

Petcover®

Everything you need to know

Your Safety-net plan - Economy
Pet Insurance Policy Booklet



Please read this booklet in conjunction with Your Certificate of Insurance to understand the cover provided for Your Pet.

**Safety-net plan
Economy**

**Product Disclosure Statement
(including Policy Wording)**

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 You as best as possible. 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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Product Disclosure Statement (PDS) (including Policy Wording)

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.

This PDS provides **You** with factual information about the **Policy** and is not intended to amount to any recommendation or opinion as to whether **You** should or should not acquire the **Policy**.

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?

The Insurer of this **Policy** is HDI Global Specialty SE – New Zealand, which is licensed to carry on insurance business in New Zealand in accordance with the Insurance (Prudential Supervision) Act 2010. It is registered as a financial service provider on the Financial Service Providers Register (FSP 774050).

HDI Global Specialty SE - New Zealand is registered in Germany, with its registered office at Podbielskistrasse 396, 30659 Hannover, Germany with registration number HRB211924 authorised by Bundesanstalt für Finanzdienstleistungsaufsicht ("BaFin"). It is authorised to carry on insurance business in Germany under the German Insurance Supervisory Act ("Versicherungsaufsichtsgesetz"). It is a member of the Talanx Group.

Insurance Rating Information

Standard and Poor's has assigned to HDI Global Specialty SE - New Zealand the financial strength of 'A+'(Stable) as of: 28 October 2020.

The Standard & Poor's rating scale is:

| | |
|-----|-------------------|
| AAA | Extremely Strong |
| AA | Very Strong |
| A | Strong |
| BBB | Good |
| BB | Marginal |
| B | Weak |
| CCC | Very Weak |
| CC | Extremely Weak |
| R | Regulatory Action |

The rating 'AA' to 'CCC' may be modified by the addition of a plus or minus sign to show relative standing with the major rating categories.

Who is Petcover New Zealand Limited?

Petcover New Zealand Ltd NZBN 9429046576941 (**Petcover**)

Petcover is the binding agent of the Insurer and is authorised by the Insurer to issue, vary and dispose of this Insurance and to manage and settle claims and deal with complaints. In arranging this insurance **Petcover** acts as agent for the Insurer and not as **Your** agent.

Petcover is registered on the Financial Service Providers Register (FSP614229).

If **You** have any questions about **Our** services or anything in this PDS, please contact **Petcover** at:

Petcover New Zealand Limited
Customer Care PO Box 112250
Penrose Auckland 1642
info.nz@petcovergroup.com
Ph: 0800 255 426.

Petcover cannot provide **You** with any financial advice relating to this **Policy**.

Our contract with You

Where **We** agree to enter into a **Policy** with **You** it is a contract of insurance between the **Insurer** and **You**. 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 included under the **Policy** coverage. 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.

Privacy Policy

In this Privacy **Policy**, '**We**', '**Our**', '**Us**' means **Petcover** New Zealand Ltd and HDI Global Specialty SE – New Zealand.

We value the privacy of personal information and are bound by the Privacy Act 2020 when **We** collect, use, disclose or handle personal information.

More information about how **We** collect, use, hold and disclose **Your** personal information can be found at:

- the **Petcover** website: petcovergroup.com/au/privacy-policy or
- HDI Global Specialty SE – New Zealand website: www.hdi-specialty.com/int/en/legals/privacy .

Alternatively, a copy can be sent to **You** on request by contacting **Petcover** or HDI Global Specialty SE- New Zealand.

About Us

Petcover New Zealand Limited is a specialist **Pet** insurance provider. Its address is:

101d Station Road, Penrose, Auckland 1061

HDI Global Specialty SE - New Zealand is an insurer registered and authorised in Germany. Its address is:

Podbielskistrasse 396 30659, Hannover Germany.

Why We Collect Your Personal Information

We will collect **Your** personal information for the purposes of **Us** providing **You** with insurance services and products, including:

- arranging and administering **Your** application for insurance;
- managing and administering **Your** insurance;
- investigating, processing and managing **Your** claims; and/or
- detecting and preventing fraud.

Petcover may collect personal information about its clients and their insurance

placements and store this information on databases that 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.

The personal information that **We** may collect includes **Your** name, postal address, e-mail address, date of birth, gender, financial information and personal circumstances. If **You** make a claim, **We** may collect additional personal information to help **Us** make a decision on **Your** claim.

It is not mandatory for **You** to provide any information that **We** request. If **You** chose not to provide the information **We** request, **We** may not be able to provide **You** with the insurance services and products or properly manage and administer those services and products provided to **You**.

You also have a legal obligation to disclose certain information. Failure to disclose this information may result in **Us** declining cover, **Your** insurance being cancelled or the level of cover reduced, or **Your** claims being declined.

How We Collect Your Personal Information

Your personal information may be collected by telephone, email, in writing, or through **Our** websites (from data **You** input directly or through cookies and other web analytic tools). 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.

We may collect **Your** personal information from **You** directly. However, **We** may collect **Your** personal information from other persons, including, but not limited to, persons you nominate as authorised representatives for **Your Policy**, **Your Pet's Vet**, breeders, and pet shop.

If **You** provide **Us** with personal information about another individual, **You** must only do so if **You** have obtained his or her authorisation to disclose that information to **Us** and have made him or her aware of this Privacy Policy.

International Transfers

In providing **You** with insurance services, **We** may transfer **Your** personal information outside of New Zealand including Australia, UK, European Union (EU) and India. If this happens **We** will ensure that reasonable measures are taken to safeguard **Your** personal information.

Who We share Your information with?

We may disclose **Your** personal information to third persons in connection with providing **You** with insurance services and products, including authorised agents; service providers; reinsurers; other Insurers; legal advisers; loss adjusters and claims handlers.

We may also share **Your** 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;
- prevent and detect crime; and
- develop products and services.

We will not disclose **Your** personal information to anyone outside this list 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.

Storage and Security of Personal Information

We store personal information electronically and physically. **We** store electronic information in facilities in New Zealand and overseas:

- that **We** manage; or
- that are managed by third parties, including cloud storage.

We maintain reasonable security safeguards to protect **Your** personal information from loss, misuse, unauthorised access, disclosure, alteration or destruction. However, no storage method is completely secure and, while reasonable security safeguards are used, **We** cannot completely ensure the security of the personal information collected from **You**.

Your access and correction rights

The Privacy Act gives **You** rights to request access to, and correction of, **Your** Personal Information collected by **Us**. If **You** wish to exercise these rights, please contact **Us** at:

Petcover New Zealand Ltd
Customer Care PO Box 112250
Penrose Auckland 1642
info.nz@petcovergroup.com

or
HDI Global Specialty SE – New Zealand:
PrivacyNZBranch@hdi-specialty.com
While access to **Your** personal information will generally be provided free of charge, **We** may charge **You** for access costs where permitted by the Privacy Act.

Consent Acknowledgment

By purchasing insurance products from **Us** and by providing **Us** with **Your** personal information, **You** consent to **Your** information being used, held and disclosed as set out in this **Policy** above.

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.

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 0800 255 426 during normal office hours.

If **We** are not able to resolve the issue immediately, or within five days, **We** will refer it to the Complaints Manager, who will review the complaint and advise **You** in writing of the expected time for resolution.

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 of **Our** relationship, **You** may lodge a complaint. **Our** complaints process has three steps:

1. 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 0800 255 426 during normal office hours.

2. 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. The Internal Dispute Resolution Team does not include anyone involved in the original underwriting decision to insure **Your Policy**. **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 8 weeks, however **We** will aim to resolve **Your** complaint within 10 business days. If **We** are not able to resolve **Your** complaint within 10 business days, **We** will escalate the matter to HDI Global Specialty SE – New Zealand.

You may contact the Internal Dispute Resolution team directly on: 0800 255 426 or via email idr@Petcover.co.nz or post Petcover New Zealand, 101D Station Road, Penrose Auckland 1061, New Zealand

You may also contact HDI Global Specialty SE – New Zealand: Tower 1, Level 33, 100 Barangaroo Avenue, Sydney NSW 2000 or via email: HGSNZdisputes@hdi-specialty.com.

3. External Dispute Resolution

If **Our** internal complaints processes does not lead to a satisfactory resolution to **Your** complaint, or if **We** have been unable to resolve **Your** complaint within 8 weeks of receiving **Your** original complaint, **You** may contact **Our** external independent dispute resolution scheme. This service is free and may help investigate or resolve the complaint.

We are a member of the Insurance & Financial Services Ombudsman (IFSO) approved dispute resolution scheme. **You** can contact the IFSO at:

PO Box 10-845

Wellington 6143 New Zealand

Phone: 0800 888 202 or +64 4 499 7612

Fax: +64 4 499 7614

info@ifso.nz www.ifso.nz

There is no cost to **You** to use the services of IFSO

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.

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;
- of the verbal and/or written information provided by **You** which **You** gave after having been advised of **Your Duty of Disclosure** either verbally or in writing.

If **You** failed to comply with **Your Duty of Disclosure** 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**. If **You** have told **Us** something which is fraudulent, **We** also have the option of avoiding the **Policy** (i.e. treating it as if it never existed).

Your Duty of Disclosure and the consequences of non-disclosure, are set out under the heading '**Your Duty of Disclosure**', on page 13.

Some words have special meanings

Certain words used in the **Policy** have special meanings. The definitions section of this document on pages 22, 23, 24, 25, 26 and 27 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**. Please remember that if **You** do not comply with any term or condition, **We** may (to the extent permitted by law) 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 of Disclosure

Before **You** enter into a contract of Insurance with **Us**, **You** have a duty to disclose to **Us** every matter **You** know, or could be reasonably expected to know, (including but not limited to matters relating to the health of **Your Pet**) that is relevant to **Our** decision to insure **Your Pet**, and if so, on what terms **Your** application for insurance is acceptable and to calculate how much premium is required for **Your** insurance.

You have the same duty to disclose any relevant matters to **Us** before **You** renew, extend, vary or reinstate the **Policy**.

The duty applies until the **Policy** is entered into or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between the time **You** provide answers or make disclosure and the Relevant Time, **You** need to tell **Us**.

You do not need to tell **Us** about any matter that:

- diminishes **Our** risk;
- is of common knowledge
- **We** already know or should know as an insurer;
- **We** tell **You** **We** do not need to know.

Who does the duty apply to?

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

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

If the duty of disclosure is not complied with **We** may, to the extent permitted by law, cancel the **Policy** and/or reduce the amount **We** pay if **You** make a claim to the extent **We** are prejudiced by **Your** non-disclosure. 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. Each **Illness** or **Injury** will be covered for twelve (12) months starting from the date the **Injury** first happened or the date the **Illness** first showed **Clinical**

Signs, after **You** obtained cover and after the conclusion of the **twenty-one (21) day Waiting Period**.

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**.

Policy Summary

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

Applying for cover – Eligibility

Eligible cats or dogs can commence cover from the age of eight (8) weeks. Select Breeds, as defined under Definitions, can commence cover from the age of eight (8) weeks and before their 5th birthday. **Your** cat or dog must live in New Zealand.

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 New Zealand Government, public or local authority,
- 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 Wolfdog, Saarloos Wolfhound/Wolfdog or any wolf hybrid, or any other breed advised to **You** by **Us** 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.

