terms.

**We** require **You** to notify **Us** in writing should **You** decide not to renew **Your Policy**.

Should **You** renew **Your Policy** **You** must tell **Us** if the information **You** have previously supplied is incorrect or incomplete in order to comply with **Your** Duty not to make a Misrepresentation. If **You** do not **We** may reduce or refuse to pay a claim or cancel the **Policy**.

## Changing Levels of Cover

1. If **You** request to transfer **Your Pet** to a level of Cover with higher or additional benefits (including but not limited to a higher Benefit Percentage, Benefit Limit or lower Excess) then the additional or higher benefits will not apply to claims for **Conditions** first noted, diagnosed, or treated prior to the **Policy** upgrade.

In such cases, benefits will be restricted to the lesser of the maximum benefits payable under the:

- Current level of Cover; or
- **Policy** that applied during the **Policy Period** in which such **Condition(s)** was/were first noted, diagnosed, or treated.

For the sake of clarity, **Maximum Benefits** referenced in this section include taking the following factors into consideration:

- The Benefit Limit;
- Applicable sub-limits;
- Applicable Benefit Percentage, **Excess**; and
- Any applicable **Policy** exclusions.

If **We** agree to transfer **Your Pet** to a level of Cover with additional benefits, then the applicable **twenty-eight (28) day Waiting Period** for the new Cover will apply. **You** cannot change **Your** level of cover in a **Policy Period** if a claim has been paid.

## Changes at renewal

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

- Change the premium, **Excesses** and **Policy** Terms and Conditions;
- Place exclusions because of previous claims made by
- **You** and **Your Pet's Veterinary** history; and/or
- Limit or withdraw Third Party Liability cover based on a review of **Your Pet's** behaviour. For example, any aggressive tendencies shown or any incidents where **Your Pet** has caused **Injury** to a person or another animal.

## Upgrading cover

If a higher plan is available for **Your Pet**, **You** can apply for an upgrade at renewal of **Your Policy** and at this time the request will be subject to an underwriting review of **Your Pet's** 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; and/or
- **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.



<p><b>Direct Debit Request Summary</b></p>	<p>When <b>You</b> provide <b>Us</b> with <b>Your</b> bank details, <b>You</b> are instructing <b>Us</b> to directly debit the relevant premiums calculated by <b>Us</b> from <b>Your</b> nominated account. If <b>Your</b> premium cannot be paid (for example there is not enough money in <b>Your</b> nominated account) <b>Your</b> bank may dishonour that payment, and <b>You</b> may be charged a dishonour fee by <b>Your</b> bank. Neither <b>Petcover</b> nor Sovereign Insurance Australia will be responsible for dishonour fees charged by <b>Your</b> bank or financial institution. If <b>Your</b> direct debit is dishonoured <b>We</b> will automatically retry for the outstanding amount within fourteen (14) days, and <b>You</b> may be charged a dishonour fee by <b>Petcover</b>.</p> <p>If <b>You</b> have concerns about the operation of the direct debit authority or <b>You</b> subsequently need to change any aspects of the authority, please notify <b>Us</b>.</p>
<p><b>Exclusions applicable to Your Pet</b></p>	<p>Any <b>Injury/Illness</b> which occurred before <b>Your Pet's</b> cover started is a <b>Pre-Existing Condition</b> and something which will never be covered by <b>Your</b> insurance. This is regardless of whether <b>We</b> place an exclusion for the <b>Injury/Illness</b> or not.</p> <p>a. Any <b>Illness which starts in the first twenty-eight (28) days of cover</b> (The <b>Waiting Period</b> will cease at 00.01 on the <b>twenty-eighth (28<sup>th</sup>) day</b> of cover);</p> <p>b. In addition to the exclusions set out in these Terms and <b>Conditions</b>, the <b>Policy</b> does not cover any amount that results from an <b>Injury, Illness</b> or incident which is shown as excluded on <b>Your Certificate of Insurance</b>; and/or</p> <p>c. Some exclusions are temporary and upon <b>Your</b> request may be lifted following underwriting review.</p>
<p><b>Policy Limits</b></p>	<p>Limits do apply to some items covered by <b>Your Policy</b>. <b>You</b> should read the <b>Policy</b> carefully so that <b>You</b> are aware of what limits may be applicable to <b>You</b> in the event of a loss.</p>
<p><b>Travel Cover</b></p>	<p>Some sections of <b>Your Policy</b> provide cover whilst <b>Your Pet</b> is on a <b>Journey</b>.</p> <p>This type of cover is limited to the <b>Agreed Countries</b> for a maximum of ninety (90) days in each <b>Period of Insurance</b>. While <b>Your Pet</b> is outside Australia <b>You</b> must follow the conditions of the Australian Pet Immigration Regulations. Full details can be found on the Department of Agriculture, Water and Environment's Website, <a href="https://www.agriculture.gov.au/cats-dogs">https://www.agriculture.gov.au/cats-dogs</a> or Contact National office GPO Box 858, Canberra ACT 2601. Phone: +61 26272 3933.</p> <p>a. <b>You</b> agree to pay translation costs for any claim documentation not written in English.</p>
<p><b>Jurisdiction</b></p>	<ul style="list-style-type: none"> <li>• Australian law applies to this insurance contract.</li> <li>• Unless <b>We</b> agree otherwise the language of the <b>Policy</b> and all communications relating to it will be in English.</li> </ul>
<p><b>Your Residence</b></p>	<ul style="list-style-type: none"> <li>• <b>Your Pet</b> must live in <b>Australia</b>.</li> <li>• If <b>Your</b> address, or the address of <b>Your Pet</b>, changes</li> <li>• <b>You</b> must advise <b>Us</b> as soon as possible.</li> </ul>
<p><b>False Information</b></p>	<p>If <b>You</b> have intentionally provided false information or make a false or exaggerated claim, or any claim involving <b>Your</b> dishonesty, <b>We</b> may cancel or Void this <b>Policy</b> and <b>We</b> may decline further claims and their associated payments under the policy.</p>

