

### FOR PEACE OF MIND

Please take a little time to read and understand what **we** will cover and what **we** will not cover under **your** insurance contract along with what **you** should do in the event of a claim to avoid any frustration or disappointment.

This document explains the detailed terms of **your** insurance once **your** details are accepted by **us**. **We** have tried to make this insurance contract easily understood by **you**, the customer, in an effort to eliminate unrealistic expectations if an unfortunate incident should occur.

At the same time let **us** assure **you** that if something occurs that is covered by this insurance contract, then **we** will try **our** best to provide **you** with a high level of timely and courteous service.

### Quick & Easy Pet Cover

Quick & Easy Pet Cover is arranged by Business & Domestic Insurance Services, a trading style of the Motorway Direct Plc group of companies, who are authorised and regulated by the Financial Conduct Authority (FCA), authorisation number 311741. Address: Warranty House, Savile Street East, Don Valley, Sheffield S4 7UQ

This Quick & Easy Pet Cover **policy** is underwritten by Qudos Insurance A/S. Registered Office: Kongevejen 371, DK2840 Holte, Denmark. Qudos Insurance A/S are authorised and regulated by the Finanstilsynet (the Danish Financial Regulator). Their authorization reference is 53112. As an insurance company authorised within the European Union, Qudos is permitted to conduct business within the **United Kingdom** and is authorised by the Financial Conduct Authority. Their **UK** Financial Conduct Authority authorisation number is 571608.

This evidence of insurance is to confirm that the pet(s) for which **you** have paid the appropriate premium are insured under Agreement Number WH00013QU01. This document only constitutes a valid evidence of insurance when it is issued in conjunction with a **certificate of insurance**.

### READ ME FIRST

#### ELIGIBILITY

1. **Your pet** must be aged between 8 weeks and 8 years old on the date of purchasing this insurance **policy**.
2. **Your pet** must not be used for guarding, track racing or

coursing.

3. **Your pet** must not be a dog that is, or is crossed with, a Pit Bull Terrier, Dogo Argentino, Perro De Presa Canario (Dogo Canario), Japanese Tosa or a Fila Brasileiro.
4. **Your dog** must not have been the subject of any complaint to the police.
5. This **policy** is only available to **you** if **you** and **your pet** are permanently resident in the **United Kingdom**.

#### STATEMENT OF DEMANDS AND NEEDS

This **policy** meets the demands and needs of the customer who requires cover for **vet** fees incurred due to the treatment of their cat or dog for **injury** or **illness**. **We** do not make personal recommendations as to the suitability of the **policy** to individual circumstances.

#### EVIDENCE OF COVER

**You** should read this document carefully. It gives **you** full details of what is and is not covered and the conditions of the cover.

#### POLICY INFORMATION OR ADVICE

If **you** would like more information or if **you** feel the insurance may not meet **your** needs, please call the number shown on **your certificate of insurance**.

#### CANCELLATION PERIOD

**You** have a statutory right to cancel this **policy** by giving written notice to the **administrator** within 14 days of the start date of **your policy** as shown on **your certificate of insurance**. In these circumstances **we** will refund all of any **premium you** have paid provided **you** have not made a claim under this **policy**.

Thereafter **you** may cancel **your** cover under this **policy** by writing to the **administrator** and quoting **your policy** number. **Your** cover will cease on the date **we** receive **your** request in writing. No refund of **premium** will be made if **you** cancel **your** cover under this **policy** more than 14 days after the **policy** start date.

**We** may cancel **your policy** by giving **you** 90 days written notice prior to **your policy review date** to **your** last known address. However **we** reserve the right to cancel this **policy** on 7 days written notice if **you** do not abide by the terms and conditions of this **policy**, this will include acting dishonestly or fraudulently.

If **we** cancel the **policy** **you** cannot make a claim for **veterinary fees** or medical costs which occur after the date the **policy** is cancelled. **We** will honour any **veterinary fees** or medical costs which **you** incurred before the date the **policy** is cancelled.

#### LAW APPLICABLE UNDER THIS CONTRACT

**You** and **we** are free to choose the laws applicable to the **policy**. **We** propose to apply the laws of the England and Wales and by purchasing this **policy**, **you** have agreed to this.