Safety-net plan Economy

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>We will pay the cost of Veterinary Fees incurred by You for Veterinary Treatment provided during the Period of Insurance to treat Your Pet's Injury or Illness, including Veterinary Fees incurred during Journeys in the Agreed Countries. We will also cover Physiotherapy and Treatment provided during the Period of Insurance of a Behavioural Illness when carried out by a Member of a Veterinary Practice or one of Our recognised associations.</p> | <p>The Maximum Benefit We will pay for Injury and Illness for all Treatment types is shown on Your Certificate of Insurance.</p> |
| <p>Alternative or Complementary Treatment</p> | <p>We will pay the cost of the following procedures when referred and endorsed by Your Vet and carried out in New Zealand to treat Your Pet's Injury and Illness during the Period of Insurance:</p> <ul style="list-style-type: none"> • Acupuncture and Homeopathy carried out by a Vet. • Herbal medicine prescribed by a Member of a Veterinary Practice. • Chiropractic Manipulation and Osteopathy carried out by a Member of a Veterinary Practice or one of Our recognised associations. • Hydrotherapy carried out by a Member of a Veterinary Practice (provided it is in a pool owned by the Veterinary Practice) or a person or a Hydrotherapy business who/ which is a member of one of Our recognised associations. | <p>The Maximum Benefit We will pay for Injury and Illness for all Treatment types is shown on Your Certificate of Insurance.</p> |
| <p>Theft or Straying</p> | <p>If Your Pet is stolen or goes missing during the Period of Insurance in New Zealand and cannot be found, We will pay the price You paid for Your Pet (or the Market Value if You have no formal proof of how much You paid or if You did not pay for Your Pet) up to the benefit limit shown on Your Certificate of Insurance.</p> | <p>The Maximum Benefit We will pay for this benefit is shown on Your Certificate of Insurance.</p> |

| | | |
|---|--|--|
| <p>Third Party Liability (Dogs only)</p> | <p>We will cover Your Legal Liability for payment of compensation in respect of:</p> <ul style="list-style-type: none"> • death, bodily injury or illness; and/or • physical loss of or damage to property occurring during the Period of Insurance and which is caused by an Accident involving Your dog. | <p>The Maximum Benefit We will pay for this benefit is shown on Your Certificate of Insurance.</p> |
| <p>Excess</p> | <p>If You need to make a claim under this Policy, You may be required to pay an Excess. Your Excess will depend on the product You choose, where You live and the breed and age of Your Pet. For full details, please refer to the terms and Conditions of the Policy and Your Certificate of Insurance</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 any one **Period of Insurance**. **Veterinary Fees** and Alternative or Complementary **Treatment** are subject to the **Policy** Aggregate less the applicable **Excess**.

| Type of cover | Safety-net plan Economy |
|---|--|
| Umbrella for Life | No |
| Veterinary Fees | \$7,000 for the Treatment of an Injury, Accident or Illness as shown in the Certificate of Insurance . |
| Alternative or Complementary Treatment | \$1,000 (Any amounts paid under this benefit are part of the Policy Aggregate of Veterinary Fees as shown above). |
| Third Party Liability (Dogs only) | \$1 million any one loss occurrence |
| Death from Illness | Up to \$1,000 – Optional Extra Benefit |
| Death from Injury | Up to \$1,000 – Optional Extra Benefit |
| Boarding Fees | \$1,000 |
| Advertising & Reward | \$1,000 |
| Loss by Theft or Straying | \$1,000 |
| Holiday Cancellation | \$1,000 |
| Quarantine expenses and Loss of Documents | \$1,000 |
| Emergency Repatriation | \$500 |
| Multi-pet Discount |  (3+ eligible pets) |

The benefits listed below are **Optional Extra Benefits** and may not be included in cover for **Your Pet**.

****Please note, Your Pet will only be covered under 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.**

If applicable, **We** will pay the price **You** paid for **Your Pet** (or the **Market Value** if **You** have no formal proof of how much **You** paid or if **You** did not pay for **Your Pet** under the following circumstances):

| | | |
|---------------------------|---|--|
| Death from Injury | If Your Pet dies during the Period of Insurance in New Zealand due to an Injury . | The maximum amount We will pay in relation to these benefits is shown on Your Certificate of Insurance . |
| Death from Illness | If Your Pet dies during the Period of Insurance in New Zealand due to an Illness . | |

General Policy Limits and Exclusions

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

This **Policy** covers an **Injury** or **Illness** for a period of twelve (12) months only. The twelve (12) months starts on the date the **Injury** first happened after **Your Pet's** cover started, or the first Clinical Sign of the **Illness** or Condition occurring or existing in any form, after the conclusion of the twenty-one (21) day Waiting Period. After this twelve (12) month period **We** will not cover any further claims for that or any related **Injury** or **Illness**.

This insurance is not intended to cover every single occurrence, in fact, there are some circumstances the **Policy** **You** are considering will not provide insurance cover for. Under all sections of the **Policy**, **We** do not pay for:

1. A **Condition** specifically excluded on **Your Certificate of Insurance**.
2. Any animal less than eight (8) weeks old at the time of commencement of cover.
3. Any costs of **Treatment** throughout the lifetime of **Your Pet** for any **Injury** or **Illness** which occurs or shows **Clinical Signs** prior to the commencement of **Your Insurance** or within the first twenty-one (21) days of cover (**Waiting Period**), or any **Pre-Existing Conditions** This applies regardless of whether or not **We** place any exclusion(s) for the **Injury/Illness** in **Your Certificate of Insurance**.

See 'We will not pay – applying to Veterinary Fees and Complementary Treatment' – points 2 and 3, and 'We will not pay – applying to Death from Injury and Death from Illness' – points 3 and 4.

4. 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 sacculles, 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**.
5. Any amount for death from an **Illness** or disease occurring after **Your Pet's** 8th birthday, or if **Your Pet** is a **Select Breed**, its 5th birthday.
See 'Definitions' – Select Breeds, and 'We will not pay – applying to death from Injury and death from Illness' – point 9.
6. Cost of **Routine Treatment** or **Preventative** care such as check-ups and procedures that are designed to prevent future **Illnesses** from occurring rather than treating existing **Illnesses**. These include, but not limited to annual physical examinations and/or check-ups, vaccinations, heart worm prevention medication; flea and other internal/external parasite prevention.
7. Cost of **Elective** procedures and **Treatment**, 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 **Treatment** not related to an **Injury**, **Illness**, or trauma. **Elective** surgery or **Treatment** that is beneficial to the **Pet** but is not essential for **Your Pet's** survival or does not form part of a **Treatment** for an **Injury** or **Illness**.
8. 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.
9. The cost of prosthodontics, the removal or repair of misaligned or retained deciduous teeth, orthodontic appliances, crowns, caps or splints, luxation, horizontal bone loss, impacted teeth or embedded teeth.
10. Any cost relating to orthodontics, malocclusion, wry bite, supernumerary teeth, reverse scissor bite, posterior cross bite, anterior crossbite, overbite, brachygnathia, open bite or level bite.
11. Any **Treatment** for dental disease if an annual dental examination has not been undertaken within the twelve (12) months preceding the problem requiring **Treatment** and any **Treatment** a **Vet** recommended resulting from that had not been carried out. Evidence will need to be provided to **Us** if **Your Vet** has carried out an annual dental examination.

12. The cost of the following procedures; experimental **Treatments**, or therapies; prosthetics or orthopedic 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), or for any drugs not used in accordance with the manufacturers recommendations.
13. Any costs for **Alternative or complementary Treatment** or veterinary **Treatment** that does not improve the health or wellbeing of **Your Pet**.
14. Any prolonged course of veterinary medicines, **Alternative or Complementary Treatments** for more than three (3) months if there is a veterinary operation that would have improved or cured the **Condition** unless agreed by **Us**. The maximum payment will be limited to the equivalent cost of the operation.
15. The cost for **Your Vet** to write a prescription or charge a dispensing fee.
16. Any medicines that have not been approved by the by the Ministry of Primary Industry (MPI) or where there is no evidence to support the usage of this medicine for this **Condition**.
17. Dogs being used for guarding, track racing or coursing.
18. Any breed of dog that is banned by any New Zealand Government, Public or Local Authority, or that is crossed with any banned breed or Pit Bull Terrier or Dingo or crosses of these breeds.
19. Any dog declared as a dangerous dog by a Government authority.
20. Any dog that must be registered under the applicable legislation dealing with dangerous dogs.
21. Any amount caused by, arising out of or in any way connected with **Your Pet** being confiscated or destroyed by any Government or Public or Local Authority or any person or Body having the jurisdiction to do so.
22. Any costs caused because any Government or Public or Local Authority or any person or Body having the jurisdiction to do so, have put restrictions on **Your Pet**.
23. Any amount caused by, arising out of or in any way connected with **You** breaking New Zealand animal health or importation laws or regulations.
24. Legal costs, expenses, fines and penalties connected with or resulting from a criminal court case or an Act of Parliament.
25. Any loss caused by, arising out of or in any way connected with 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.
26. The cost of treating any **Injury** or **Illness** or other bodily **Injury** or **Illness** caused by, arising out of, or in any way connected with a malicious act, deliberate **Injury** or bodily **Injury** or gross negligence caused by **You** or a member of **Your Immediate Family** or anyone living with **You** or acting with **Your** express or implied consent.
27. Any amount resulting from an **Illness** that **Your Pet** contracted while outside New Zealand or Australia, that it would not normally have contracted in New Zealand or Australia.
28. Any amount resulting from a disease transmitted from animals to humans.
29. Any pandemic disease that causes widespread **Illness**, death or destruction affecting dogs and cats.
30. Any dog not vaccinated for any of the following diseases or associated **Illnesses**: distemper, hepatitis, kennel cough, leptospirosis (in areas where it is prevalent and **Vets** recommend vaccination) and parvovirus or any other disease that there is a known vaccine and **Your Vet** has recommended vaccinations.
31. Any cat not vaccinated for any of the following diseases or associated **Illnesses**: feline infectious enteritis, feline leukemia and cat flu, or any other disease that there is a known vaccine and **Your Vet** has recommend vaccinations.
32. Any amount arising from or in any way connected with **Your** failure to take all reasonable precautions to protect **Your Pet** from or by aggravating or prolonging an **Injury** or **Illness**.
 - **Your Legal Liability** for payment of compensation in respect of:
 - death, bodily **Injury** or **Illness**, and/or
 - physical loss or damage to property, except to the extent **You** have such cover under the Third Party Liability section of this **Policy** in relation to **Your** dog.
33. This **Policy** covers an **Injury** or **Illness** for a period of **twelve (12) months** only. The **twelve (12) months** starts on the date the **Injury** first happened after **Your Pet's** cover started, or the first **Clinical Sign** of the **Illness** or

Condition occurring or existing in any form, after the conclusion of the **twenty-one (21) day Waiting Period**. After this **twelve (12) month** period **We** will not cover any further claims for that or any related **Injury** or **Illness**. See *'We will not pay – applying to **Veterinary Fees** and **Complementary Treatment**' – points 6, 7 and 8, and 'We will not pay – applying to **Death from Injury** and **Death from Illness**' – points 6 and 7.*

The following exclusions only apply when **Your Pet** is on a **Journey** within the **Agreed Countries**.

34. Any amount if **Your Pet** lives permanently outside of New Zealand.
35. Any **Journey You** take **Your Pet** on against a **Vet's** advice.

These are the main **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 "**We will not pay**".

Excess

You will be required to pay a non-refundable **Excess** for claims covered under this **Policy**. Most **Excesses** are detailed on **Your Certificate of Insurance** but some additional **Excesses** may apply to some additional benefits provided by the **Policy**. **You** should read the **Policy** and **Your Certificate of Insurance** carefully so that **You** are aware of what **Excesses** may be applicable to **You** in the event of a loss.

Petcover is solely liable for qualifying and or identifying opportunities where any recovery can be obtained from a third party. **Your Excess** may be reimbursed upon a successful recovery by Petcover however, Petcover retains the right to not refund the **Excess** payment in any instance.

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. 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 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 Policy 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 New Zealand Taxation Office.