**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**. **We** may also be entitled to reclaim any payments already made to **You** in respect to such claims.

**Lost Pets**

If **Your Pet** is lost or missing when **You** first take out the **Policy**, the cover under this **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**.

## Cover

At **Petcover**, **We** are proud of the insurance cover **We** provide for pets – in fact, every Pet deserves the best veterinary cover when needed. 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 **Australia** and any of the **Agreed Countries** for a maximum of ninety (90) days for all **Journeys** undertaken during the **Period of Insurance**. This includes the duration of **Your** holiday or business trip and any travel, in and between **Agreed Countries** and return **Journeys** to **Your Home**. The cover **You** have chosen and the applicable **Maximum Benefits** and **Excesses** will be shown on **Your Certificate of Insurance**.

## Section 1 – Veterinary Fees

Cover under this section applies in **Australia** and **Another Country** only.

### We will pay:

**We** will pay the cost of **Veterinary Fees** incurred for the **Veterinary Treatment** **Your Pet** has received to treat an **Injury** and/or **Illness** during the **Period of Insurance**

### You will pay:

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 and Co-Payment** as shown on **Your Certificate of Insurance**.

### What We will not pay under Section 1 (applying to Veterinary Fees):

**We** will not pay

1. More than the **Maximum Benefit** for the relevant section or which will result in the **Maximum Benefit** being exceeded, subject to exclusions of the **Policy** and subject to the **Policy Aggregate** 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 twenty-eight (28) days of cover.
4. To the extent permitted by law, costs of any **Treatment** for:
  - a. An **Injury** that happened or an **Illness** that first showed **Clinical signs** before **Your Pet's** cover started;
  - b. An **Injury** or **Illness** that is the same as, or has the same diagnosis or **Clinical sign** as an **Injury**, **Illness** or **Clinical sign** **Your Pet** had before its cover started; or
  - c. An **Injury** or **Illness** that is caused by, relates to or results from an **Injury**, **Illness** or **Clinical signs** **Your Pet** had before its cover started, no matter where the **Injury**, **Illness** or **Clinical signs** occurred or happened in, or on **Your Pet's** body.
5. To the extent permitted by law, for the costs of any **Treatment** of:
  - a. An **Illness** that first showed **Clinical signs** within **twenty-eight (28) days** of **Your Pet's** cover starting;
  - b. An **Illness** which is the same as, or has the same diagnosis or **Clinical signs** as an **Illness** that first showed **Clinical signs** within **twenty-eight (28) days** of **Your Pet's** cover starting;
  - c. 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 signs** within **twenty-eight (28) days** of **Your Pet's** cover starting, no matter where the **Injury, Illness** or **Clinical signs** occurred or happened in, or on **Your Pet's** body.

