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insurance.ie



COVERED PETS ARE HAPPY PETS

# Premier Pet Insurance

Blue Insurance Ltd trading as PetInsurance.ie is regulated  
by the Central Bank of Ireland.



# Premier 12 Month Pet Insurance for Cats & Dogs

## Your Policy Document

In return for having accepted **Your** premium **The Underwriters** will, in the event of **Injury, Illness** or loss happening to **Your Pet** within the **Period of Insurance**, provide insurance as described in this **Policy Document** and **Your Certificate of Insurance**.

The information **You** have supplied forms part of the contract of insurance with **The Underwriters**. This **Policy Document** and **Your Certificate of Insurance** are evidence of that contract.

**Petinsurance.ie** is a trading name of Blue Insurance Limited, who are authorised by **The Underwriters** to issue approved **Certificates of Insurance** on **Their** behalf providing insurance in the terms below.

Please read these documents carefully and keep them in a safe place. If, after reading these documents, **You** have any questions please contact **Petinsurance.ie** via **Our** website or by writing to Petinsurance.ie, c/o Blue Insurance Limited, Plaza 255, Blanchardstown Corporate Park 2, Dublin 15.

## Definitions

**In this Policy certain words are defined and whenever they are used will have the meaning shown below:**

### 12 Months

A period of 365 days from and including the date an Injury occurred, or the date on which the first Clinical Signs of an Illness manifested

### The Administrators, We, Us, Our

Petinsurance.ie, Plaza 255, Blanchardstown Corporate Park 2, Dublin 15

### The Underwriters, They, Them, Their

Certain Underwriters at Lloyd's (100% MS Amlin Syndicate 2001), One Lime Street, London EC3M 7HA.

MS Amlin Syndicate 2001 at Lloyd's is managed by MS Amlin Underwriting Limited. Registered office The Leadenhall Building, 122 Leadenhall Street, London EC3V 4AG. Registered in England Company No. 02323018. MS Amlin Underwriting Limited is authorised by the Prudential Regulation Authority, and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under reference number 204918.

### The Insured, You, Your

The person or persons named as The Insured in the Certificate of Insurance

### Policy Document

This Policy Document setting out Your policy terms and conditions

### Certificate of Insurance

The corresponding Certificate of Insurance, which includes any Endorsement that applies to this Policy Document in Your name as The Insured and giving the details of Your Pet

### Period of Insurance

The Period of Insurance as described in the Certificate of Insurance and for which The Underwriters have accepted the premium

### Your Pet

The cat or dog named in the Certificate of Insurance

### Excess

The amount You are required to pay as the first part of certain claims made under this Insurance. In the event of a claim being made under more than one Section of the Policy Document for the same incident You are only responsible for one Excess

### Treatment

Any examination, consultation, advice, tests, x-rays, medication, surgery, nursing and care provided by a veterinary practice or a member of a professional organisation acting under a vet's direction

### Complementary Treatment

Physiotherapy, acupuncture, osteopathy, hydrotherapy and chiropractic treatments that results from a valid claim under this insurance

### Maximum Benefit

The most The Underwriters will pay out under each section of this insurance



### Pre-existing Medical Condition

Any condition or complication directly resulting from that condition, that has been identified or investigated by a vet or is otherwise known to You prior to the start of this insurance

### Condition

All Clinical Signs of Injury, Illness or disease

### Clinical Signs

Changes in Your Pet's normal healthy state, its bodily functions or behaviour

### Illness

Sickness or disease, or change in Your Pet's normal healthy state

### Injury

Physical damage or trauma caused immediately by an unforeseen and sudden external accident. Injury does not include physical damage or trauma that occurs or manifests over a period of time

### Market Value

The price generally paid for a similar pet based on its age, breed and pedigree at the time You took ownership

### Journey

A Journey is a trip or any period of time up to a maximum of thirty days spent by You with Your Pet when travelling within the European Union

### Area 1 – Dublin

Areas within Dublin 1 to 24 inclusive

### Area 2 – Rest of the Republic of Ireland

All areas of the Republic of Ireland excluding those areas defined as "Area 1 - Dublin" above

### Pet Passport

A scheme that allows people in the Republic of Ireland to take their pets to certain countries and bring them back again without the need for quarantine

### Worrying Livestock

"Worrying livestock" is where Your Pet attacks or chases livestock in such a way that it could reasonably be expected to cause injury or suffering to the livestock, or, in the case of female livestock, abortion, or the loss or diminution of produce