You must advise **Us** of **Your** correct input tax credit entitlement where **You** are registered for GST with the Inland Revenue Department. **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 0800 255 426 or by advising **Us** in writing. Send written confirmation to: Petcover New Zealand Limited, PO Box 112250, Penrose Auckland 1642 or email to info.nz@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 28 and 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 **You** with **Our** decision.

Before **Your Pet** is treated, **You** must make sure that the **Vet** who is treating it is prepared to complete **Our** claim form and provide fully itemised invoices, and where requested, supply a complete medical history of **Your Pet**.

You must fill in a claim form and ask **Your Vet** to fill in their part. **We** will not pay for the **Vet** to do this. Send **Us** the claim form together with the original fully itemised invoices setting out the costs involved.

You can notify **Us** of a claim and obtain a claim form by calling 0800 255 426 or emailing claims.nz@petcovergroup.com. Alternatively, if **You** already have a claim form or have downloaded a claim form from **Our** Website at petcovergroup.com/nz.claims. **You** can notify **Us** by sending the completed claim form to: Petcover Claims Centre, PO Box 112250, Penrose, Auckland 1642.

Updating this PDS

We may need to update this Product Disclosure Statement from time to time if certain changes occur where required and permitted by law. **We** will issue **You** with a new Product Disclosure Statement or a Supplementary Product Disclosure Statement 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 Product Disclosure Statement).

Other documents may form part of **Our** Product Disclosure Statement and the **Policy** (for example; Certificates of Insurance, Supplementary Product Disclosure Statements and/or endorsements) . If they do **We** will tell **You** in the relevant document. **We** may also issue other documents forming part of **Our** Product Disclosure Statement 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**.

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.

| 12 months | means a consecutive period of 365 days. | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------------|--|--|-------------------|---------------------------------|-------------|----------|-----|-----------|-----|--------------------------|----------|-----|----------|-----|-------------|----------|-----|-----------|-----|
| Accident | <p>means a sudden, unexpected, unusual, specific event, which occurs fortuitously at an identifiable time and place and is unforeseen or unintended. All Accidents consequent upon or attributable to one source or original cause are treated by Us as one Accident. This does not include any physical damage or trauma that is of a gradual nature or that happens over a period of time.</p> <p>For the sake of clarity, the following Conditions are not considered Accidents: luxating patella; a rupture or strain of one or both cruciate ligaments; degenerative joint disease; hip dysplasia and hyperextending hocks; Juvenile Pubis Symphysiodesis (JPS).</p> | | | | | | | | | | | | | | | | | | | | |
| Acupuncture or Homeopathy | means Acupuncture or Homeopathy which is carried out or referred by a Vet . | | | | | | | | | | | | | | | | | | | | |
| Age Contribution | <p>means the additional % Excess that will apply to each and every claim once Your Pet is over a specified age. The Age Contribution is in addition to any Fixed Excess and Pet % Share. The Age Contribution Excesses and the relevant ages for which it applies are:</p> <table border="1"> <thead> <tr> <th></th> <th>Age of pet</th> <th>Age Contribution Loading</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Dogs</td> <td>8+ years</td> <td>20%</td> </tr> <tr> <td>10+ years</td> <td>35%</td> </tr> <tr> <td rowspan="2">Select Breed Dogs</td> <td>4+ years</td> <td>20%</td> </tr> <tr> <td>7+ years</td> <td>35%</td> </tr> <tr> <td rowspan="2">Cats</td> <td>8+ years</td> <td>20%</td> </tr> <tr> <td>10+ years</td> <td>35%</td> </tr> </tbody> </table> | | | | Age of pet | Age Contribution Loading | Dogs | 8+ years | 20% | 10+ years | 35% | Select Breed Dogs | 4+ years | 20% | 7+ years | 35% | Cats | 8+ years | 20% | 10+ years | 35% |
| | Age of pet | Age Contribution Loading | | | | | | | | | | | | | | | | | | | |
| Dogs | 8+ years | 20% | | | | | | | | | | | | | | | | | | | |
| | 10+ years | 35% | | | | | | | | | | | | | | | | | | | |
| Select Breed Dogs | 4+ years | 20% | | | | | | | | | | | | | | | | | | | |
| | 7+ years | 35% | | | | | | | | | | | | | | | | | | | |
| Cats | 8+ years | 20% | | | | | | | | | | | | | | | | | | | |
| | 10+ years | 35% | | | | | | | | | | | | | | | | | | | |
| Alternative or Complementary Treatment | <p>means the cost of any examination, consultation, advice, test or legally prescribed medication for the following procedures where they treat an Illness or Injury. This includes any Veterinary Treatment specifically needed to carry out the procedure;</p> <ul style="list-style-type: none"> • Acupuncture or Homeopathy carried out by or herbal medicine prescribed by a Member of a Veterinary Practice. • Chiropractic Manipulation carried out by a Member of a Veterinary Practice, providing the member is a qualified animal chiropractor. • Hydrotherapy carried out by a Member of a Veterinary Practice in a pool/water treadmill owned by the Veterinary Practice providing the member is a qualified animal HydroTherapist. • Osteopathy carried out by a Member of a Veterinary Practice providing the member is a qualified animal Osteopath. | | | | | | | | | | | | | | | | | | | | |

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| Agreed Countries | means any New Zealand Customs Service approved Countries from which a dog or cat can return to New Zealand from that does not require quarantine. (At the date of this document the countries specified are Australia, Cocos (Keeling) Island, Norfolk Island) |
| New Zealand | means Commonwealth of New Zealand. |
| Behaviour modification program | means a program written by an Animal Behaviourist who is a Member of a Veterinary Practice detailing specific techniques to be used and action to be taken with the aim of permanently changing Your Pet's behaviour. |
| Behavioural Illness | means any change to Your Pet's normal behaviour, resulting from a mental or emotional disorder diagnosed by a Vet . |
| Certificate of Insurance | means the relevant Certificate of Insurance We issue including a renewal or variation of the Policy containing details of the cover provided under the Policy , and including any exclusions and other specific insurance details that We have applied to Your cover. |
| Clinical Sign(s) | means a change(s) in Your Pet's normal healthy state, bodily functions or behaviour. |
| Condition | means any condition that causes discomfort, dysfunction, distress, including Injuries and Illness , disabilities, disorders, Clinical Signs , syndromes, infections, isolated symptoms, deviant behaviour, and atypical variations of structure and function and/or death to the Pet afflicted. |
| Chiropractic Manipulation | means Chiropractic Manipulation which is carried out by a Member of a Veterinary Practice who is a qualified animal Chiropractor. |
| Elective Treatment, diagnostic or procedure | means a Treatment that is, 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 Treatment not related to an Injury, Illness , or trauma. Elective surgery or Treatment that is beneficial to the Pet but is not essential for Your Pet's survival or does not form part of a Treatment for an Injury or Illness , or any Treatment , diagnostic or procedure You request, which the Vet confirms is not necessary to treat an Injury or Illness is considered Elective Treatment . |

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| <p>Excess</p> | <p>means the amount(s) shown on Your Certificate of Insurance that You must pay for each unrelated Condition claim made under Your Policy.</p> <ul style="list-style-type: none"> • Veterinary Fees and Alternative or Complementary Treatment Excesses may be either: <ul style="list-style-type: none"> a. the Fixed Excess only; or b. the Fixed Excess and the Optional Pet % Share Excess; <p>An additional Age Contribution may also apply and where applicable will be shown on Your Certificate of Insurance.</p> <ul style="list-style-type: none"> • Separate Excesses apply for Veterinary Fees and Alternative or Complementary Treatment which means if You claim under both benefits for the same Injury or Illness, You will pay an Excess for each benefit. |
| <p>Family</p> | <p>means Your Immediate Family and, grandparents, brothers, sisters, grandsons, and/or granddaughters including Family of step and de facto relationships.</p> |
| <p>Herbal Medicine</p> | <p>means Herbal Medicine prescribed by a Member of a Veterinary Practice.</p> |
| <p>Home</p> | <p>means the place in New Zealand where You usually live.</p> |
| <p>Hydrotherapy</p> | <p>means the Treatment of Injury and Illness, with, or in, water, including swimming in a pool and the use of a water treadmill which is carried out:</p> <ul style="list-style-type: none"> • By a Member of a Veterinary Practice providing the Hydrotherapy is carried out in a pool/water treadmill owned by the Veterinary Practice. |
| <p>Illness</p> | <p>means a 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 Injury.</p> |
| <p>Illness which starts in the first 21 days of cover</p> | <p>means an Illness that:</p> <ol style="list-style-type: none"> a) Showed Clinical signs, b) Is the same as, or has the same Clinical signs or diagnosis as an Illness that showed Clinical signs, c) Is caused by, relates to, or results from, a Clinical sign that first occurred, or an Illness that, showed Clinical signs, d) In the first twenty-one (21) days of: <ul style="list-style-type: none"> • Your Pet's first Policy Year, or • Any additional section being added to Your insurance. <p>No matter where the Illness or Clinical signs occur or happen in, or on, Your Pet's body. The twenty-one (21) day Waiting Period will cease at 00.01 on the twenty- second (22nd) day of cover under this Policy.</p> |
| <p>Immediate Family</p> | <p>means spouse, civil partner, life partner, partner, defacto partner, parents, sons and daughters, including Family of step and/or defacto relationships.</p> |

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| Injury | means a physical Injury or trauma caused immediately, solely and directly from an Accident . This does not include any physical Injury or trauma that happens over a period of time or is of a gradual nature. |
| Insurer | Means HDI Global Specialty SE – New Zealand. |
| Journey | means travel from Your Home within New Zealand or any of the Agreed Countries undertaken during the Period of Insurance for a maximum of ninety (90) days for all Journeys in the Period of Insurance . This includes the duration of Your holiday or business trip and any travel, in and between New Zealand and an Agreed Country and return Journeys to Your Home . |
| Market Value | means the price generally paid for an animal of the same age, breed, pedigree, sex and breeding ability at the time You took ownership of Your Pet as determined by Us . |
| Maximum Benefits | means the most We will pay for the relevant level of cover You have chosen during the Period of Insurance as set out in the Certificate of Insurance , subject to exclusions of the Policy and subject to the Policy Aggregate less the applicable Excess . |
| Member of a Veterinary Practice | means any person legally employed by a Veterinary Practice under a contract of employment, other than a Vet who may be the Insured. |
| Osteopathy | means Osteopathy which is carried out by a Member of a Veterinary Practice who is a qualified animal Osteopath. |
| 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 . |
| Optional Extra Benefit | means an additional benefit that You can elect to include in addition to the basic insurance. There are two Optional Extra Benefits in Petcover Safety-net plan: Economy: being only: a. Death from Illness . b. Death from Injury . For Optional Extra Benefits to be included You must select the Option and pay an additional premium. If applicable the Optional Extra Benefit will be shown on Your Certificate of Insurance . |
| Petcover® | means the Administrator of this Policy with You and who acts on behalf of the Insurer. |
| Pet Immigration Rules | means a system that allows Pet owners in New Zealand to take their pets to the Agreed Countries and bring them back to New Zealand without the need for quarantine. |
| Policy Aggregate | means the total amount payable for all Veterinary Fees and Alternative or Complementary Treatment for Injuries and/or Illnesses occurring during any one Policy Year as specified in the Certificate of Insurance . |