6. The cost of any **Treatment** to prevent **Injury** or **Illness**.
7. The cost of treating an umbilical hernia if the condition first shows clinical signs within the first 13 weeks (91 days) of the policy.
8. The cost of any **Elective, 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.
9. The cost of any screening tests performed without any clinical signs suggestive of an active condition which is negatively affecting your pet.
10. 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.
11. The cost of killing and controlling any internal or external parasites.
12. The cost of any **Treatment** in connection with breeding, pregnancy, or giving birth, including any complications arising from the **treatment**
13. The cost of any vaccinations, spaying and castration, or routine dental treatment, other than the cost of treating any complications arising from these procedures.
14. The costs of:
  - a. Euthanasia, including any **Veterinary** consultation/visit or prescribed medication specifically needed to carry out the euthanasia; or
  - b. Cremation, burial, or any other disposal of your pet.
15. Any post-mortem examination, or any other tests or procedures performed once your pet is deceased Unless the **Optional Saying Goodbye** cover option is taken.
16. For the cost any treatment during 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.
17. The cost of having your pet transported.
18. For 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.
19. For any additional cost required to handle, diagnose, or treat your pet due to your pet's behaviour or your personal circumstances.
20. 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.
21. 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.
22. For costs resulting from an **Injury** or **Illness** that are excluded under the **Policy**.
23. The cost of periodontics, dental check-ups, Comprehensive Oral Health Assessment and Treatment (COHAT), dental x-rays, dental prophylaxis, dental scale and polish or teeth cleaning, gingival cures, gingival hyperplasia, removal of plaque or calculus or periodontal surgery, or dental sealants.
24. The cost of prosthodontics, the removal or repair of misaligned or retained deciduous teeth, orthodontic appliances, crowns, caps or splints, root canal, luxation, horizontal bone loss, impacted teeth or embedded teeth.
25. Any cost of **Treatment** for dental disease if an annual dental examination by a **Vet** has not been undertaken within the twelve (12) months preceding the problem requiring **Treatment**.
26. Any cost of treatment for dental disease if an annual dental examination was performed, and the veterinarian recommended treatment, but you did not follow the veterinarian's advice in pursuing the treatment.
27. Any costs of treatment throughout the lifetime of Your Pet for Brachycephalic Obstructive Airway syndrome (BOAS), Brachycephalic Gastrointestinal Syndrome (BGS), nasal fold surgery, skin fold surgery, stenotic nares and soft palate resection, enlarged tongue (macroglossa), or everted laryngeal saccules, that occurs or shows **Clinical Signs** within the first twelve (12) months of commencement of **Your Insurance**, inclusive of the **Waiting Period** and any free cover policy or prior to the commencement of the **Your Insurance**. This applies regardless of whether or not

**We place any exclusions on Your Certificate of Insurance.**

28. The cost of more than one (1) incident of swallowing a foreign object that causes a blockage or obstruction requiring surgical or endoscopic removal per **Policy Period**.
29. The cost for **Conditions** attributable to behavioural problems regardless of the cause (including but not limited to anxiety disorders, phobias or chemical imbalance) unless the **\$50 Optional Day to Day** has been taken out. \$50 is the maximum benefit per policy year.
30. The cost for a **Condition** where the diagnosis is inconclusive, but where the **Treatment** protocol is consistent with a **Treatment** protocol typically applied to an **Condition** which is not covered (e.g. **Treatment** for coughing where kennel cough is suspected but not diagnosed or excluded as a diagnosis).
31. The cost for routine examinations; cosmetic procedures; experimental **Treatments** or therapies; desexing; cryptorchidism (undescended testicles); chemical castration; superlorin implants; hip and elbow scoring; **Elective Treatments**, including but not limited to nail clipping, tail docking, debarking, pre-anaesthetic blood tests, declawing, ear cropping and nasal fold, skin fold, stenotic nares and soft palate resections.
32. 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, cold laser treatments, 3D printing, Juvenile Pubic Symphysiodesis (JPS) surgery, or any drugs not used in accordance with the manufacturers recommendations.
33. Any costs for **Alternative or complementary Treatment of Your Pet**.
34. The cost for **Your Vet** to write a prescription or charge a dispensing fee.
35. Administrative fees, which include but are not limited to, postage fees, payment processing fees, courier fees, travel charges, or pet transport charges.
36. The cost of any shampoo, conditioner, Elizabethan collar (or any similar device to prevent access to a wound or surgery site), ear cleaners, supplements, or merchandise.
37. The cost of any medication that can be legally obtained without a prescription from a veterinarian, or by being dispensed directly by the veterinarian.
38. Any medicines that have not been approved by the Australian Pesticides and Veterinary Medicines Authority (APVMA) ), or any medicines that have been approved by the Therapeutic Goods Administration (TGA) but is no evidence to support the usage of this medicine for a **Condition in non-human animals**.
39. 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**.
40. The cost of any ongoing **Treatment** that will require more than six (6) visits, without a letter from **Your Vet** setting out a **Treatment plan** for permanent cure of the **Condition**.
41. For life long **Conditions You** are required to obtain an annual **Treatment report** from **Your Vet**.
42. Any claim where the full medical history is not provided when reasonably requested.
43. The cost of cutting nails / claws, expressing anal glands, ear cleaning, 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.
44. 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 **Us**.
45. For the cost of treating any **Injury or Illness** deliberately caused by **You** or anyone living with **You** or travelling with you while on a **Journey**.
46. For the cost of treating any injury or illness which has resulted from you delaying treatment for a condition, where a veterinarian would recommend timely attention, regardless of your circumstances.
47. For the cost of any transplant surgery, or stem cell transplants, including any pre and post-operative care.
48. For the cost of any **Treatment** while on a **Journey** if a **Vet** believes it can be delayed until **Your Pet** returns **Home**.
49. For the cost of any **Treatment** if the **Journey** was made to get **Treatment** outside of **Australia**.
50. For the cost of **Hydrotherapy**, hiring a swimming pool, **Hydrotherapy** pool or any other pool or **Hydrotherapy** equipment.