## General Conditions

- To the best of **Your** knowledge and belief at the start of this insurance **Your Pet** is in good health and free from any **Injury, Illness** or physical disability unless this has been disclosed by **You** and accepted by **The Underwriters**.
- It is obligatory that **Your Pet** has received an annual vaccination against the following
  - Dogs: distemper, hepatitis, leptospirosis and parvovirus.
  - Cats: feline infectious enteritis, feline leukaemia and cat flu.If **You** do not keep **Your Pet** vaccinated **The Underwriters** will not pay any claims that result from any **Illness** that it should have been vaccinated against.
- During the **Period of Insurance You** must take care of **Your Pet** which includes arranging and paying for any **Treatment** normally recommended by **Your** vet to prevent or reduce the risk of **Injury** or **Illness**.
- You** must be the owner of the pet. **Your** cover will cease immediately if **Your Pet** is sold or given away.
- If **You** have any legal rights against any other party in respect of **Your** claim, **The Underwriters** will be entitled to take legal action against them in **Your** name at **Their** expense. **You** must assist **Them** by providing any documents that **They** might reasonably request.
- You** must not act in a fraudulent manner. If **You** or anyone acting for **You**:
  - makes a claim knowing the claim to be false or fraudulently exaggerated in any respect or
  - makes a statement in support of a claim knowing the statement to be false in any respect or
  - submits a document in support of a claim knowing the document to be forged or false in any respect or
  - makes a claim in respect of any loss or damage caused by **Your** willful act or with **Your** connivance**Then the Underwriters**
  - will not pay the claim
  - will not pay any other claim which has been or will be made
  - may at **Their** option declare the **Certificate of Insurance** void
  - will be entitled to recover from **You** the amount of any claim already paid since the last renewal date
  - will not make any return of premium
  - may inform the police of the circumstances
- You** agree that any vet that has treated **Your Pet** has **Your** permission to release any information that **The Underwriters** might reasonably request concerning **Your** insurance. Any charge for the release of this information will be **Your** responsibility.
- When **The Underwriters** offer a further **Period of Insurance** **They** will be entitled to change the premiums, **Excess**, conditions or to apply exclusions due to the claims history of **Your Pet**.
- You** must send **The Underwriters** a completed claim form. If all or part of **Your** claim cannot be paid **They** will tell **You** in writing.
- If **You** have received a microchip discount on **Your** first year's premium, **You** confirm that the microchip fitted to **Your Pet** meets ISO Standard 11784 or ISO Standard 11785, and that it has been checked and found to be functioning properly in the 12 months prior to the inception of **Your Policy**.



# Details of Your Cover

The **Underwriters** will provide **You** with the following cover provided that **You** have paid the correct premium and that no restrictions are shown on **Your Certificate of Insurance**.

The following table shows the **Maximum Benefit** up to which **You** will be able to claim:

Cover	Premier (12 Month cover)	
Section 1	Veterinary Fees	€4,000
	<b>Complementary Treatment</b>	€250
Section 2	Third party liability (dogs only)	€250,000
Section 3	Emergency boarding kennels or cattery fees	€500
Section 4	Advertising & reward costs	€500 (Reward limit €200)
Section 5	Theft or straying	€500
Section 6	Accidental death	€500
Section 7	Holiday cancellation	€500
Section 8	Optional Overseas Travel Cover	
	Quarantine Costs	€1,500
	Emergency Repatriation Costs	€500
	Loss of Passport	€250

## Section 1: VETERINARY FEES

### What The Underwriters will pay

All reasonable and customary costs for **Treatment** of **Your Pet** by a vet or **Complementary Treatment** carried out under the direction of **Your** vet up to the **Maximum Benefit** for the total cost of all **Injuries** or **Illnesses** in the **Period of Insurance**.

The **Underwriters** will pay up to the **Maximum Benefit** in total for the costs of **Treatment** of **Your Pet** for all **Injuries** or **Illnesses** for a maximum of **12 months** from and including the date during the **Period of Insurance** on which an **Injury** occurred or the date during the **Period of Insurance** on which the first **Clinical Signs** of an **Illness** manifested, as long as **You** have paid the premium to keep the insurance in force.

### What You pay

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

### What The Underwriters will not pay

- More than the **Maximum Benefit** for the total cost of all **Injuries** or **Illnesses** in the **Period of Insurance**.
- Costs resulting from a **Pre-existing Medical Condition**.
- Costs resulting from any **Illness** first occurring or showing **Clinical Signs** within the first 14 days of the start of cover for **Your Pet**.
- Any costs of **Treatment**, medicines or supplies given to **Your Pet** on a date more than **12 months** from and including the date an **Injury** occurred or the date on which the first **Clinical Signs** of an **Illness** manifested.