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| <p>Policy</p> | <p>means this document and the Certificate of Insurance and any other documents We issue to You which are expressed to form part of the Policy terms, which set out the cover We provide during the Period of Insurance. For the sake of clarity, it does not include any prior Policy that this Policy is a renewal of or any future Policy that is a renewal of the Policy.</p> |
| <p>Policy Year</p> | <p>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.</p> |
| <p>Period of Insurance</p> | <p>means the time during which We give cover as shown on Your Certificate of Insurance. It does not refer to any prior Period of Insurance if the Policy is a renewal of a previous Policy or any future Period of Insurance for any Policy You may renew with Us. 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 if the Policy has been cancelled.</p> |
| <p>Physiotherapy</p> | <p>means Physiotherapy (not including Hydrotherapy) carried out by a Member of a Veterinary Practice who is a qualified animal PhysioTherapist.</p> |
| <p>Pre-Existing Condition(s)</p> | <p>means any Condition(s) or symptom(s), sign(s) or Clinical Sign(s) of that Condition, Injury or Illness occurring or existing in any form that;</p> <p>a) Has happened or first showed Clinical Signs;</p> <p>b) Has the same diagnosis or Clinical Signs as an Injury, Illness or Clinical Sign Your Pet had; or,</p> <p>c) Is caused by, relates to, or results from, an Injury, Illness or Clinical Sign Your Pet had</p> <p>Occurring or existing:</p> <ul style="list-style-type: none"> • Before Your Pet's cover started, or prior to the • Policy commencement date; • During the 21 day Waiting Period; or <p>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.</p> <p>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 both parts of the Pet's body were affected by the Condition before Your Pet's cover started, or prior to the Policy commencement date.</p> |

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| Routine Treatment or Preventative | 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. |
| Select Breed(s) | 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. (We may modify this list from time to time). Please refer to the ' Select Breed ' section on Your Certificate of Insurance to find out if Your Pet is a Select Breed . |
| Therapist | means a Certified Clinical Animal Behaviourist who is a Member of a Veterinary Practice . |
| Travel Documents | means the Pet's import permit issued by New Zealand Customs Service, any vaccination certificates and/or certificate for Treatment against parasites issued for Your Pet under the Regulations for taking a Pet to New Zealand. . |
| Treatment | means Veterinary Treatment or Alternative or Complementary Treatment . |
| Treatment of a Behavioural Illness | means the Treatment , by Therapist who is a Member of a Veterinary Practice , of a change(s) to Your Pet's normal behaviour that is caused by a mental or emotional disorder which could not have been prevented by training and/or spaying/castration. |
| Vet | means a registered Veterinarian, Specialist Veterinarian, Veterinary Practice , clinic, hospital, center including referral hospitals, licensed to practice in New Zealand, other than a Vet who may be the Insured. |
| Veterinary Fees | means the amount Vets charge for the care and Treatment they provide. |
| Veterinary Practice | means any veterinary service provided by a veterinary organisation or business. |

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| Veterinary Treatment | <p>means the cost of the following when required to treat an Illness or Injury,</p> <ul style="list-style-type: none"> • any examination, consultation, advice, tests, X-rays, diagnostic procedure, surgery and nursing carried out by a Vet, a Veterinary Nurse or another Member of the Veterinary Practice under the supervision of a Vet, and • Any medication legally prescribed by a Vet • Physiotherapy and Treatment of a Behavioural Illness • Not otherwise excluded under this Policy. |
| Waiting Period | <p>means a Period of twenty-one (21) days starting from the commencement date of the Policy (excluding renewals) as shown on Your Certificate of Insurance of the initial Period of Insurance, during which an Illness or Condition that first occurs or shows Clinical Signs will be excluded from Cover unless otherwise stated on Your Certificate of Insurance. The twenty-one (21) day waiting period will cease at 00.01 on the twenty-second (22nd) day of cover.</p> |
| We, Us, Our | <p>means Petcover New Zealand Limited acting on behalf of HDI Global Specialty SE - New Zealand, the Insurer of the Policy.</p> |
| You, Your | <p>means the person(s) named as the insured on the Certificate of Insurance.</p> |
| Your Pet | <p>means the dog or cat named on the Certificate of Insurance.</p> |

General Conditions

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 (Dental, 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 animal 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 **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 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 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 also take **Your Pet** to **Our 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**. And if **We** decide, **You** must also take **Your Pet** to a mutually agreed upon independent **Vet**.

Claims Pre-Authorisation

We do not provide pre-claim authorisation, nor guarantee that **We** will pay a claim prior to the completed claim being submitted. **We** will assess **Your** claim when submitted and contact **You** with **Our** decision. See page 44 of this **Policy** for details on how to make a claim.

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| 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 | <p>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.</p> <p>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 provide all reasonable assistance to Us and provide any documents We ask for.</p> |
| Claims - Paid Direct to Vet | If We agree for a claim payment to be paid directly to Your Vet and You allow this, then if the Vet, who has treated Your 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 premiums are paid to date. |
| Claims - Vet Fee Charges | If the Veterinary Fees You are charged are higher than the Veterinary Fees normally charged by a general or referral practice, We reserve the right to request a second opinion from an independent Vet as to whether the fees are reasonable. If the independent Vet does not agree that the Veterinary Fees charged are reasonable We may decide, for future claims, to pay only the Veterinary Fees usually charged by a general or referral practice in a similar area as determined by an independent Vet . |
| Claims – Over Treatment | If We consider the Veterinary Treatment or Alternative or Complementary Treatment Your Pet receives may not be required, or may be excessive when compared with the Treatment normally recommended to treat the same Illness or Injury by general or referral practices, We reserve the right to request a second opinion from an independent Vet . If the independent Vet does not agree that the Veterinary Treatment or Alternative or Complementary Treatment provided is reasonably required We may decide to pay only the cost of the Veterinary Treatment or Alternative or Complementary Treatment that was necessary to treat the Injury or Illness , as advised by the independent Vet from whom We have requested the second opinion. |
| Claims – Veterinary information | You agree that any Vet or Therapist has Your permission to release any reasonable information We ask for about Your Pet . If the Vet or Therapist makes a charge for this, You must pay the charge. |
| Claims – Settlement | When We settle Your claim, We reserve the right to deduct from the claim amount, any amount due to Us . |
| Cancelling Your Policy | You can cancel Your Policy by calling Us at 0800 255 426 or writing to Us . You are entitled to a refund of the money You have paid for the Period of Insurance after the cancellation date. |

Cancellation rights

- a. In addition to **Your** cooling off rights detailed earlier, **You** may cancel the **Policy** at any time by notifying **Us**.
- b. Cancellation by **You** will be effective from 16:00 (4:00pm) NZST on the day **We** receive **Your** notice of cancellation.
- c. **We** have the right to cancel the **Policy** where permitted by and in accordance with law. For example, **We** may cancel:
 - i. If **You** failed to comply with **Your** Duty of Disclosure; or
 - ii. Where **You** have made a misrepresentation to **Us** during negotiations prior to the issue of the **Policy**; or
 - iii. Where **You** have failed to comply with a provision of the **Policy**, including the term relating to payment of premium; or
 - iv. 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**.
- d. Cancellation by **Us** will be effective from the later of 16:00 (4:00pm) NZST on the third business day after the day it is given to **You** or such other date specified in the cancellation notice.
- e. 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.
- f. 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.

Paying Your premium

- a. If **You** pay by monthly instalments and **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.
- b. If the **Policy** is cancelled by **Us** because **You** have not paid the premium **We** may agree to reinstate the **Policy** if **You** pay all premiums due.
- c. 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 or Credit Card, when the **Policy** is due for renewal and **We** have agreed to renew the **Policy**, **We** will renew it for **You** automatically, to save **You** the worry of remembering to contact **Us** before the renewal date. **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 of Disclosure** before each renewal (see above).

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

Changes at renewal

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

If **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.
- 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.

Changes during the Period of Insurance

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

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

If **You** transfer **Your Pet** to a plan with additional or higher benefit limits, the additional or higher benefits will not apply if the **Condition** being claimed for first occurred prior to the change in the level of cover.

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| <p>Exclusions applicable to Your Pet</p> | <p>Any Injury/Illness which occurred before Your Pet's cover started is a Pre-Existing Condition and something which will never be covered by Your insurance. This is regardless of whether We place an exclusion for the Injury/Illness or not.</p> <ul style="list-style-type: none"> • Any Illness which starts in the first twenty-one (21) days of cover (Waiting Period). The twenty-one (21) day waiting period will cease at 00.01 on the twenty-second (22nd) day of cover. • In addition to the exclusions set out in these Terms and Conditions, the Policy does not cover any amount that results from an Injury, Illness or incident which is shown as excluded on Your Certificate of Insurance. • If, after We have offered a further Period of Insurance, You make a claim that relates to a Period of Insurance before the one We have offered, We may, based on the details of the claim, place exclusions backdated to the start of the further Period of Insurance. |
| <p>Policy Limits</p> | <p>Limits do apply to some items covered by the Policy. You should read the Policy carefully so that You are aware of what limits may be applicable to You in the event of a loss.</p> |
| <p>Travel Cover</p> | <p>Some sections of Your Policy provide cover whilst Your Pet is on a Journey.</p> <p>a. This type of cover is limited to the Agreed Countries for a maximum of ninety (90) days in each Period of Insurance. While Your Pet is outside New Zealand You must follow the Conditions of the New Zealand Pet Import Regulations:</p> <p style="padding-left: 40px;">Ministry for Primary Industries Regulation & Assurance Animal Imports PO Box 2526 Wellington 6140 Email: animalimports@mpi.govt.nz</p> <p>b. You agree to pay translation costs for any claim documentation not written in English.</p> |
| <p>Jurisdiction</p> | <p>a. New Zealand law applies to this insurance contract.</p> <p>b. Unless We agree otherwise the language of the Policy and all communications relating to it will be in English.</p> |
| <p>Your Residence</p> | <p>a. Your Pet must live in New Zealand.</p> <p>b. If Your address, or the address of Your Pet, changes You must advise Us as soon as possible as this may affect the insurance cover provided.</p> |
| <p>False information</p> | <p>If You have intentionally provided false information or make a false or exaggerated claim, or any claim involving Your dishonesty, We may cancel or Void this Policy and We may decline further claims and their associated payments under the Policy.</p> |

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| 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 the Policy , the cover under the Policy will not start until You are reunited with Your Pet and any incident, Injury or Illness which occurs before You are reunited will not be covered by the Policy . |
| Your Rights | The Policy is subject to any rights and remedies You have under New Zealand Legislation. |

Cover

At Petcover, **We** are proud of the insurance cover **We** provide for pets – in fact, every **Pet** deserves **Petcover**. 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 New Zealand 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 1a – Veterinary Fees

Cover under this section applies in New Zealand and Agreed Countries 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**.

When referred and endorsed by **Your Vet**, this section also covers the cost of **Physiotherapy** to treat an **Injury** and/or **Illness** and the **Treatment of a Behavioural Illness**.

Illness and **Injury** is covered for:

- **Twelve (12) months**, starting from the date during the **Policy Year** the **Injury** happened or the **Clinical Signs** of the **Illness** first occurred, or
- Until the **Maximum Benefit** is reached, whichever happens first.

You must pay:

You must pay the **Excess** shown on **Your Certificate of Insurance** 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**.

Section 1b – Alternative or Complementary Treatment

Cover under this section applies in **New Zealand only**

We will pay:

We will pay when referred and endorsed by **Your Vet**, the cost of any examination, consultation, advice, test and legally prescribed medication for the following

when it is deemed necessary by **Your Vet** to treat an **Injury** and/or **Illness**:

- **Acupuncture**
- **Homeopathy**
- **Herbal Medicine**
- **Chiropractic manipulation**
- **Osteopathy**
- **Hydrotherapy**

For up to ten (10) sessions in total per **Period of Insurance**. **Illness** and **Injury** is covered for:

- Twelve (12) months, starting from the date during the **Policy Year** the **Injury** happened or the **Clinical Signs** of the **Illness** first occurred, or
- Until the **Maximum Benefit** is reached, whichever happens first.

Any amounts paid under Section 1B are part of Section 1A, **Veterinary Fees Policy Aggregate**.

You must pay:

You must pay the **Excess** shown on **Your Certificate of Insurance** 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**.