51. For the cost of buying or hiring equipment or machinery or any form of housing, including cages.
52. For the cost of any surgical items that can be used more than once.
53. For the cost of any **Treatment** if a claim has not been submitted within one year of **Your Pet** receiving **Treatment**, **We** may refuse or reduce the amount **We** pay to the extent that **We** are prejudiced by the late notification of the claim.
54. For the cost of any food, including food even if prescribed by a **Vet**.
  - 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.
55. For the cost of pheromone products, including DAP diffusers and Feliway, or the **Treatment** for any Behavioural Conditions.
56. 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**.
57. Any cost of treating any condition where a vaccine exists, and the vaccine is recommended by a veterinarian, if the pet has not been vaccinated against the condition.
58. Any cost of treating your pet for tick paralysis if the pet was not actively protected with an Australian Pesticides and Veterinary Medicines Authority (APVMA) approved parasite control product that has a label claim of protection against paralysis ticks.
59. In relation to any pandemic disease that causes widespread **Illness**, death or destruction affecting dogs and cats.

Special Conditions applying to Veterinary Fees Sections as set out below:

1. The maximum amount **We** will pay for the cost of **Treatment** for **Injury** and or **Illness** is the **Maximum Benefit** that applies on the date the **Injury** happened or the date the **Clinical signs** 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 an **Umbrella for Life** plan, **We** fully appreciate that the amount **You** claim for **Your Pet's Treatment** can add up over the years – that's what is great about **Umbrella for Life**, **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 life time of **Your Pet** **You** have claimed over \$15,000, 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** can be considered **We** may reasonably require that **Your Pet** is examined by a specialist/consultant **Vet**. **We** will pay any costs for this.
  - All future **Veterinary Treatment** may need to be carried out in conjunction with a specialist/consultant by an Independent **Vet** or **Therapist** **We** agree on.
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**. If **You** do not, **We** will not pay any costs relating to the second opinion. If **We** request, **You** must use **Our Vet** **We** choose if reasonable to do so. 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** 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.
10. **We** will require fully itemised invoices.

## Section 2 – Boarding Fees

Cover under this section applies in **Australia** only. In this section “**You**” means the person named on the **Policy**.

### We will pay:

**We** will pay the cost of boarding **Your Pet** at a licensed boarding kennel or cattery while **You** are an inpatient in hospital for more than four (4) consecutive days during the **Period of Insurance**.

### You will pay:

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

### Important things you should be aware of:

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 We will not pay under Section 2 (applying to Boarding Fees):

**We** will not pay:

1. Any amount which exceeds the **Maximum Benefit** for the relevant section 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 resulting from **You** having to go into hospital because of a sickness, disease, 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. If **Your Pet** was not being boarded in a registered Boarding Kennel/Cattery or was being cared for by someone who is a friend or someone who normally lives with **You** or is a member of **Your Family**, or is a Co-Owner of the **Pet**.
5. Resulting from **You** being pregnant, giving birth or any **Treatment** that is not related to an **Injury** or **Illness**.
6. Resulting from **You** having to go into a hospital for the **Treatment** of alcoholism, drug abuse, drug addiction, or a self-inflicted **Injury** or cosmetic surgery or other forms of elective surgery.
7. Resulting from care in a Nursing Home or from convalescence care that **You** do not receive in a hospital.
8. If a claim under this section has not been submitted within one year of the stay in hospital, to the extent that **We** are prejudiced by the late notification of the claim.

## Section 3 – Saying Goodbye Cover

**We** understand it can be a difficult time if **Your Pet** has to be put to sleep. This part of the **Policy** helps **You** to cope with the financial costs of giving **Your Pet** an appropriate goodbye.

Cover under this section applies in **Australia** only

This part of the **Policy** helps **You** to cope with the financial costs if **Your Pet** passes away due to an **Accident** or **Illness**.

### We will pay:

The most **We** can pay when **Your Pet** is put to sleep and is cremated and/or buried is \$300.

If a **Vet** recommends that **Your Pet** is put to sleep, **We** will pay the necessary **Vet** costs, and subsequent cremation and/or burial costs.

**You** have no excess for claims if **You** have to say goodbye to **Your Pet**.

### What We will not pay under Section 3 (applying to Saying Goodbye Cover): **We** will not pay:

1. Any amount which exceeds the **Maximum Benefit** for the relevant section for all hospitalisations or which will result in the **Maximum Benefit** being exceeded. **We** cannot pay more than the \$300 limit for this section.
2. The cost of **Saying Goodbye** if **Your Pet** was being treated for a **Pre-Existing Condition**.
3. The cost of **Saying Goodbye** if **Your Pet** was being treated for an **Illness** which started in the first **twenty-eight (28)** days of cover.
4. To the extent permitted by law, costs of **Saying Goodbye** if **Your Pet** was being treated for:
  - An **Injury** that happened or an **Illness** that first showed **Clinical signs** before **Your Pet**'s cover started;
  - An **Injury** or **Illness** that is the same as, or has the same diagnosis or **Clinical sign** as an **Injury, Illness** or **Clinical sign** **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 signs Your Pet** had before its cover started, no matter where the **Injury, Illness** or **Clinical signs** occurred or happened in, or on **Your Pet's** body.
5. To the extent permitted by law, costs of **Saying Goodbye** if **Your Pet** was being treated for:
    - an **Illness** that first showed **Clinical signs** within twenty-eight (28) days of **Your Pet's** cover starting; or,
    - an **Illness** which is the same as, or has the same diagnosis or **Clinical signs** as an **Illness** that first showed **Clinical signs** within twenty-eight (28) 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 signs** within twenty-eight (28) days of **Your Pet's** cover starting, no matter where the **Injury, Illness** or **Clinical signs** occurred or happened in, or on **Your Pet's** body.
  6. The cost of **Saying Goodbye** if **Your Pet** was it was in connection with breeding, pregnancy or giving birth.
  7. The cost of **Saying Goodbye** to **Your Pet** if it was in connection with a **Condition** or from an **Injury** or **Illness** that are excluded under the **Policy**.
  8. The cost of **Saying Goodbye** to **Your Pet** if it was in connection with, or the **Treatment** for any Behavioural **Conditions**.
  9. 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**.