- Any costs of **Treatment**, medicines or supplies given to **Your Pet** for any **Injury** or **Illness** if **The Underwriters** have already paid for the costs of **Treatment** for **12 months** for any **Injury** or **Illness** with the same **Clinical Signs**.
- The cost of **Treatment** **Your** vet recommends to prevent an **Illness** or **Condition**.
- The cost of dentistry that is not related to an **Injury** or **Illness**.
- The cost of killing or controlling fleas, general health enhancers and unconventional or unlicensed **Treatment**.
- Training, behavioural or sex hormonal problems unless directly resulting from a valid claim.
- Obesity diets and/or prescription diets after the first 4 weeks of a specific **Illness** or **Condition**.
- Costs resulting from vaccinations, spaying, castration, pregnancy or giving birth.
- Complementary Treatment** that is not carried out under the direction of a vet.
- Cost of house calls unless the vet confirms that moving **Your Pet** would damage its health.
- Extra costs of treating **Your Pet** outside normal surgery hours unless the vet considers an emergency consultation is necessary.
- Costs that result from any **Illness** or any **Condition** specifically excluded on the **Certificate of Insurance**.
- Continuation claims unless **You** have paid the premiums to keep the insurance in force.
- The cost of having **Your Pet** cremated, buried or otherwise disposed of.

### Special General Conditions and Exclusions applicable to Section 1: Veterinary Fees

- The Underwriters** will only pay the **Maximum Benefit** applicable on the date during the **Period of Insurance** on which the **Injury** occurred or the date on which the first **Clinical Signs** of an **Illness** manifested.
- Irrespective of the number of times the same **Injury** occurs, **The Underwriters** will only pay the **Maximum Benefit** once and apply one period of **12 Months** from the date during the **Period of Insurance** on which the **Injury** first occurred. Irrespective of the number of times **Clinical Signs** resulting from or associated with the same **Illness** manifest, **The Underwriters** will only pay the **Maximum Benefit** once and apply one period of **12 Months** from the date during the **Period of Insurance** on which the first **Clinical Signs** of the **Illness** manifested.
- The Underwriters** will only pay the **Maximum Benefit** once, and will apply one period of **12 months** for all the **Injuries**, **Illnesses** or **Clinical Signs**, if several **Injuries**, **Illnesses** or **Clinical Signs** are either diagnosed as a single **Injury** or **Illness**, or are caused by or are associated with another **Illness**, **Injury** or **Clinical Sign**. The date from which the period of **12 Months** will be calculated will be the date during the **Period of Insurance** on which any of the **Injuries** occurred or the date on which any **Clinical Signs** of an **Illness** manifested.

### How to make a claim

**You** can download a claim form from **Our** website [www.Petinsurance.ie](http://www.Petinsurance.ie), or call the claims helpline on **0818 286521**.

Before **Your Pet** is treated check that **Your** vet is willing to complete the claim form and supply **The Underwriters** with the supporting invoices.

The claim form and invoices must be returned to **The Underwriters** promptly. Failure to notify **Them** promptly may result in a reduced settlement being paid. Please make sure that the form is signed by both **You** and **Your** vet and that it is indicated to whom **The Underwriters** should make the payment.



If **You** ask **The Underwriters** to pay **Your** vet **You** must settle with **Your** vet the part of the claim for which **You** are responsible. If **You** are unsure of the amount please call the claims helpline.

If **Your** claim involves **Complementary Treatment** the claim form and invoices must be countersigned by **Your** vet.

## Section 2: THIRD PARTY LIABILITY

### This section applies to dogs only

For the purposes of this section the definition of “**You**” and “**Your**” is extended to include any person looking after **Your** dog with **Your** permission.

### What The Underwriters will pay

If someone is injured or killed or their property is damaged as a result of an incident involving **Your** dog during the **Period of Insurance** **The Underwriters** will pay:

1. Compensation and costs awarded against **You** by a court in the Republic of Ireland under Irish jurisdiction up to the **Maximum Benefit** in the aggregate and in all for all incidents occurring during the **Period of Insurance**.
2. With **The Underwriters** written agreement additional legal costs and expenses incurred in defending the claim made against **You** up to the **Maximum Benefit** in the aggregate and in all for all incidents occurring during the **Period of Insurance**.