#### COMPLAINTS PROCEDURE

If **you** have any cause for complaint regarding this insurance, please refer to the Complaints Section of **your policy** wording.

#### LEVELS OF COVER

**Your certificate of insurance** will show **you** which level of cover **you** have chosen:

##### LEVEL 1: ACCIDENT ONLY

**We** will pay for **veterinary fees** for **your pet** if **your pet** has been hurt in an **accident** or if **your pet** is ill as a result of an **accident**.

**You** will be covered for **veterinary fees** up to the **policy** limit each year and this will be reinstated each year provided cover is made available to **you** and **you** continue to pay **your** monthly premium.

The most **we** will pay out any once **accident** is £2,000 or a total of £3,000 any one **period of insurance**.

##### LEVEL 2: TIME LIMITED

**We** will pay for **veterinary fees** for each **illness** or **injury** **your pet** suffers for up to 12 months from the date the symptoms were first noticed.

**You** will be covered for **veterinary fees** up to the **policy** limit each year provided cover is made available to **you** and **you** continue to pay **your** monthly premium.

The most **we** will pay out for any one condition is £1,500. After that the condition will be excluded from all future claims.

The most **we** will pay out any one **period of insurance** is £3,000.

##### LEVEL 3: LIFETIME £4,000 LIMIT

**We** will pay for **veterinary fees** for each new medical condition. **You** will be covered for **veterinary fees** up to the **policy** limit each year and this will be reinstated each year providing cover

is made available to **you** and **you** continue to pay the monthly premium or the total annual premium.

The most **we** will pay out any one condition is £2,000 or a total of £4,000 in any one **period of insurance**.

##### LEVEL 4: LIFETIME £10,000 LIMIT

**We** will pay for **veterinary fees** for each new medical condition.

**You** will be covered for **veterinary fees** up to the **policy** limit each year and this will be reinstated each year providing cover is made available to **you** and **you** continue to pay the monthly premium or the total annual premium.

The most **we** will pay out any one condition is £4,000 or a total of £10,000 in any one **period of insurance**.

#### DEFINITIONS

Any word defined below will have the same meaning wherever it is shown in **your policy** in bold print. These definitions have been listed in alphabetical order.

##### Accident

A sudden and unexpected event which happens during the **policy** year, which results in bodily **injury** or **illness** to **your pet**.

##### Administrator

Means Trent-Services (Administration) Ltd, Trent Lodge, Stroud Road, Cirencester, Gloucestershire, GL7 6JN, e-mail: admin@trent-services.co.uk, telephone: 01285 626053. Trent-Services (Administration) Ltd are authorised and regulated by the Financial Conduct Authority No. 315285.

##### Behavioural illness

Any changes to **your pets'** normal behaviour, resulting from a mental or emotional disorder.

##### Certificate of insurance

An insurance validation certificate issued by **us** which forms part of this **policy** and contains the name of policyholder and gives **your pet's** details and details of the cover provided by this **policy**.

##### Claims Handler

Trent-Services (Administration) Ltd. Telephone: 01285 626053 or e-mail **us** at admin@trent-services.co.uk quoting **your policy** number.

##### Claim authorisation

Confirmation from the **claims handler** that the treatment required for **your pet** is covered under this **policy**.

### Clinical signs

Changes in **your pet's** normal healthy state, its bodily functions or behaviour.

### Co-insurance

The amount **you** are required to pay towards the costs of the **veterinary fees** where **your pet** is aged 7 years or older at the time of the claim. This amount of 20% will be deducted from the claims settlement after the **excess**.

An example of how a claim would be calculated is as follows:

Valid claim arises for <b>Veterinary fees</b> :	£500.00
<b>Excess</b> amount:	£85.00
Amount payable less <b>excess</b> :	£415.00
20% <b>co-insurance</b> :	£83.00
Claim total settlement:	£332.00

### Complementary therapist

A Certified Clinical Animal Behaviourist or a member of one of the following organisations: Association of Chartered Physiotherapists in Animal Therapy, Association of Pet Behaviour Counsellors, Bowen Technique Therapists, Canine and Feline Behaviour Association, Canine Hydrotherapy Association, McTimoney Animal Association, McTimoney Chiropractic Association, National Association of Veterinary Physiotherapists, or The International Association of Animal Therapists (UK).