## Section 4 – Third Party Liability

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

Cover under this section applies in **Australia** only.

In this section, '**You**' and '**Your**' mean **You** or any person looking after or handling **Your Pet** with **Your** permission.

### We will pay:

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 **Australia**. The maximum amount **We** will pay for each claim under this **Section 4 - Third Party Liability** for Dogs covered under a Mid-range **Policy** is \$1,000,000 (Australian). 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 will pay:

**You** must pay the first \$500 of each claim under this Section 4.

### What We will not pay under Section 4 (applying to Third Party Liability):

We will not pay:

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:
  - Damage to **Your** property;
  - 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,

- Bodily injury to **Your** employees or anyone who works for **You**, or for damage to their property;
  - Loss of or damage to property in **Your**, a person who lives with **You** or a member of **Your Immediate Family's** care, custody or control or the care, custody or control of **Your** employees or any person who normally lives with **You**;
  - 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;
  - Any costs and expenses for defending **You** which **We** have not agreed beforehand. Please contact **Us** to confirm approval before authorising my legal costs and expenses.
  - Because of the terms of an agreement assumed with some other person (unless **You** would have been liable if the agreement did not exist);
  - Claims caused by, arising out of, or in any way connected with asbestos;
  - 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
  - The prevention of such contamination or pollution.
3. Claims caused by, arising out of, or in any way connected with
    - Pregnancy, or
    - 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:
    - Statutory or compulsory scheme, fund or insurance;
    - Compensation scheme or workers compensation **Policy** of insurance;
    - 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;
    - **Accident** compensation scheme or workers compensation **Policy** of insurance; or
    - 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, 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 4 Third Party Liability as set out below:**

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 6. If **You** do **We** may reduce or refuse **Your** claim to the extent **We** are prejudiced.
2. **You** must as soon as possible reasonable 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. any legal proceedings If more than one of the dogs insured under the **Policy** are involved in, or contribute towards, an **Accident** which is covered under Section 6 only one **Maximum Benefit** will apply to the **Accident** for all of the dogs. This means that if:
  - 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**;
  - The dogs involved are covered under a **Policy** which has different **Maximum Benefits**; 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 \$1 million, and another of \$3 million, **We** will pay no more than \$3 million for the **Accident**; and/or
  - If dogs involved (all owned by **You**, but some are uninsured) **We** will pay no more than a pro rata portion 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:
  - Make sure the business/person has the appropriate third party liability insurance cover, and
  - 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 State or Territory where the **Policy** was arranged and whose courts will have jurisdiction in any dispute.

## Section 5 – Optional Extra Benefits Day to Day Care

Cover under this section applies in **Australia** only.

**Petcover** provides stated **Benefits** towards certain listed **Preventative** health care treatments for **Your Pet** if the **Day to Day Care Optional Benefit** option is shown on **Your Certificate of Insurance**

### What We will pay:

If the **Day to Day Care Optional Benefit** option is shown on **Your Certificate of Insurance**, **We** will pay the cost of **Day to Day Care Your Pet** received during the **Policy Period** up to the **Day to Day Care Limits** shown on **Your** applicable **Certificate of Insurance**.

### What Is Covered under the Optional Extra Day to Day Care Benefits?

OPTIONAL EXTRA BENEFITS - Day to Day Care	
<b>\$50 Annual Benefit for one(1) of the following</b>	De-sexing Micro chipping Heart worm Behavioural therapy Teeth cleaning Council registration fees Alternative therapies Prescription diets Dew claw removal Dog training at a recognised training Centre
<b>Annual Benefit for all of the following</b>	Vaccinations or Health Check - \$30 Heart worm test or Blood screen - \$10 FeLv/ Fiv test or urinalysis - \$10 Flea/ Tick/ Worm control - \$45
<b>Eligibility</b>	By Selecting the Optional for Day-to-Day Care Benefit and paying an Additional Premium
<b>Excess Applicable</b>	Nil

## What We will not pay under Section 5 (applying to Optional Extra Day to Day Care Benefits):

1. Any amount which exceeds the Maximum Benefit for the relevant Benefit for all Day to Day Care or which will result in the Maximum Benefit being exceeded.