We will not pay under Section 1A or 1B:

(applying to **Veterinary Fees** and **Alternative or Complementary Treatment**)

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 21 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; or,
 - 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-one (21) days of **Your Pet's** cover starting; or,
 - 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-one 21 days of **Your Pet's** cover starting; or,
 - 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-one (21) 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. For the cost of any **Treatment** **Your Pet** receives more than **twelve (12) months** after the date the **Injury** happened or the **Illness** first showed **Clinical Signs**.
7. For the cost of any **Treatment** resulting from an **Injury** or **Illness**, if the **Clinical Signs** are the same as the **Clinical Signs** of an **Injury** which happened or **Illness** which first showed **Clinical Signs** more than **twelve (12) months** before.

8. For the cost of any medicines or materials prescribed or supplied to be used more than **twelve (12) months** after the date the **Injury** happened or the **Illness** first showed **Clinical Signs**.
9. For the cost of any **Treatment** to prevent an **Injury** or **Illness**.
10. 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.
11. 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.
12. For the cost of killing and controlling fleas, general health improvers and any **Treatment** in connection with breeding, pregnancy or giving birth.
13. For the cost of any vaccinations, spaying and castration other than the cost of treating any complications arising from these procedures.
14. For the costs of having **Your Pet**:
 - a) Put to sleep, including any Veterinary consultation/visit or prescribed medication specifically needed to carry out this procedure, or
 - b) Cremated, buried or otherwise disposed of.
15. For the cost of a post mortem examination, voluntary euthanasia.
16. The cost of a house call unless the **Vet** or **Therapist** confirms that **Your Pet** is suffering from a serious **Injury** or **Illness** and that moving **Your Pet** would either endanger its life or significantly worsen the serious **Injury/Illness**, regardless of **Your** personal circumstances.
17. For the extra costs for treating **Your Pet** outside usual surgery hours; unless the **Vet** or **Therapist** confirms an emergency consultation is essential, regardless of **Your** personal circumstances.
18. 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 curettes, gingival hyperplasia, removal of plaque or calculus or periodontal surgery.
19. The cost of prosthodontics, the removal or repair of misaligned or retained deciduous teeth, orthodontic appliances, crowns, caps or splints, luxation, horizontal bone loss, impacted teeth or embedded teeth.
20. Any cost relating to orthodontics, malocclusion, wry bite, supernumerary teeth, reverse scissor bite, posterior cross bite, anterior crossbite, overbite, brachygnathia, open bite or level bite.
21. Any cost of **Treatment** for dental disease if an annual dental examination recommended by a **Vet** has not been undertaken within the twelve (12) months preceding the problem requiring **Treatment** a **Vet** recommended resulting from the examination that had not been carried out. Evidence will need to be provided to **Us** if **Your Vet** has carried out an annual dental examination.
22. 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 sacculles, 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**.
23. The cost of the following procedures; experimental **Treatments**, or therapies; prosthetics or orthopedic 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), any drugs not used in accordance with the manufacturers recommendations.
24. Any costs for **Alternative or Complementary Treatments** or veterinary **Treatment** that does not improve the health or wellbeing of **Your Pet**.
25. Any prolonged course of veterinary medicines, Alternative or Complementary **Treatments** for more than three (3) months if there is a veterinary operation that is recommended by a **Vet** that would improve or cure the Condition unless agreed by **Us**. The maximum payment will be limited to the equivalent cost of the operation.
26. The cost for **Your Vet** to write a prescription or charge a dispensing fee.
27. Any medicines that have not been approved by the Ministry of Primary Industry (MPI) or where there is no evidence to support the usage of this medicine for a **Condition**.

28. The cost of any medication or drug course to treat a **Condition** that is for more than four (4) weeks at a time. **We** may consider a longer period of time providing **Your Vet** has submitted a full **Treatment** plan to **Us** for review prior to the **Treatment** being carried out.
29. 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**.
30. Any bulk purchase of medicines that cannot be used in full by the end of the current **Policy** period.
31. Any claim where the full medical history is not provided when requested
32. 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.
33. 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.
34. For any costs resulting from an **Injury** or **Illness** that are excluded under the **Policy**.
35. The cost of, bathing, grooming, clipping or de-matting **Your Pet**, other than bathing when a substance is being used which, according to manufacturer's guidelines, can only be administered by a **Member of a Veterinary Practice**, regardless of **Your** personal circumstances.
36. For any costs for treating an **Illness** or **Injury** after the last day of the **Period of Insurance**, unless a further **Period of Insurance** has been entered into by **You** and **Us** in which case the costs may be paid under the new **Policy** entered into with **You**.
37. 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**.
38. For the cost of dental **Treatment** unless **Your Pet** had a dental examination carried out by a **Vet** in the **twelve (12) months** before the **Clinical Signs** of the **Injury** or **Illness** giving rise to the claim were first noted. If any **Treatment** was recommended as a result of the check, this must have been carried out.
39. For the cost of any transplant surgery, or stem cell transplants, including any pre and post-operative care.
40. For the cost of any **Treatment** while on a **Journey** if a **Vet** believes it can be delayed until **Your Pet** returns **Home**.
41. For the cost of any **Treatment** if the **Journey** was made to get **Treatment** outside of New Zealand.
42. For the cost of hiring a swimming pool, **Hydrotherapy** pool or any other pool or **Hydrotherapy** equipment.
43. For the cost of buying or hiring equipment or machinery or any form of housing, including cages.
44. For the cost of any surgical items that can be used more than once.
45. 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.
46. In relation to any pandemic disease that causes widespread **Illness**, death or destruction affecting dogs and cats.
47. For the cost of **Treatment** for a **Behavioural Illness** if **Your Pet's** behaviour is caused by **You** failing to provide training.

Please also read:

1. **We will not pay under Section 1A – applying to Veterinary Fees only**
2. **We will not pay under Section 1B – applying to Alternative or Complementary Treatment only and**
3. **Special Conditions – applying to Veterinary Fees and Alternative or Complementary Treatment.**

We will not pay under Section 1A (applying to Veterinary Fees only):

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. For the cost of any food, including food prescribed by a **Vet**, unless it is:
 - a) Used to dissolve existing bladder stones and crystals in urine, which is limited to a maximum of 40% of the cost of food for up to six (6) months. A diagnostic test must be carried out to confirm the presence of the stones/crystals.

- b) Liquid food, used for up to five (5) days while **Your Pet** is hospitalised at a **Veterinary Practice**, providing the **Vet** confirms the use of the liquid food is essential to keep **Your Pet** alive.
- 3. For the cost of pheromone products, including DAP diffusers and Feliway, unless used as part of a structured **Behaviour modification program**, and then limited to a maximum period of six (6) months.
- 4. The cost of **Treatment** for a **Behavioural Illness** if **Your Pet**'s behaviour is caused by **You** failing to provide training.
- 5. The cost of spaying and castration for the **Treatment of a Behavioural Illness**.
- 6. For the cost of spaying (including spaying following a false pregnancy) or castration, unless:
 - a) The procedure is carried out when **Your Pet** is suffering from an **Injury** or **Illness** for which cover is provided under section 1A and it is essential to treat the **Injury** or **Illness**, or
 - b) The costs claimed are for the **Treatment** of complications arising from this procedure.
- 7. For the cost of any **Treatment** in connection with a retained testicle(s) if **Your Pet** was over the age of twelve (12) weeks when cover started.
- 8. For the cost of any **Treatment** in connection with false pregnancy if **Your Pet** has received **Veterinary Treatment** for a false pregnancy previously.
- 9. For the cost of **Hydrotherapy, Acupuncture, Homeopathy, Chiropractic Manipulation, Osteopathy** or any other **Alternative or Complementary Treatment**. This includes any **Veterinary Treatment** specifically needed to carry out the particular **Alternative or Complementary Treatment**.
- 10. For the cost of a post-mortem examination.
- 11. For the cost of any prosthesis, including any **Veterinary Treatment** needed to fit the prosthesis, other than hip, knee and/or elbow replacement(s).
- 12. The cost of any **Treatment** while on a **Journey** if:
 - a) A **Vet** believes the **Treatment** can be delayed until **Your Pet** returns **Home**, or
 - b) The **Journey** was made to get **Treatment** overseas.

We will not pay under Section 1B (applying to Alternative or Complementary Treatment only):

- 1. More than the **Maximum Benefit** for **Alternative or Complementary Treatment Maximum Benefit for Injury and Illness** or which will result in the **Maximum Benefit** being exceeded, subject to exclusions of the **Policy** and subject to the **Policy Aggregate** less the applicable **Excess**.
- 2. The cost of any food, including food prescribed by a **Vet**.
- 3. The cost of more than ten (10) sessions in total for the **Treatment** of an **Injury, Illness** or **Behavioural Illness** of **Acupuncture, Chiropractic Manipulation, Osteopathy, Hydrotherapy**.

Special Conditions applying to Veterinary Fees Sections 1A, and Alternative or Complementary Treatment Sections 1B:

- 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. The period of **twelve (12) months** and the **Maximum Benefit** will always start or be calculated from the date in the **Policy** year:
 - a) the **Injury** first happened after **Your Pet**'s cover started, or the first **Clinical Sign** of the **Illness** or **Condition** occurring or existing in any form, after the conclusion of the **twenty-one (21) day Waiting Period**, or
 - b) An **Illness** with the same diagnosis or **Clinical Signs** first occurred. No matter how many times the same **Injury, Illness** or **Clinical Signs** occur or happen in, or on, any part of **Your Pet**'s body.
- 3. If a number of **Injuries, Illnesses** or **Clinical Signs** are:
 - a) Diagnosed as one **Injury** or **Illness**, or
 - b) Caused by, relate to, or result from, another **Injury, Illness**, or **Clinical Sign**,

One period of **twelve (12) months** or one **Maximum Benefit** will apply to the **Treatment** received for all the **Injuries, Illnesses** or **Clinical Signs**.

In this case the period of **twelve (12) months** and the **Maximum Benefit** will start or be calculated from the first date in the **Period of Insurance**;

- Any of the **Clinical Signs** or any of the **Illnesses** occurred, after the conclusion of the **twenty-one (21) day Waiting Period**: or
 - Any of the **Injuries** happened, after **Your Pet's** cover started.
4. After **We** have paid the cost of **Treatment** for **twelve (12) months** or the **Maximum Benefit** for an **Injury, Illness, or Clinical Sign(s)**, **We** will not pay the cost of any more **Treatment** for:
 - a) The same **Injury** or **Illness**,
 - b) The same **Clinical Sign(s)**,
 - c) An **Injury** or **Illness** with the same diagnosis or **Clinical Sign(s)** as the **Illness** or **Clinical Sign(s)** **We** have paid the limit for, or
 - d) An **Injury** or **Illness** that is caused by, relates to, or results from, an **Injury, Illness** or **Clinical Sign** that **We** have paid the limit for.
 - e) No matter where the **Injury, Illness** or **Clinical Sign(s)** occur or happen in, or on, any part of **Your Pet's** body.
 5. If **We** receive a request to pay the claim settlement direct to a **Veterinary Practice**, **We** reserve the right to decline this request.
 6. **We** may refer **Your Pet's** case history to Our **Vet** and if **We** reasonably request, **You** must arrange for **Your Pet** to be examined by **Our Vet**.
 7. If **You** decide to take **Your Pet** to a different **Vet** or **Therapist** for a second opinion because **You** are unhappy with the diagnosis or **Treatment** provided, **You** must tell **Us** before **You** arrange an appointment with the new **Vet** or **Therapist**. If **You** do not, **We** will not pay any costs relating to the second opinion. If **We** request, **You** must use a independent **Vet** or **Therapist** **We** agree on, providing it is 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.
 8. It is **Your** responsibility to ensure the **Veterinary Practice** or **Therapist** is paid within the required time frame:
 - If an additional charge is added to the cost of **Treatment** due to the late payment of fees, **We** will deduct this charge from the claim settlement
 9. **We** will require fully itemised invoices.