### What You pay

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

### What The Underwriters will not pay

1. Any compensation, costs or expenses if **You** are insured under any other liability policy including **Your** household insurance, unless that cover has been exhausted.
2. More than the **Maximum Benefit** in the aggregate and in all for all incidents occurring during the **Period of Insurance**.
3. Any compensation, costs or expenses which arise only because **You** have entered into a contract which makes **You** legally liable for such compensation, costs or expenses.
4. Any compensation, costs or expenses that arise due to a deliberate act by **You**, a member of **Your** family or anyone permanently living with **You**.
5. Any compensation, costs or expenses in respect of property which is damaged that either belongs to **You** or any person who lives with **You** or whom **You** employ.
6. Any compensation, costs or expenses if the person injured or killed lives with **You** or is employed by **You**.
7. Any compensation, costs or expenses that arise as a result of **Your** profession, occupation or business, or resulting from any incident that happens at **Your** place of work.
8. Any costs or expenses involved in defending **You** against a claim that **The Underwriters** have not agreed to beforehand in writing.
9. Any compensation, costs or expenses for which **You** are deemed responsible under the laws of Canada or the United States of America.

### How to make a claim

Following an incident **You** must never admit responsibility or attempt to negotiate a settlement.

**You** should immediately call the claims helpline to give **The Underwriters** full details. **You** must always send **The Underwriters** immediately and without answering the originals of any documents **You** receive including writs, summons and other legal documents.

**You** must help **The Underwriters** in dealing with **Your** claim by giving any information that **They** might request.

**You** must allow **Them** to take over the claim in **Your** name to prosecute other parties for **Their** benefit.

## Section 3: EMERGENCY BOARDING KENNEL AND CATTERY FEES

### What The Underwriters will pay

The cost up to €100 per week and up to €500 in total of boarding **Your Pet** at a licensed premises if **You**, or anyone normally living with **You**, need to go into hospital for emergency medical treatment during the **Period of Insurance**.

### What The Underwriters will not pay

1. More than the **Maximum Benefit** per **Period of Insurance**.
2. Any hospitalisation that is either known or foreseeable before cover for **Your Pet** started.

### How to make a claim

Please send **The Underwriters** details from **Your** doctor or the hospital that confirms the dates and length of **Your** visit (**The Underwriters** will pay for them to provide), and receipts from the kennels or cattery showing the dates and daily cost of boarding.

## Section 4: ADVERTISING AND REWARD COSTS

### What The Underwriters will pay

The cost of local advertising if **Your Pet** is lost or stolen during the **Period of Insurance**. The cost of a suitable reward up to a limit of €200 to recover **Your Pet** if it is lost or stolen during the **Period of Insurance**.

### What The Underwriters will not pay

1. More than the **Maximum Benefit** payable per **Period of Insurance**.
2. Any reward to a person living with **You**.

### How to make a claim

Please send **The Underwriters** full details of the circumstances including copies and a receipt for any advertisements that **You** have placed.

If **You** are claiming for the recovery of a reward **The Underwriters** will also need a receipt giving **Them** the full name and address of the person who found **Your Pet**.



## Section 5: THEFT OR STRAYING

### What The Underwriters will pay

The purchase price of **Your Pet** if it is stolen or goes missing during the **Period of Insurance**.

If **You** did not pay for **Your Pet** or cannot provide evidence of the purchase price **The Underwriters** will pay the **Market Value** instead.

### What The Underwriters will not pay

1. More than the **Maximum Benefit** payable per **Period of Insurance**.
2. Any amount until **Your Pet** has been missing for 90 days.
3. Any amount if a claim has not been submitted within 6 months of **Your Pet** going missing.

### How to make a claim

If **You** have lost a dog **You** must report this to the police within 24 hours of becoming aware that the dog is missing. In the case of cats **You** must make enquiries with local rescue centres.

Please call the claims helpline to advise **The Underwriters** of the loss and obtain a claim form.

Please send **Them** any pedigree certificate and receipt for the original purchase of **Your Pet**.

If **Your Pet** is eventually found or returns **You** must repay the full amount that **The Underwriters** have paid under this section of **Your Certificate**.

## Section 6: ACCIDENTAL DEATH

### What The Underwriters will pay

The purchase price of **Your Pet** if it dies or has to be put to sleep by a vet following an accident during the **Period of Insurance**.

If **You** did not pay for **Your Pet** or cannot provide evidence of the purchase price **The Underwriters** will pay the **Market Value** instead.

### What The Underwriters will not pay

1. More than the **Maximum Benefit** payable per **Period of Insurance**.
2. Death caused by an **Illness**.
3. Any amount after 6 months from the date of the loss.

### How to make a claim

Please send **The Underwriters** a death certificate from **Your vet (They do not pay for this)** or if not available a statement from an independent witness, together with any pedigree certificate and receipt for the original purchase of **Your Pet**.