## 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:

<b>Your Certificate of Insurance</b>	A <b>Condition</b> specifically excluded on <b>Your Certificate of Insurance</b> .
<b>Your Pet's age</b>	Any <b>Pet</b> that is less than eight (8) weeks old at the commencement of cover.
<b>Your Pet's Use</b>	Dogs used for security, guarding, track racing or Live Coursing.
<b>Your Pet's breed</b>	Any breed of dog that is banned by any Australian Government, Public or Local Authority or any dog that is, or is crossed with, a Pit Bull Terrier, Dogo Argentino, Perro De Presa Canario, Dogo Canario, Dingo, Japanese Tosa, Fila Brasileiro, Czechoslovakian Wolfdog, Saarloos Wolfhound/ Wolfdog or any wolf hybrid. (This list may be modified from time to time).
<b>Laws and regulations</b>	<ol style="list-style-type: none"><li>a. Any dog that must be registered under the relevant legislation dealing with dangerous dogs, Dangerous Dog Act, or any further amendments to such legislation. Any dog declared as a dangerous dog by a Government authority.</li><li>b. <b>You</b> breaking Australian laws or regulations, including those relating to animal health or importation regulations.</li><li>c. <b>Your Pet</b> 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.</li><li>d. Any Government or Public or Local Authority or any person or Body having the jurisdiction to do so, having put restrictions on <b>Your Pet</b>.</li><li>e. Legal expenses, fines and penalties connected with or resulting from a Criminal Court Case or an Act of Parliament.</li></ol>
<b>Miscellaneous</b>	<ol style="list-style-type: none"><li>a. 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.</li><li>b. Radiation, nuclear explosion, nuclear fallout or contamination by radioactivity.</li><li>c. A disease transmitted from animals to humans.</li></ol>

<p><b>When Your Pet is on a Journey in an Agreed Country</b></p>	<p>a. <b>You</b> not following the conditions of AQIS Pet Importation Regulation.</p> <p>b. Any <b>Journey You</b> take <b>Your Pet</b> on against a</p> <p>c. <b>Vet's</b> advice.</p> <p>d. Any animal less than twelve (12) weeks old.</p> <p>e. A foreign government or public authority putting restrictions on <b>Your Pet</b>.</p> <p>f. <b>Your Pet</b> living permanently outside of <b>Australia</b>.</p>
<p><b>Preventative or Routine Treatment</b></p>	<p>Cost of <b>Routine or Preventative Treatment</b> or care such as check-ups and procedures that are designed to prevent future <b>Illnesses</b> from occurring rather than treating existing <b>Illnesses</b>. These include, but are not limited to annual physical examinations and or check-ups, vaccinations, heart worm prevention medication; flea and other internal/external parasite prevention.</p> <p>(If <b>You</b> have elected to take the <b>Optional Extra Benefit of Day To Day Care Package</b> and paid an additional <b>Premium</b>, some of the above may be allowable if they are shown on <b>Your Certificate of Insurance</b>).</p>
<p><b>Elective Treatment</b></p>	<p>Cost of <b>Elective Treatment</b>, diagnostics or procedures including, but not limited to de-sexing, spaying or castration; micro-chipping; grooming and de-matting, cosmetic or aesthetic surgery, or elective surgery including but not limited to dew-claw removal, prescription diet foods, and any <b>Treatment</b> not related to an <b>Injury, Illness</b>, or trauma. <b>Elective Treatment</b> that is beneficial to the <b>Pet</b> but is not essential for <b>Your Pet's</b> survival or does not form part of a <b>Treatment</b> for an <b>Injury or Illness</b>.</p>
<p><b>Care &amp; Negligence</b></p>	<p>Cost of treating any <b>Injury or Illness</b> or other bodily Injury or Illness caused by, arising out of, or in any way connected with a malicious act, deliberate <b>Injury</b> or bodily <b>injury</b> or gross negligence caused by <b>You</b> or a member of <b>Your Immediate Family</b> or anyone living with <b>You</b> or acting with <b>Your</b> express or implied consent.</p>
<p><b>Pandemic Disease</b></p>	<p>Any pandemic disease that causes widespread <b>Illness</b>, death or destruction affecting dogs and cats.</p>
<p><b>Reasonable Precautions</b></p>	<p><b>Your</b> failure to take all reasonable precautions to protect <b>Your Pet</b> from or by aggravating or prolonging an <b>Injury</b> or <b>Illness</b>.</p>
<p><b>Your Legal Liability</b></p>	<p><b>Your</b> Legal Liability for payment of compensation in respect of:</p> <p>a. Death, bodily <b>Injury</b> or <b>Illness</b>, and/or</p> <p>b. Physical loss or damage to property, except to the extent <b>You</b> have such cover under <b>Section 4 - Third Party Liability</b> for dogs of this <b>Policy</b> in relation to <b>Your Dog</b>.</p>

## Claiming

It's distressing when a much loved pet suffers an **Injury** or **Illness**, so **We** do all that **We** can to make the claims process as quick and easy as possible. There's lots of useful information on **Our** website [www.petcovergroup.com/au](http://www.petcovergroup.com/au) to assist

**You** making a claim.

This section tells **You** what **You** will need to send **Us** if **You** need to make a claim. Don't forget if **You** have a valid claim for **Veterinary Fees** **We** can pay the **Veterinary Practice** direct (if mutually agreed to by **Your Vet**) which means the only amount **You** will need to pay them is the **Excess and any Co-Payment** amount which applies to the **Treatment** for **Your Pet**. All claims must be completed carefully and honestly by both **You** and **Your Vet**.