Section 2 – Death from Injury

Cover under this section applies in **New Zealand only**.

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

*****This Optional Extra Benefit applies until Your Pet reaches the age of eight (8) or five (5) for a Select Breed.**

We will pay:

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

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

You must pay:

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

Section 3 – Death from Illness

Cover under this section applies in **New Zealand only**.

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

*****This Optional Extra Benefit applies until Your Pet reaches the age of eight (8) or five (5) for a Select Breed.**

We will pay:

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

If **You** have no formal proof of how much **You** paid for **Your Pet**, **We** will pay

the **Market Value** or purchase price, whichever is less. If **You** did not pay for **Your Pet** **We** will pay the **Market Value**.

You must pay:

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

We will not pay under Sections 2 or 3 (applying to Death from Injury and Death from Illness):

1. Any amount which exceeds the **Maximum Benefit** for the relevant section or which will result in the **Maximum Benefit** being exceeded?
2. To the extent permitted by law, if the death results from an **Injury** or **Illness** that happened prior to the **Period of Insurance**.
3. To the extent permitted by law, if **Your Pet's** death results from a **Pre-Existing Condition**.
4. To the extent permitted by law, if **Your Pet's** death results from an **Illness which starts in the first twenty-one (21) days of cover**.
5. Any amount unless **Your Vet** confirms it was not humane to keep **Your Pet** alive because it was suffering from an **Injury** that could not be treated or an incurable **Illness**.
6. Any amount if **Your Pet** dies or is put to sleep more than **twelve (12) months** after the date during the **Period of Insurance** the **Injury** happened or the **Illness** first showed **Clinical Signs**.
7. Any amount if the death is caused by, relates to or results from an **Injury** or **Illness**, if the **Clinical Signs** are the same as the **Clinical Signs** of an **Injury** which happened or an **Illness** which first showed **Clinical Signs** more than **twelve (12) months** before **Your Pet's** death, no matter where the **Injury**, **Illness** or **Clinical Sign(s)** occurred or happen in or on **Your Pet's** body.
8. Any amount if the death results from breeding, pregnancy or giving birth.
9. Any amount if the death results from an **Illness** or disease in any **Select Breed** aged five (5) years or over or any other **Pet** aged eight (8) years or over.
10. Any amount if a claim has not been submitted within one year of **Your Pet's** death, to the extent that **We** are prejudiced by the late notification of the claim.
11. Any amount if the death results from an **Injury** or **Illness** specified as excluded on **Your Certificate of Insurance** or generally not covered within these terms and **Conditions**.

Special Conditions applying to Sections 2 or 3, Death from Injury and Death from Illness:

1. Unless otherwise specified in the **Policy** the calculation of the period of **twelve (12) months** and the **Maximum Benefit** will always start or be calculated from the date in the **Policy Year**:
 - a) The **Injury** first happened after **Your Pet's** cover started, or the first **Clinical Signs** of the **Illness** or **Condition** occurring or existing in any form, after the conclusion of the **twenty-one (21) day Waiting Period** or
 - b) An **Illness** with the same diagnosis or **Clinical Signs** as the **Illness** or **Clinical Signs** that caused **Your Pet** to be put to sleep or caused its death first occurred.
 - c) No matter how many times the same **Injury**, **Illness** or **Clinical Signs** occur or happen in, or on, any part of **Your Pet's** body.
2. If a number of **Injuries**, **Illnesses** or **Clinical Signs** are:
 - a) Diagnosed as one **Injury** or **Illness**, or
 - b) caused by, relate to, or result from, another **Injury**, **Illness**, or **Clinical Sign**,

The period of **twelve (12) months** and the **Maximum Benefit** will start or be calculated from the first date in the **Period of Insurance**:

- Any of the **Clinical Signs** or any of the **Illnesses** first occurred, or
- Any of the **Injuries** happened.

When lodging a claim under Section 2 or Section 3, please send **Us**:

1. A death certificate from **Your Vet**.
2. The **Pets** original Pedigree Certificate and receipt from when **You** bought **Your Pet**, where applicable, and
3. **Your** claim form.
 - **We** will not pay for the provision of this information.

Section 4 – Theft or Straying

Cover under this section applies in **New Zealand only**.

We will pay:

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

You must pay:

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

We will not pay under Section 4 (applying to Theft or Straying):

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 if **You** or the person looking after **Your Pet** has freely parted with it, even if tricked into doing so, unless anyone was looking after or transporting **Your Pet** in return for money, goods or services.
3. Any amount if a claim has not been submitted within one year of **Your Pet** being stolen or going missing, to the extent that **We** are prejudiced by the late notification of the claim.

Section 5 – Advertising and Reward

Cover under this section applies in **New Zealand and the Agreed Countries**

We will pay:

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

1. The cost of advertising, and
2. The reward **You** advertised and paid, with **Our** prior agreement to get **Your Pet** back.
3. If **Your Pet** is stolen or goes missing during **Your Journey**, **We** will also pay the cost of **Your** accommodation to stay and look for **Your Pet** if it has not been found or returned by the scheduled last date of **Your Journey**.

We will not pay under Section 5 (applying to Advertising and Reward):

1. Any amount which exceeds the **Maximum Benefit** for all incidents covered under the relevant section or which will result in the **Maximum Benefit** being exceeded or all incidents during the **Period of Insurance**.
2. More than \$100 towards sundries to make **Your** own posters and advertising material.
3. For any reward that **We** have not agreed to before **You** advertised it.
4. For any reward not supported by a signed receipt giving the full name, address and telephone number of the person who found **Your Pet**.
5. For any reward paid to:
 - a member of **Your Family** or any person living with **You** or employed by **You**, including any person travelling with **You** during **Your Journey**.
 - the person who was caring for **Your Pet** when it was lost or stolen.
 - the person who stole **Your Pet** or any person who is in collusion with the person who stole **Your Pet**.
6. Any amount if a claim has not been submitted within one year of **Your Pet** going missing, to the extent that **We** are prejudiced by the late notification of the claim.
7. If **Your Pet** is stolen or goes missing during **Your Journey**:
 - More than seven (7) days' accommodation costs and more than \$60 for each day's accommodation.
 - Any amount if the cost of accommodation is at a property owned by **You** or **Your Family**.
8. Any amount unless **You** can demonstrate that the theft or loss was reported to the police or the shipping, or aircraft operator if the loss or theft happened while **You** Were travelling with them.

Special Conditions – applying to Theft or Straying and Advertising and Reward as set out below:

1. **You** must immediately take all reasonable steps to find or recover **Your Pet**.
2. **You** must take the following steps:
 - a) As soon as reasonably possible of **You** discovering **Your** dog or cat is stolen, **You** must take all reasonable steps to tell the appropriate authority and obtain written confirmation of **Your** report. Depending on where **You** live the appropriate authority may be **Your** local Council or the police.
 - b) Tell all the **Vets** and local rescue centers within a reasonable distance of the area where **Your** dog or cat was last seen, as soon as reasonably possible of **Your Pet** going missing; and
 - c) If the claim is paid the original pedigree certificate and purchase receipt will not be returned to **You**. At **Our** discretion, and if requested to do so, **You** may reclaim the original pedigree certificate and purchase receipt.
3. If **Your Pet** was lost or stolen while being transported by a shipping agent or aircraft, **You** must immediately report the loss to the operator and obtain written confirmation of **Your** report.

There are other actions **You** can take, which although are not requirements of this insurance, may help to improve the chances of **Your Pet** returning Home. This includes notifying all **Vets**, local rescue centers, distributing flyers, do a letterbox drop in the area **Your Pet** went missing and searching the local area; **We** are happy to share useful tips with **You** if **You** contact **Us**.

1. **For Advertising and Reward only:**
 - a) The **Maximum Benefit** covers the cost of both advertising and the reward. The full **Maximum Benefit** is available for **You** to use for advertising but the amount **You** can use for a reward is limited to 50% of the **Maximum Benefit**.
 - b) **You** must obtain **Our** approval before advertising a reward; if not, the cost of the reward will not be covered by the **Policy**.
 - c) **You** must provide **Us** with a receipt(s) for any amount which **You** are claiming for. Any costs not supported by a receipt will not be covered by Section 5 of the **Policy**.
2. **For Theft or Straying only:**
 - a) To submit a claim for Theft or Straying **You** must have advertised the loss of **Your Pet** for at least thirty (30) days and when **You** claim **You** must provide **Us** with evidence showing the advertising took place, the Pet's original Pedigree Certificate and purchase receipt from where **You** bought **Your Pet**, where applicable; **We** will not pay for this information.
 - b) If **Your Pet** has not been found within thirty (30) days, please fill in a claim form and return it to **Us** as soon as possible.
 - c) If the claim is paid the original pedigree certificate and purchase receipt will not be returned to **You**.
 - d) If **Your Pet** is found or returns, **You** must repay the full amount **We** have paid **You**.
 - e) If the loss or theft happened during **Your Journey** please also send **Us** the booking invoice for **Your Journey** or any other official documentation to show the dates of **Your Journey**.

Section 6 – Third Party Liability

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

Cover under this section applies in **New Zealand 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, and/or
- physical loss of or damage to property,

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 series 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 New Zealand. The maximum amount **We** will pay for each claim under this **Section 6 – Third Party Liability** for Dogs covered is NZ\$1,000,000. Where permitted by law, this limit will be reduced by any amount paid under any other insurance **You** have with **Us**, that provides cover for the same liability, loss, **Accident**, occurrence or incident.

You must pay:

You must pay the first NZ\$500 of each claim under this Section 6.

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

1. Any amount which exceeds the **Maximum Benefit** for the relevant section or which will result in the **Maximum Benefit** being exceeded.
2. Any amount in relation to **Your legal liability** for:
 - a) damage to **Your** property.
 - b) **Bodily injury** to or death of any person who normally lives with **You** or is part of **Your Immediate Family**, or for damage to their property,
 - c) **Bodily injury** to **Your** employees or anyone who works for **You**, or for damage to their property.
 - d) loss of or damage to property the care, custody or control of **You**, a person who lives with **You**, a member of **Your Immediate Family** or **Your** employees.
 - e) For loss, expenses or costs involving **Your** business trade or profession, or for events that happen where **You** work. This includes where **You** live, if **You** work from home and **Your Pet** has access to **Your** work area.
 - f) Any costs and expenses for defending **You** which **We** have not agreed beforehand. Please contact **Us** to confirm approval before authorising any legal costs and expenses.
 - g) because of the terms of an agreement assumed with some other person (unless **You** would have been liable if the agreement did not exist),
 - h) claims caused by, arising out of, or in any way connected with asbestos.
 - i) claims caused by, arising out of or in any way connected with the discharge, dispersal, release or escape of pollutants defined as smoke, vapours, soot, fumes, acid, alkalis, toxic chemicals, liquids, gases, waste materials or other irritants, contaminants or pollutants into or upon land, the atmosphere or any watercourse or body of water. This exclusion will not apply if such discharge, dispersal, release or escape is caused by an **Accident** which occurred during the **Period of Insurance** involving **Your Pet**.
 - j) the prevention of such contamination or pollution,
3. Claims caused by, arising out of, or in any way connected with