### Complementary treatment

Complementary treatment, including herbal or homeopathic medicine as recommended and prescribed by **your vet**, excluding complementary treatment that has not been specifically recommended by **your vet** in respect of the condition suffered.

### Excess

This is the first amount of each unrelated claim which is payable by **you**. The **excess** amount as stated on **your certificate of insurance**.

### Home

The place in the **UK** where **you** usually live.

### Illness

Changes to a normal healthy state, sickness, disease, defects and abnormalities including defects and abnormalities **your pet** was born with or were passed on by its parents.

### Immediate family

**Your** husband, wife, civil partner, life partner, parents, sons and daughters.

### Injury

A physical **injury** caused immediately by an **accident**. It does not include **injury** that happens over a period of time.

### Maximum benefit

The most **we** will pay during the **period of insurance** is the amount as shown on **your certificate of insurance**.

### Period of insurance

This **policy** is provided on a monthly basis and the premium is collected monthly by direct debit. Provided **you** pay the appropriate premium cover will remain in force unless **you** or **we** cancel this **policy**. Please refer to the Cancellation Period detailed on page 2 of this **policy**. The cover is annually reviewable and **we** will write to **you** each year notifying **you** of any changes to the **policy** terms or premiums.

### Policy

**Your certificate of insurance**, this **policy** and endorsements.

### Policy Review Date

The date 12 months after **your policy** start date and annually thereafter.

### Pre-existing conditions

Any **injury** that happened or an **illness** that existed in any form prior to the start of this **policy**.

### United Kingdom/UK

England, Scotland, Wales and Northern Ireland.

### Vet

A current, qualified member of the Royal College of Veterinary Surgeons practising within the **United Kingdom**.

### Veterinary fees

The amount **vets** in general or referral practice usually charge.

### Veterinary treatment

Any examination, consultation, advice, tests, X-rays, legally prescribed medication, surgery and nursing required to treat an **illness** or **injury**, provided by a **vet**, a veterinary nurse or another member of the veterinary practice under the supervision of a **vet**. This includes **complementary treatment** and alternative treatment as recommended by a **vet**.

**We, us, our, Insurer**  
Qudos Insurance A/S.

**You/Your**  
The person whose name appears on **your certificate of insurance** document.

**Your pet**  
Any dog or cat named on the **certificate of insurance**.

## SECTIONS OF COVER:

### Section 1A - Veterinary Fees

#### What You Are Covered For:

We will pay **you** up to the limit shown on **your certificate of insurance** for the cost of **veterinary fees** for **veterinary treatment your pet** has received within the **UK** during the **period of insurance** to treat an **illness** or **injury**.