### Notifying Us of a potential claim

- In all cases, other than **Veterinary Fees**, **You** must let **Us** know of any circumstances which are likely to lead to a claim.
- For Third Party Liability **You** must let **Us** know of any incident that happens even if **You** don't believe a claim will be made against **You** at 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.'

### Requesting a claim form

Claim forms can be downloaded from **Our** website [www.petcovergroup.com/au/claims](http://www.petcovergroup.com/au/claims).

- Some proactive **Veterinary Practices** will also have a supply of **Veterinary Fees** claim forms and some will submit **Your** claim for **You** (provided **You** have completed **Your** section of the claim form).
- If **You** would like **Us** to send **You** a claim form please contact **Us**.
- By **Us** sending **You** a Claim Form, by no means **We** are accepting liability for the Claim, it will have to be assessed by **Our** Claims Assessors for acceptability.

When to claim under **Veterinary Fees**:

Claims must be sent to **Us** as soon as possible, but no later than one year after the **Treatment** start date.

### Fraud

Fraud increases **Your** premium and the premiums of all **Policyholders**. If **You**:

- Intentionally provide **Us** with false information;
- Intentionally provide Make a false or exaggerated claim with **Us**; or
- Intentionally provide Make any claim with **Us** which involves **Your** dishonesty.

**We** will not pay **Your** claim and **We** may void **Your Policy** and inform the relevant authorities. If **We** pay a claim and subsequently find the claim was fraudulent, **You** must repay **Us** the full amount.

'Void **Your Policy**' means **We** will cancel **Your Policy** from the date the fraud occurred. If **We** take this action **You** must tell any other Insurer that **We** have void **Your Policy** and failure to do this could invalidate any future insurance **Policy**.

### How to claim

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

1. Downloading and completing a claim form from **Our** website [www.petcovergroup.com/au/claims](http://www.petcovergroup.com/au/claims).
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)**, **Co-Payment** and any non-claimable items. Claims for **Veterinary Fees** must be notified to **Us** no later than one year after the **Treatment** date. **We** will not guarantee on the phone if **We** will pay a claim. **You** must send **Us** a claim form that has been fully completed and **We** will then write to **You** with **Our** decision.
3. Please send **Us** the following supporting documentation related to **Your** claim or incident:

**Veterinary Fees** (All claims must include itemised tax invoice(s). Incomplete claim forms will be returned, and this may result in a delay processing **Your Claim**. **We** recommend that **You** retain copies of all documentation for **Your** records)

- For cover, the **Veterinary Practice** must complete the relevant section of the claim form.
- Please send **Us** the fully itemised invoices from the **Veterinary Practice** which show what **You** are claiming for.
- 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.
- **You** agree that **Your Vet** (current or previous) is authorised to release information and/or records to **Us** about **Your Pet**.
- **You** agree that **We** are authorised to discuss with the **Vet**, details relating to **Your Claim** or **Treatment** provided to **Your Pet** relating to a claim made under the **Policy**.
- **You** agree that **We** have the right to decline to process a claim where **You** or **Your Vet** refuse or are unable to provide information reasonably requested by **Us** in order to process **Your** claim.
- 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**.

Vet Fees

If the Vet Fees are:

- Considered by **Us** to be excessive or unreasonable;
- Are higher than the **Vet Fees** normally charged by a General or Referral Practice;
- In **Our** opinion may not be required; or
- Are regarded to be excessive when compared with the **Treatment** normally recommended to treat the same **Condition** by a General or Referral Practices.

Then claims payments will be adjusted and paid based on the reasonable and customary **Treatment** or fees typically charged for the **Treatment** of that **Condition**. **We** reserve the right to request a second opinion from a **Vet** that **We** choose. If the **Vet** **We** choose does not agree that the **Treatment** provided or fees charged were reasonable, **We** may decide to pay only the cost of the **Treatment** that was necessary and/or reasonable to treat that **Condition** (as advised by the **Vet** from whom **We** have requested the second opinion).

Settling Claims

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

In the event that **We** pay a benefit contrary to the **Policy Terms and Conditions** for whatever reason, this will not constitute a waiver of **Our** rights to apply the **Policy Terms and Conditions** or to any future claims for that or any **Related Condition**. **We** also reserve **Our** right to recover from **You** any benefit amount received by **You** as a result of such error.