- a) pregnancy, or
- b) the transmission of disease
- 4. Claims caused by, arising out of or in any way connected with an **Accident**, if **You** have not followed the instructions or advice given to **You** by the previous owners of **Your Pet**, or the re-homing organisation or a qualified behaviourist about the behaviour of **Your Pet**.
- 5. Where **Your legal liability** is covered or indemnified, in any way under any:
 - a) statutory or compulsory scheme, fund or insurance, or
 - b) compensation scheme or workers compensation **Policy** of insurance, or
 - c) industrial award, even if the amount recoverable is nil,
- 6. where **Your legal liability** is over that recoverable under any:
 - a) statutory or compulsory scheme, fund or insurance, or
 - b) **Accident** compensation scheme or workers compensation **Policy** of insurance, or
 - c) industrial award.
- 7. for any aggravated, exemplary or punitive damages, damages resulting from the multiplication of compensatory damages, fines or penalties,
- 8. If **Your Pet** is kept or lives on premises that sell alcohol, unless there is no access from the residential premises to the business premises,
- 9. for an incident which takes place when **Your Pet** is in the care of a business or a professional and **You** are paying for their services. For example, this includes but is not limited to, when **Your Pet** is in the care of a dog minder, a dog trainer, a dog sitter or a 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 6 Third Party Liability:

- 1. **You** must not admit responsibility, agree to pay any claim or negotiate with any person following an incident which may give rise to claim under section 6. If **You** do, **We** may reduce or refuse **Your** claim to the extent **We** are prejudiced.
- 2. **You** must as soon as reasonably possible send **Us** any writ, summons or legal documents **You** receive and **You** or any other person on **Your** behalf must not respond to any of these documents.
- 3. **You** agree to provide **Us** with any information connected with the claim **We** reasonably ask for including details of **Your Pet**'s history.
- 4. **You** agree to tell **Us** or help **Us** find out all the circumstances of an incident that results in a claim, provide written statements and go to court if needed.
- 5. **You** must allow **Us** to take charge of **Your** claim and allow **Us** to prosecute in **Your** name any legal proceedings instituted for **Our** benefit.
- 6. If more than one of the dogs insured under the **Policy** are involved in, or contribute towards, an **Accident** which is covered under Section 6 only one **Maximum Benefit** will apply to the **Accident** for all of the dogs. This means that if:
 - a) The dogs involved all have the same **Maximum Benefit**; the most **We** will pay for the **Accident** is that **Maximum Benefit**. For example, if all of the dogs insured each have a **Maximum Benefit** of \$1million, **We** will pay no more than \$1million for the **Accident**.
 - b) 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 \$2 million, **We** will pay no more than \$2 million for the incident.
 - c) If the dogs involved (all owned by **You**, but some are uninsured) **We** will pay no more than a pro ratio portion for the insured dogs of the total amount of the claim, up to the Maximum Benefit.
- 7. If a business or a professional is being paid to care for **Your Pet** in any way (for example, but not limited to a dog minder, a dog trainer, a dog walker or a groomer) it is **Your** responsibility to:
 - a) Make sure the business/person has the appropriate third party liability insurance cover, and
 - b) Tell them if **Your Pet** has any behavioural problems or requires any special handling so they are able to handle **Your Pet** in an appropriate manner.
- 8. **Third Party Liability** cover will be governed by the law of the State or

Territory where the **Policy** was arranged and whose courts will have jurisdiction in any dispute.

Section 7 – Boarding Fees

Cover under this section applies in **New Zealand** only. In this section '**You**' means **You** or **Your** husband, wife, civil partner or de facto partner.

We will pay:

We will pay the cost of boarding **Your Pet** at a licensed boarding kennel or cattery or \$15 a day towards the cost of someone who does not live with **You** (or is a co-owner of the **Pet**), looking after **Your Pet** while **You** are an inpatient in hospital for more than four (4) consecutive days during the **Period of Insurance**.

You must pay:

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

We will not pay under Section 7 (applying to Boarding Fees):

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 the person looking after **Your Pet** normally lives with **You** or is a member of **Your Family**, or is a Co-Owner of the **Pet**.
5. 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 8 – Holiday Cancellation

Cover under this section applies in **New Zealand** only.

We will pay:

1. Travel and accommodation expenses for **You** and **Your Immediate Family** that **You** cannot recover if **You** have to cancel **Your Journey** during the **Period of Insurance** because **Your Pet** is suffering from an **Injury** or **Illness** and is too ill to travel with **You**.
2. Any travel and accommodation expenses for **You** and **Your Immediate Family**, that **You** cannot recover if **You** have to cancel **Your Journey** during the **Period of Insurance** because **Your Pet** is Injured or shows the first **Clinical Signs** of an **Illness** up to seven (7) days before **You** leave and so needs immediate lifesaving surgery.
3. Any travel and accommodation expenses for **You** and **Your Immediate Family** that **You** cannot recover if **You** have to cut short **Your Journey** during the **Period of Insurance** because **Your Pet**:
 - goes missing; or
 - is injured or shows the first **Clinical Signs** of an **Illness** while **You** are away and needs immediate lifesaving surgery.
4. If **Your Pet** goes with **You** on the **Journey** during the **Period of Insurance** and is injured or shows the first **Clinical Signs** of an **Illness** during the **Journey** and has to return **Home** for **Vet Treatment**, which means **You** have to cut short **Your** holiday,

We will not pay:

1. the value of any unused travel and accommodation expenses that **You** and **Your Immediate Family** have paid for, and
2. any extra travel expenses to return **Your Pet Home**.

You must pay:

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

We will not pay under Section 8 (applying to Holiday Cancellation):

1. Any amount which exceeds the **Maximum Benefit** for all **Journeys** or which will result in the **Maximum Benefit** being exceeded for all **Journeys** undertaken during the **Period of Insurance**.
2. To the extent permitted by law, any amount or expenses resulting from:
 - a) A **Pre-Existing Condition**;
 - b) An **Illness** that first showed **Clinical Signs** before **Your Pet's** cover started; or
 - c) A **Illness** that is the same as, or has the same diagnosis or **Clinical Signs** as an **Illness** or **Clinical Sign** **Your Pet** had before cover started; or
 - d) an **Injury** or **Illness** that is caused by, relates to or results from an **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.
3. To the extent permitted by law, any amount or expense resulting from:
 - a) an **Illness** which starts in the first 21 days of cover;
 - b) an **Illness** that first showed **Clinical Signs** within twenty-one (21) days of **Your Pet's** cover starting; or,
 - c) an **Illness** that is the same as, or has the same diagnosis or **Clinical Signs** as an **Illness** or **Clinical Signs** **Your Pet** has before its cover started or within twenty-one (21) days of **Your Pet's** cover starting; or
 - d) an **Illness** that is caused by, relates to or results from an **Illness** or **Clinical Sign** that first occurred, or an **Illness** that first showed **Clinical Signs** within twenty-one (21) days of **Your Pet's** cover starting, no matter where the **Injury**, **Illness** or **Clinical Signs** occurred or happen in or on **Your Pet's** body.
4. Any amount payable for travel expenses to return **Your Pet Home** unless a **Vet** has certified **Your Pet** is too ill to continue upon the **Journey** and has to return **Home** for **Treatment**.
5. Any amount if **Your Journey** was made to get **Veterinary Treatment** or **Alternative or Complementary Treatment** outside of New Zealand.
6. As permitted by law, any amount **You** can claim back from any travel or accommodation provider.
7. For the cost of food.
8. Any costs relating to a holiday **You** booked less than twenty-eight (28) days before **You** were due to leave.

9. Any costs resulting from an **Injury** or **Illness** **We** have specified as excluded on **Your Certificate of Insurance** or generally not covered by these terms and **Conditions**.
10. Any costs if a claim has not been submitted within one year of **Your Journey** being cancelled, to the extent that **We** are prejudiced by the late notification of the claim.

Special Conditions – applying to claiming for Holiday Cancellation:

When claiming for a benefit under Section 8 Holiday Cancellation **You** must supply **Us** with:

- a) the booking invoice and cancellation invoice from the travel agent, **tour** operator or other holiday sales organisation if **You** have cancelled or cut short **Your Journey**; and
 - b) Receipts for **Your** expenses if **You** are claiming for extra travelling expenses.
11. The invoices must show the date of the booking, the dates of the **Journey**, the date **You** decided to cancel or return **Home** and any expenses **You** cannot recover.

We will not pay for the provision of this information.

Section 9 – Emergency Repatriation

*Cover under this section applies in **New Zealand** only.*

We will pay:

If **Your Pet** is injured or shows the first **Clinical Signs** of an **Illness** during **Your Journey** and cannot travel **Home** the same way it travelled to **Your** holiday destination **We** will pay the:

1. Extra costs to get **Your Pet Home**,
2. Cost of accommodation for **You** to stay after **Your** scheduled date of travel **Home** until **Your Pet** is well enough to travel, and
3. If **Your Pet** dies, the costs of returning **Your Pet's** body **Home** or the cost of disposal, charged by the **Vet** where **Your Pet** dies.

We will not pay under Section 9 (applying to Emergency Repatriation):

1. Any amount which exceeds the **Maximum Benefit** for all **Journeys** or which will result in the **Maximum Benefit** being exceeded for all **Journeys** during the **Period of Insurance**.
2. Any costs resulting from a **Pre-Existing Condition**.
3. Any costs resulting from an **Illness** which starts in the first twenty-one (21) days of cover.
4. Any costs resulting from an **Injury** that happens or an **Illness** first showing **Clinical Signs** before the start of **Your Journey**.
5. Any costs that can be reclaimed from anywhere else.
6. Any costs unless a **Vet** has certified **Your Pet** is too ill to travel **Home** the same way it travelled to **Your** holiday destination.
7. Any amount if **Your Journey** was made to get **Veterinary** or **Alternative or Complementary Treatment** outside of New Zealand.
8. For more than seven (7) days' accommodation costs and more than \$60 for each day's accommodation.
9. The cost of cremation or a coffin, casket or any other container for **Your Pet's** remains.
10. For the cost of food.
11. Any costs if a claim has not been submitted within one year of the date **Your Pet** returns Home, to the extent that **We** are prejudiced by the late notification of the claim.

Section 10

Quarantine Expenses and Loss of Documents

Cover under this section applies in the **Agreed Countries** only.

We will pay:

If **Your Pet** is either unable to return to New Zealand or must be quarantined on return to New Zealand because of:

1. An **Illness** first showing **Clinical Signs** during **Your Journey**,
2. The failure of the microchip, or
3. The importation documents being lost or stolen.

We will pay:

1. The cost to keep **Your Pet** in quarantine,
2. The cost of getting duplicate importation documents,
3. The cost of temporary accommodation while getting the duplicate importation documents, and
4. Extra costs to travel **Home** if the delay in getting duplicate Importation documents has caused **You** to miss **Your** scheduled travel arrangements back to **Your Home**.

You must pay:

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

We will not pay under Section 10 (applying to Quarantine Expenses and Loss of Documents):

1. Any amount which exceeds the **Maximum Benefit** for all **Journeys** or which will result in the **Maximum Benefit** being exceeded for all **Journeys**.
2. Any costs resulting from a **Pre-Existing Condition**.
3. Any costs resulting from an **Illness which starts in the first twenty-one (21) days of cover**.
4. Any costs resulting from an **Injury** that happens or an **Illness** first showing **Clinical Signs** before the start of **Your Journey**.
5. Any costs that can be reclaimed from anywhere else.
6. Any costs that result from the failure of any microchip that does not meet the International Standards Organisation (ISO) Standard Microchip 11784 or Annex A of ISO Standard 11785.
7. Any costs that result from a microchip reader failing to read a microchip.
8. For more than seven (7) days' accommodation costs and more than \$60 for each day's accommodation.
9. Any costs if a claim has not been submitted within one year of the date **Your Pet** returns Home, to the extent that **We** are prejudiced by the late notification of the claim.

Special Conditions – applying to Travel Quarantine Expenses and Loss of Documents:

1. When the importation documents are left unattended they must be kept in **Your** locked accommodation or in the locked boot, covered luggage area or glove compartment of a locked vehicle.
2. If the Importation Documents are lost or stolen, as soon as reasonably possible of discovering them missing, **You** must report the incident to the police and obtain a police report. If the loss or theft occurred on a ship, aircraft, train or coach **You** must report the loss to the operator and obtain a report.