#### What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **insurer** shall not be responsible for:

1. The **excess** as shown in **your certificate of insurance**. The **excess** is payable directly to the **vet**.
2. Any **vet**s fees incurred after **we** or **you** have cancelled the **policy** or **you** have ceased to pay **your** monthly premium
3. The **co-insurance** amount of 20% where **your pet** is 7 year of age or older.
4. More than the **maximum benefit** for the combined treatment cost of all **illnesses** and injuries in the **period of insurance**.
5. The cost of 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 **your pet** had before its cover started; or,
  - c. An **injury** or **illness** that is caused by or relates to or results from an **injury, illness** or clinical sign **your pet** had before its cover started, no matter when the **injury, illness** or **clinical signs** are noticed or happen in, or on **your pet's** body. This is in addition to any exclusions stated on **your certificate of insurance**.
6. The cost of treatment for:
  - a. An **illness** within the first 30 days of **your pet's** first **policy** year,
  - b. An **illness** caused by or relating to or a clinical sign that was noticed, or an **illness** that showed **clinical signs**, within the first 30 days of **your pet's** first **period of insurance**.
  - c. Any **injury** sustained within the first 5 days of **your pet's** first **policy** year
7. The cost of treatment to prevent **injury** or **illness**.
8. The cost of treatment or complications arising from treatment, **you** choose to have carried out and is not directly related to an **injury** or **illness**, including but not limited to dew claws (unless damaged) and umbilical hernias.
9. The cost of killing and controlling fleas, general health improvers and any treatment in connection with pregnancy or giving birth including caesareans.
10. The cost of any food (including food prescribed by a **vet**) unless 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 6 months.
11. The cost of pheromone **vet** Plan Product, including DAP diffusers and Feliway unless used as part of a structured behaviour modification programme, and then limited to a maximum period of 6 months.
12. The cost of vaccinations, urine tests, routine blood tests, castration, spaying (including spaying for mammary tumours and false pregnancy) unless:
  - a. The procedure is carried out to treat a specific **illness** or **injury** not excluded above, or;
  - b. The costs claimed are for treating complications that arise from these procedures.
13. Any costs associated with breeding as well as pregnancy and birth (including caesarean sections).
14. The cost of treating an **injury** or **illness** deliberately caused by **you** or anyone living with **you**.
15. The costs of having **your pet**:
  - a. Put to sleep, including veterinary consultations, visits or prescribed medications specifically needed to carry out the procedure, or
  - b. Cremated, buried or disposed of and post mortem costs.
16. The cost of house calls unless the **vet** confirms that moving **your pet** would further damage its health, regardless of **your** personal circumstances.
17. Extra costs for treating **your pet** outside usual surgery hours, unless the **vet** confirms that the condition is life threatening.
18. The cost of hospitalisation and any associated veterinary treatment, unless the **vet** confirms it is essential that **your pet** is hospitalised, regardless of **your** personal circumstance.
19. Costs resulting from an **injury** or **illness** specified as excluded on **your certificate of insurance** or generally not covered within these terms and conditions.

20. The cost of surgical items that can be used more than once.
21. The cost of treatment for aggression which is inherent in **your pet** or behavioural **illness** if **your pet's** behaviour is caused by **you** failing to provide training.
22. The cost of any form of housing, including cages, whether hired or purchased.
23. The cost of bathing, grooming or de-matting **your pet** unless: **you** have taken all reasonable steps to maintain **your pet's** health; and
  - a. A **vet** confirms veterinary expertise is needed and therefore only a **vet** or
  - b. a member of a veterinary practice can carry out these activities, regardless of **your** personal circumstances.
24. The cost of any prosthesis, including any **veterinary treatment** needed to fit the prosthesis, other than the cost of hip, knee and/or elbow replacement(s).
25. The cost of any claim caused by **your** negligence (including the treatment of obese pets and symptoms incidental to obesity).
26. **Veterinary fees** for teeth and gums unless caused by a **accident**.
27. More than one claim for ingestion of a foreign body any one **period of insurance**.
28. Any **veterinary fees** for treatment to a **vet's** own pet and fees for pets belonging to veterinary practice staff unless claimed at cost price.
29. The cost of any treatment in connection with retained testicles if **your pet** is over the age of 12 weeks when cover commenced.
30. Any cost associated with routine or investigative laboratory tests or procedures unless the **clinical signs/** symptoms exist and the tests and procedures are to diagnose a specific condition. This includes pre-operative blood tests unless **your pet's** medical history indicates a life threatening risk during surgery.
31. Any administrative costs incurred by completing a claim form, **vet** referral letters postage and packing fees and clinical waste fees.
32. The cost of obtaining a second opinion regarding **your pet's** condition.

## Section 1B – Complementary treatment

### What You Are Covered For:

Following receipt of instructions from the **vet**, **we** will pay **you** up to £1,000 for the cost of complementary treatment **your pet** has received within the **UK** during the period of insurance to treat an **illness** or **injury**.

The benefit under the **complementary treatment** section of

this **policy** forms part of the total **maximum benefit** as shown on **your certificate of insurance**.