<b>Boarding Fees</b>	<p><b>Your</b> doctor/consultant and the owner of the boarding establishment (if one has been used, or pet sitter) must complete the relevant section(s) of the claim form.</p> <p>Please send <b>Us</b>:</p> <ul style="list-style-type: none"> <li>• The fully itemised invoice from the boarding establishment, Pet sitter or written confirmation from the person looking after <b>Your Pet</b>.</li> </ul>
<b>Our Right of Recovery</b>	<p>If <b>We</b> have the right to recover any amount payable under the <b>Policy</b> in relation to a claim from any other person, <b>You</b> must cooperate with <b>Us</b> in any action <b>We</b> may take.</p>
<b>Other insurance Arrangements</b>	<p>If <b>We</b> accept <b>Your</b> claim and there is any other similar insurance under which <b>You</b> are entitled to claim, <b>You</b> are required to advise <b>Us</b> at the time <b>You</b> submit <b>Your</b> claim if <b>You</b> hold such other insurance. Total benefits paid to <b>You</b> across all insurance cannot exceed <b>Your</b> actual expenses.</p>

### Excess

An **Excess** is the amount(s) shown on the **Certificate of Insurance** that **You** must pay for each unrelated **Condition** when **You** make a claim under the **Policy** per **Policy Year** unless **We** state an **Excess** does not apply. There are different types of **Excess** that may apply to **You** at the time of the claim.

### Fixed Excess

The Fixed **Excess** is the first amount **You** must pay for each unrelated **Condition** per **Policy Year**. The amount of the Fixed **Excess** will be shown on **Your Certificate of Insurance**.

The Fixed **Excess** may be **Our** standard minimum **Excess** or **You** may choose a higher **Excess** in exchange for a cheaper premium.

### Co-Payment

A percentage amount shown on the **Certificate of Insurance** that **You** must pay for each and any **Co-Payment** is in addition to any **Excess** which is shown on **Your Certificate of Insurance**.

Example calculation:

If **Your Pet** is a **Dog**:

Claimable <b>Veterinary Fees</b>	\$10,000
Less the Fixed <b>Excess</b>	\$100
Revised claimable amount	\$9,900
Less Minimum <b>Co-Payment</b> Amount 20%	\$1,980
Total claimable amount	\$7,920.00

\*The above is an example only and subject to the total benefit amount and applicable **Excesses and Co-Payment** as shown on the **Certificate of Insurance**.

### Changes to this Notice

**We** keep **Our** privacy notice under regular review. This notice was last updated on the 11th March 2021.

### Contacting Us

If **You** have any questions relating to the processing of **Your** information, please contact **Us**:

Petcover Aust Pty Ltd, Customer Service Centre 1-3 Smolic Crt

Tullamarine VIC 3043

Email [info.au@petcovergroup.com](mailto:info.au@petcovergroup.com) Phone 1300 731 324

For information about the Insurer and Sovereign Insurance Australia please visit <https://www.sovereignaustralia.com.au/>.

## Sanctions

**We** will not provide any benefit under this insurance 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.

## Choice of Law and Jurisdiction

**You** and **We** are free to choose the law applicable to this contract of insurance. Unless specifically agreed to the contrary this contract of insurance shall be governed by the laws of **Australia** and subject to the exclusive jurisdiction of the courts of **Australia**.

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

## Service of Suit

The Insurer agrees that in the event of a dispute arising under this **Policy**, the Insurer shall, at **Your** request, submit to the jurisdiction of any competent court in the Commonwealth of Australia. Such dispute will be determined according to the law and practice applicable to such court. Any summons, notice or process to be served upon the Insurer may be served upon the Insurer as follows:

Sovereign Insurance Australia  
263 Albany Highway  
Victoria Park, WA 6100

## Language

Unless otherwise agreed in writing the language of **Your Policy** and any communication throughout the duration of the **Policy** will be in English.

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By Telephone	1300 731 324
Calling from overseas:	+61 3 9339 3333
By Email	info.au@petcovergroup.com
In Writing	Petcover Aust Pty Ltd 1-3 Smolic Court Tullamarine VIC 3043
Website	petcovergroup.com/au
Voice Call	1300 557 727
Relay Users and ask for	1300 731 324
TTY Users Call and ask for	133677 1300 731 324
SMS Relay Users	Contact 0423 677 767

### **Administrator**

Petcover Aust Pty Ltd (ABN 97 117 476 990, AFSL No. 507143) is the sole Administrator of the Policy acting on behalf of the Insurer. Petcover® is a registered trademark and products sold under this trademark in Australia are sold exclusively by Petcover Aust Pty Ltd.

### **Head Office**

1-3 Smolic Crt, Tullamarine VIC, 3043 Ph: 1300 731 324  
info.au@petcover.com petcover.com.au

### **The Insurer**

Sovereign Insurance Australia (ABN 85 138 079 286 AFS License Number 342516) with its registered address at 263 Albany Highway, Victoria Park, WA 6100.

Sovereign Insurance Australia is authorised to carry out insurance business in Australia by the Australian Prudential Regulation Authority in accordance with the Insurance Act 1973 (Cth).