General Exclusions

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

| | |
|--------------------------------------|--|
| Your Certificate of Insurance | A Condition specifically excluded on Your Certificate of Insurance . |
| Your Pet's age | Any Pet that is less than eight (8) weeks old at the commencement of cover. |
| Your Pet's Use | Dogs used for security, guarding, track racing or coursing. |

| | |
|--|---|
| <p>Your Pet's breed</p> | <p>Any breed of dog that is banned by any New Zealand 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).</p> |
| <p>Laws and regulations</p> | <ol style="list-style-type: none"> a. Any dog of Yours 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. b. You breaking New Zealand laws or regulations, including those relating to animal health or importation regulations. c. Your Pet being confiscated or destroyed by any Government or Public or Local Authority or any person or Body having the jurisdiction to do so, including because it was worrying livestock. d. Any Government or Public or Local Authority or any person or Body having the jurisdiction to do so, having put restrictions on Your Pet. e. Legal expenses, fines and penalties connected with or resulting from a Criminal Court Case or an Act of Parliament. |
| <p>Miscellaneous</p> | <ol style="list-style-type: none"> 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. b. Radiation, nuclear explosion, nuclear fallout or contamination by radioactivity. c. A disease transmitted from animals to humans. |
| <p>When Your Pet is on a Journey in an Agreed Country</p> | <ol style="list-style-type: none"> a. You not following the Conditions of New Zealand Customs Importation Regulation. b. Any Journey You take Your Pet on against a Vet's advice. c. Any animal less than twelve (12) weeks old. d. A foreign government or public authority putting restrictions on Your Pet. e. Your Pet living permanently outside of New Zealand. f. An Illness that Your Pet contracted while outside New Zealand, or the Agreed Countries that it would not normally have contracted in New Zealand or the Agreed Countries. |
| <p>Preventative or Routine Treatment</p> | <p>The cost of Routine or Preventative Treatment or care such as check-ups and procedures that are designed to prevent future Illnesses from occurring rather than treating existing Illnesses. These include, but are not limited to annual physical examinations and or check-ups, vaccinations, heart worm prevention medication; flea and other internal/external parasite prevention.</p> |

| | |
|-------------------------------|---|
| Elective Treatment | The cost of Elective Treatment , diagnostics or procedures including, but not limited to de-sexing, spaying or castration; micro-chipping; grooming and de-matting, cosmetic or aesthetic surgery, or elective surgery including but not limited to dew-claw removal, prescription diet foods, and any Treatment not related to an Injury, Illness, or trauma . Elective Treatment that is beneficial to the Pet but is not essential for Your Pet's survival or does not form part of a Treatment for an Injury or Illness . |
| Care & Negligence | Cost of treating any Injury or Illness or other bodily Injury or Illness caused by, arising out of, or in any way connected with a malicious act, deliberate Injury or bodily Injury or gross negligence caused by You or a member of Your Immediate Family or anyone living with You or acting with Your express or implied consent. |
| Pandemic Disease | Any pandemic disease that causes widespread Illness , death or destruction affecting dogs and cats. |
| Vaccinations | Any dog for any of the following Diseases or associated Illnesses not being vaccinated against distemper, hepatitis, kennel cough, leptospirosis (in areas where it is prevalent, and Vets recommend vaccination) and parvovirus. Any cat for any of the following Diseases or associated Illnesses not being vaccinated against feline infectious enteritis, feline leukaemia and cat flu, or other disease that there is a known vaccine and Vets recommend vaccination. |
| Reasonable Precautions | Your failure to take all reasonable precautions to protect Your Pet from or by aggravating or prolonging an Injury or Illness . |
| Your Legal Liability | Your Legal Liability for payment of compensation in respect of: a. death, bodily injury or illness , and/or b. physical loss or damage to property, except to the extent You have such cover under Section 6 – Third Party Liability for dogs of this Policy in relation to Your Dog . |

Claiming

It is distressing when a much loved **Pet** suffers an **Injury or Illness** so **We** do all **We** can to make the claims process as quick and easy as possible. There is lots of useful information on **Our** website petcovergroup.com/nz 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** which applies to the **Treatment** for **Your Pet**.

Notifying Us of a potential claim:

1. In all cases, other than **Veterinary Fees, Alternative or Complementary Treatment** claims, **You** must let **Us** know of any circumstances which are likely to lead to a claim.
2. 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:

- Most claim forms can be downloaded from **Our** website petcovergroup.com/nz/make-a-claim
- Some proactive **Veterinary Practices** will also have a supply of **Veterinary Fees** claim forms and some will submit **Your** claim for **You** (providing **You** have completed **Your** section of the claim form).
- If **You** would like **Us** to send **You** a claim form please contact **Us**.

When to claim under **Veterinary Fees** and **Complementary Treatment**:

- 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 make a false or exaggerated claim with **Us**, or
- 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**.

Making a Claim

How to claim

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

1. Downloading and completing a claim form from **Our** website: petcovergroup.com/nz/claims; or
2. Claims for **Veterinary Fees** only may be lodged with **Your Vet** (if mutually agreed by **Your Vet**) and **We** will pay the **Veterinary Practice** directly. **You** will need to pay **Your Vet** the applicable **Excess(es)** and any non-claimable items. Claims for **Veterinary Fees** and **Complementary Treatment** 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. Contact **Us** as soon as reasonably possible about any incident that happens involving **Injury** to a person, another animal or property even if **You** don't believe a claim will be made against **You** at the time. Call **Us** on 0800 255 426 between 8:30am – 5:00pm Monday to Friday. Do not admit responsibility, agree to pay any claim or negotiate with any person following an incident that may give rise to a claim. Any writ, summons or legal documents received by **You** need to be sent to **Us** as soon as reasonably possible. **You** must not respond to any of these documents.
4. Please send **Us** the following supporting documentation related to **Your** claim or incident:

| | |
|---|---|
| <p>Veterinary Fees, Alternative or Complementary Treatment</p> | <ul style="list-style-type: none"> • Please send Us the legible fully itemised invoices from the Veterinary Practice or Therapist (for Alternative or Complementary Treatment if the Therapist is not a Member of a 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 reasonably need this once We receive Your claim form. • For Veterinary Fees, if the claim is for Treatment in an Agreed Country, You need to provide the booking invoice for Your Journey or any other official documents which show the dates of Your Journey. |
| <p>Death from Injury, Death from Illness</p> | <p>Please send Us:</p> <ul style="list-style-type: none"> • The death certificate from Your Vet, • The purchase receipt from when You bought Your Pet, and • If Your Pet is a pedigree, the pedigree certificate. |
| <p>Theft or Straying</p> | <p>Please send Us:</p> <ul style="list-style-type: none"> • Evidence of the advertising carried out to try and find Your Pet, • The purchase receipt from when You bought Your Pet, and • If Your Pet is a pedigree, the pedigree certificate. |
| <p>Advertising and Reward</p> | <p>You must phone Us on 0800 255 426 and talk to Our Claims Supervisor, for the approval of any reward before You advertise it.</p> <p>Please send Us:</p> <ul style="list-style-type: none"> • The fully itemised invoices and receipts to show the costs involved, including a receipt for any reward paid, and • If the loss or theft happened during Your Journey, the booking invoice or another official document to show the dates of Your Journey and • If applicable the police or operator's report. |
| <p>Boarding Fees</p> | <p>Arrange to have Your 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 Us:</p> <ul style="list-style-type: none"> • The fully itemised invoice from the boarding establishment, Pet sitter or written confirmation from the person looking after Your Pet. |
| <p>Holiday Cancellation</p> | <p>Please send Us:</p> <ul style="list-style-type: none"> • The booking invoice and cancellation invoice from the holiday sales organisation. The invoices must show the date of the booking, the dates of the Journey, the total cost of the holiday, the date You decided to cancel or return Home and any expenses You cannot recover. • The receipts for Your extra travel expenses. |

Emergency Repatriation, Quarantine Expenses and Loss of Documents

Please send Us:

- The booking invoice or another official document showing the dates of **Your Journey**,
- The invoices and receipts to show the costs involved, and
- If applicable the police or operator's report.

Claims involving Your Pet being attacked by another Animal

If **Your Pet** has been injured or had to be put down due to being injured by another animal, please contact Petcover for an additional form that needs to be completed and be included with **Your** claim form along with the following:

- Details of the owners of the other animal(s),
- Confirmation the matter was reported to the police/relevant authority, and
- Depending on where the attack happened, **You** must report the attack to the appropriate authorities in that Shire/municipality, i.e. The Ranger at the Local Council/Police Station.

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** 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** and will count towards the calculation of **Your** Maximum Benefits.

Age Contribution

In addition to any Fixed **Excess** and **Pet % Share Excess**, an Age **Contribution** will apply in the following circumstances:

| | Age of Pet | Age Contribution Loading |
|--------------------------|-------------------|---------------------------------|
| Dogs | 8+ years | 20% |
| | 10+ years | 35% |
| Select Breed Dogs | 4+ years | 20% |
| | 7+ years | 35% |
| Cats | 8+ years | 20% |
| | 10+ years | 35% |

The Age **Contribution** is calculated against the amount **You** are claiming.

Example calculation:

If **Your Pet** is a **dog** aged nine (9) years old:

| | |
|---|----------------|
| Claimable Veterinary Fees | \$7,000 |
| Less the Fixed Excess | \$150 |
| <i>Revised claimable amount</i> | \$6,850 |
| Less Age Contribution loading 20% (on revised claimable amount) | \$1,370 |
| Total claimable amount | \$5,480 |

Or,

Your Pet is a **cat** aged nine (9) years old:

| | |
|----------------------------------|---------|
| Claimable Veterinary Fees | \$7,000 |
| Less the Fixed Excess | \$125 |
| <i>Revised claimable amount</i> | \$6,875 |

| | |
|--|----------------|
| Less Age Contribution 20% (on revised claimable amount) | \$1,375 |
| Total claimable amount | \$5,500 |

*The above is an example only and subject to the total benefit amount and applicable **Excesses** 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 8th March 2018.

Contacting Us

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

Petcover New Zealand Limited
 Customer Centre
 PO Box 112250
 Penrose
 Auckland 1642
 Ph: 0800 255 426

For information about the insurer and HDI Global Specialty SE - New Zealand, please visit www.hdi-specialty.com.

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 New Zealand and subject to the exclusive jurisdiction of the courts of New Zealand.

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 New Zealand. 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:

TMF Group (on the behalf of HDI Global Specialty SE – New Zealand), Level 11, 41 Shortland Street, Auckland, 1010, NZ

Language

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

How to contact us

Telephone: 0800 255 426

Email: info.nz@petcovergroup.com

In writing: Petcover Customer Care
PO Box 112250
Penrose
Auckland 1642

Web: petcovergroup.com/nz

National Relay
Service nzrelay.co.nz

Administrator

Petcover New Zealand Limited (NZBN 9429046576941) is the sole Administrator of the policies acting on behalf of the **Insurer**.

Ph: 0800 255 426 | info.nz@petcovergroup.com | petcovergroup.com/nz

The Insurer

The **Insurer** of this **Policy** is HDI Global Specialty SE – New Zealand, who is licensed to carry out insurance business in New Zealand in accordance with the Insurance (Prudential Supervision) Act 2010 and is registered as a financial service provider on the Financial Service Providers Register (FSP 774050).

HDI Global Specialty SE is registered in Germany, with its registered office at Podbielskistrasse 396, 30659 Hannover, Germany with registration number HRB211924 authorised by Bundesanstalt für Finanzdienstleistungsaufsicht ("BaFin"). It is authorised to carry on insurance business in Germany under the German Insurance Supervisory Act ("Versicherungsaufsichtsgesetz").