### What You Are Not Covered For:

In addition to all the exclusions listed above (Section 1A - **Veterinary Fees**, Exclusions 1 to 31) **you** will not be covered for:

1. Any complimentary therapy fees for treatment to a **complementary therapists** own pet and fees for pets belonging to **complementary therapists** practice staff unless claimed at cost price

## Section 2 – Public Liability

### Policy Cover:

Third party liability cover under this section applies in the **UK** only. This section does not apply to cats or **accident** only policies.

In this section, "**you**" and "**your**" mean **you** or any person looking after or handling **your pet** with **your** permission.

### What we will pay for:

If property is damaged, or someone is killed, injured or falls ill as a result of an incident involving **your pet** during the **period of insurance** and **you** are legally responsible, **we** will pay:

1. Compensation and claimant's costs and expenses, and
2. Legal costs and expenses for defending a claim against **you**.
3. Public Liability Limit of Indemnity £1,000,000 in aggregate, within the **period of insurance**.

### What you pay:

The first £250 of any compensation, costs and expenses where property has been damaged.

### What we will not pay:

1. Liability covered by any other **policy** unless all cover under that **policy** has been exhausted.
2. More than the maximum limit of indemnity for each incident.
3. Any costs and expenses for defending **you** which **we** have not agreed beforehand.
4. Any compensation, costs and expenses for an incident which involves **your** profession, occupation or business.
5. Any compensation, costs and expenses if **you** are legally responsible only because of a contract **you** have entered into.
6. Any compensation, costs and expenses if the person who is killed, injured or falls ill, lives with **you**, is a member of

- your immediate family** or is employed by **you**.
7. Any compensation, costs and expenses if the property damaged belongs to **you**, any person who lives with **you**, a member of **your immediate family** or a person who is employed by **you**.
  8. Any compensation, costs and expenses if **you**, a member of **your immediate family** or any person who lives with **you** or is employed by **you** is responsible for, or looking after, the property that is damaged.
  9. Any compensation, costs and expenses that result from an incident if **you** have not followed instructions or advice given to **you** by previous owners or the re-homing organisation about the behaviour of **your pet**.
  10. Any compensation, costs and expenses if **you** are deemed responsible under the laws of any country, other than members of the European Union.
  11. Any compensation, costs and expenses if **you** are responsible for air, water or soil pollution, unless it can be proven that the pollution took place immediately after and as a result of an **accident** involving **your pet**.
  12. Any compensation, costs and expenses resulting from an incident that happens where **you** work.
  13. Any compensation, costs and expenses if **your pet** is kept or lives on premises which sell alcohol.
  14. Costs resulting from any incident specified as excluded on **your certificate of insurance** Animal Details or generally not covered within these Terms and Conditions.
  15. Death or bodily **injury** (including disease and **illness**) and loss or damage to property arising out of ownership, custody or control by or on behalf of **you** of a dog of a type specified in Section 1 of the Dangerous Dogs Act 1991 (or designated for the purposes of that Section by an order of the Secretary of State) or in the Dangerous Dogs (Northern Ireland) Order 1991
  16. Any fines, penalties or breach of quarantine restrictions or import or export regulations

#### Special conditions that apply to this section

1. **You** must not admit responsibility, agree to pay any claim or negotiate with any person following an incident.
2. **You** agree to provide **us** with any information connected with the claim **we** reasonably ask for including details of **your pet's** history.
3. **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.
4. **You** must allow **us** to take charge of **your** claim and allow **us** to prosecute in **your** name for **our** benefit.
5. **You** must immediately send **us** any writ, summons or legal documents **you** receive and **you** must never send any replies to these documents.

## GENERAL CONDITIONS

1. Throughout the **period of insurance** **you** must take all reasonable steps to maintain **your pet's** health and to prevent **accidents, injury, illness** and loss.
2. **You** must keep **your pets** vaccinations and boosters up to date and in line with the **vet's** recommendations:  
Dogs – Distemper, hepatitis, leptospirosis and parvovirus  
Cats – Feline infectious enteritis, feline leukaemia and cat flu.  
If **you** do not vaccinate **your pet** for these conditions, **we** will not pay any claims that result from any of these **illnesses**.
3. If, when **you** claim, there is another insurance under which **you** are entitled to an indemnity; **we** will only pay **our** share of the claim. **You** must tell **us** the name and address of the other insurance company and **your policy** number.
4. If **you** have any legal rights against another person in relation to **your** claim, **we** may take legal action against them in **your** name at **our** expense. **You** must give **us** all the help **you** can and provide any documents **we** ask for.
5. If **you** have provided false information, or make a false or exaggerated claim, or any claim involves **your** dishonesty, this **policy** will end and **our claims handler** will not make any further claim payments.
6. **Your pet** is only covered under this **policy** if **you** pay the premium.
7. **You** agree that any **vet** has **your** permission to release information **we** ask for about **your pet**. If the **vet** makes a charge for this, **you** must pay the charge.
8. Under normal circumstances the **claims handler** will pay the claim to the **vet**. **You** will be required to pay the **excess** to the **vet**. 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, the **claims handler** will tell the **vet** what the insurance covers, what they will not pay for, how the amount they pay is calculated and if the premiums are paid to date.
9. If the **claims handler** receives a request to pay the claim payment direct to **you**, they reserve the right to decline this request.
10. If the **claims handler** considers the **veterinary treatment** or **complementary treatment** **your pet** receives may not be required or may be excessive when compared with the treatment that is normally recommended to treat the same **illness** or **injury** by general or referral practices, they reserve the right to request a second opinion from a **vet** that they choose.  
If the **vet** they choose does not agree with the **veterinary**

- treatment or complementary treatment provided they may decide to pay only the cost of the **veterinary treatment or complementary treatment** that was necessary to treat the **injury or illness**, as advised by the **vet** from whom they have requested the second opinion.
11. When the **administrator** offers further **periods of insurance** they may change the premium and the **policy** terms and conditions.
  12. The **claims handler** will not guarantee on the phone to pay a claim. **You** must send them a claim form that has been fully completed and they will then write to **you** with their decision.
  13. When **you** claim **you** agree to give the **claims handler** any information they may reasonably ask for.
  14. **You** and **we** are free to choose the laws applicable to the **policy**. **We** propose to apply the laws of the Great Britain and Northern Ireland and by purchasing this **policy**, **you** have agreed to this.
  15. Unless **we** agree otherwise the language of the **policy** and all communications relating to it will be in English.
  16. **You** must arrange for a **vet** to examine and treat **your pet** as soon as possible after it shows **clinical signs** of an **injury** or an **illness**. And, if the **claims handler** decides, they will refer the case to a **vet** that they choose.
  17. **You** agree to pay translation costs for any claim documentation not written in English.
  18. **We** will write to **you** 90 days before the **policy review date** with full details of **your** next year's premium and **policy** conditions.

## GENERAL EXCLUSIONS

In addition to the exclusions listed under "what **you** are not covered for", the **insurer** shall not be responsible for:

1. Any animal less than 8 weeks old or over 8 years old at the date cover started as shown on **your certificate of insurance**.
2. Any claim for treatment not carried out within the **UK**.
3. Any claim for dogs which are used for guarding, track racing or coursing.
4. Any claim for a dog that is, or is crossed with, a Pit Bull Terrier, Dogo Argentino, Perro De Presa Canario (Dogo Canario), Japanese Tosa or a Fila Brasileiro.
5. Any amount if **you** break the **United Kingdom** laws or regulations, including those relating to animal health or importation.
6. Any amount if **your pet** is confiscated or destroyed by government or public authorities or under the Animals Act 1971 United Kingdom because it was worrying livestock. This includes any further amendments to this

Act.

7. Any costs caused because the Department for Environment, Food and Rural Affairs (DEFRA) have put restrictions on **your pet**.
8. Any loss as a result of an act of force or violence for political, religious or ideological reasons, war, riot, revolution or any similar event, including any chemical or biological terrorism.
9. Any dog that must be registered under the Dangerous Dogs Act 1991, Dangerous Dogs (amendment) Act 1997, Dangerous Dogs Order (Northern Ireland) 1991 or any further amendments to this Act.
10. Any legal expenses, fines and penalties connected with or resulting from a criminal court case or an Act of Parliament.
11. Any amount resulting from a disease transmitted from animals to humans.
12. Any amount if **you** or **your pet** live outside the **UK**.
13. Any costs caused by **you** taking **your pet** on a journey against a **vet's** advice.

## COMPENSATION SCHEME

Qudos Insurance A/S is covered under the Forsikrings Garantifond which provides financial compensation in the event of any financial failure of the **Insurer**.

## FRAUD

Fraud increases **your** premium and the premiums of all policyholders. If **you**:

- i. Provide **us** or **our claims handler** with false information, or
- ii. Make a false or exaggerated claim with **us**, or
- iii. Make any claim with **our claims handler** which involves **your** dishonesty.

**We** will not pay **your** claim, **we** will void **your policy** and **we** may inform the authorities. If **we** pay a claim and subsequently find the claim was fraudulent, **you** must repay **us** the full amount.

## HOW WE USE YOUR DATA

Please be aware that telephone calls may be monitored and recorded.

1. **Your** details will be stored on **our claims handler's** computer system to administer **your policy** but will not be kept longer than is necessary.
2. **Our claims handler** can only discuss **your** personal details with **you**. If **you** would like anyone else to act on **your**

behalf please let **us** know.

3. **Our claims handler** may use **your** details to support the development of **our** business by including them in customer surveys.
4. **We** may share **your** details with other insurance companies, directly or through a number of databases. This allows **us** to check information **you** give **us** and also help **us** prevent fraud.
5. **Your** personal details may be transferred to countries outside the European Economic Area (EEA). They will at all times be held securely and handled with the utmost care in accordance with all principles of **UK** law.
6. **We** may pass **your** information to selected third party advisors or suppliers outside **our** group for the purpose of administering **your** claim.

## FOR CLAIMS

### How to claim

1. **You** must contact the **claims handler** to obtain a claims form. Please telephone Trent-Services (Administration) Limited on 01285 626053 or e-mail **us** at [admin@trent-services.co.uk](mailto:admin@trent-services.co.uk)
2. Please complete the claim form and ask:
  - a. **your vet** to fill out their section. (Unfortunately **we** do not pay **your vet** to do this), or
  - b. **your vet** and **complementary therapist** to fill out their section(s). (Unfortunately **we** do not pay **your vet** or **complementary therapist** to do this).
3. Please return the claim form to **our claims handler** with the invoices setting out the costs involved. This should be sent to Trent-Services (Administration) Ltd, Trent Lodge, Stroud Road, Cirencester, Gloucestershire, GL7 6JN.
4. Claims Authorisation will be provided when **your** claim form and invoices have been accepted by the **claims handler**.

### When to claim

**You** or **your vet** should send **our claims handler** **your** claim form at the end of treatment or the end of the **period of insurance** if the treatment has not finished by this time. The claim must be submitted within 31 days of **your pet** receiving treatment.

Please note that failure to follow these steps may delay and/or

jeopardise the payment of **your** claim.

### Complaints

**We** know that sometimes, no matter how hard **we** try, **we** don't always get it right. If **we** give **you** cause for complaint, it's important that **you** know that **we** are committed to providing **you** with an exceptional level of service and customer care. When this happens, **we** want to hear about it so that **we** can try to put things right.

Should **you** have any query or complaint regarding **your policy**, **you** can write to:

#### STEP ONE

Trent-Services (Administration) Limited  
Trent Lodge  
Stroud Road  
Cirencester  
Gloucestershire  
GL7 6JN

Telephone: 01285 626053.

If **you** still remain dissatisfied after following the above procedures in full, **you** can ask the Financial Ombudsman Service to review **your** case.

Their address is:  
Financial Ombudsman Service,  
Exchange Tower,  
Harbour Exchange Square,  
London  
E14 9SR.

Please note the Ombudsman will not consider **your** complaint until a final response letter has been issued by Trent-Services (Administration) Limited, as outlined above.

Please quote **your** insurance reference number and **your** claim number in all **your** correspondence to all parties involved with this procedure. This procedure is intended to provide **you** with a prompt and practical service with any complaints that **you** may have.