## Section 7: HOLIDAY CANCELLATION

### What The Underwriters will pay

Any travel and accommodation expenses that **You** cannot recover if **You** have to cancel or cut short **Your** holiday during the **Period of Insurance** because **Your Pet** has:

1. Gone missing while **You** are away; or
2. Is injured or shows the first **Clinical Signs** of any **Illness** while **You** are away or up to 7 days before **You** are due to leave and needs immediate life saving surgery.

### What You pay

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

### What The Underwriters will not pay

1. More than the **Maximum Benefit** payable per **Period of Insurance**.
2. Any costs relating to a holiday booked within 28 days of departure.
3. Any costs relating to a **Condition** or **Illness** that is excluded.

### How to make a claim

Please send **The Underwriters** confirmation of the treatment signed by **Your vet**. **They** will also require cancellation invoices from **Your** travel agent, tour operator or other holiday sales organisation.

The invoices must show the dates and total cost of **Your** holiday, the date **You** decided to cancel or return home and any expenses that **You** cannot recover.

## Section 8: OPTIONAL OVERSEAS TRAVEL COVER

**This section only applies if specified on Your Certificate of Insurance**

The cover provided under this **Policy Document** is extended to include any **Journey** made by **You** with **Your Pet** within the European Union.

It is a condition of this section that no more than three **Journeys** are made by **You** and **Your Pet** in any one **Period of Insurance** and that each **Journey** does not exceed thirty days.

### QUARANTINE COSTS

#### What The Underwriters will pay

Any quarantine kennelling and costs:

1. In getting a new **Pet Passport** for **Your Pet** should **Your Pet's** microchip of ISO Standard 11784 or ISO Standard 11785 fail.
2. Should **Your Pet** have to go into quarantine due to **Illness** despite **Your** compliance with all the requirements of the **Pet Passport Scheme**.

#### What The Underwriters will not pay

1. More than the **Maximum Benefit** payable per **Period of Insurance**.
2. Any costs if the microchip was not checked and found to be functioning properly within fourteen days prior to **Your** departure on the **Journey**.



3. Any costs arising from any **Condition** of which **You** were aware before the start of **Your Journey**.
4. Costs resulting from a **Pre-existing Medical Condition**.

## EMERGENCY REPATRIATION COSTS

### What The Underwriters will pay

1. Reasonable expenses and costs for additional accommodation and repatriation for **You** and **Your Pet** if:
  - **Your Pet** needs emergency **Treatment** and as a result of this **You** miss **Your** scheduled departure to the Republic of Ireland provided such **Treatment** is covered under Section 1 - Veterinary Fees.
  - **Your** scheduled departure to the Republic of Ireland is missed as a direct result of the loss of **Your Pet's Passport**, provided that the loss is covered under Section 8 - Loss of Passport.
2. Reasonable additional travel and accommodation costs and expenses (up to a maximum of fourteen days) if **Your Pet** becomes lost during a **Journey**, whilst **You** try to find **Your Pet** before **Your** scheduled return date to the **United Kingdom**.

### What The Underwriters will not pay

1. More than the **Maximum Benefit** payable per **Period of Insurance**.
2. Costs resulting from a **Pre-existing Medical Condition**.
3. Any costs arising from any **Condition** of which **You** were aware before the start of **Your Journey**.

## LOSS OF PASSPORT

### What The Underwriters will pay

1. Costs of replacing **Your Pet's Passport** should the original become lost, stolen or destroyed during a **Journey**.
2. Any quarantine costs incurred directly through the loss of **Your Pet's Passport** will be included in the costs.

### What The Underwriters will not pay

1. Any loss, theft or destruction that occurs prior to the commencement of a **Journey**.
2. Any claim unless **You** report the loss, theft or destruction of **Your Pet's** passport to the vet who issued it within 24 hours of discovering the loss.
3. More than the **Maximum Benefit** payable per **Period of Insurance**.

## How to make a claim

Please send **The Underwriters** full details of the circumstances including invoices and receipts to support **Your** claim.

## Special General Conditions and Exclusions applicable to Section 8

1. General Exclusion 3 in this **Policy Document** is extended to include the European Union for the purposes of this section.
2. All other General Exclusions and General Conditions as stated in this **Policy Document** will remain applicable.

# General Exclusions

1. Any claim, loss, damage or injury, including compensation, costs or expenses, related to or arising from dog(s) which normally reside, dwell or are kept at premises licensed for the sale of alcohol, including without limitation public houses, restaurants, hotels, clubs and any other licensed premises, including any private dwelling rooms and outbuildings on the licensed premises.
2. Any claim arising directly or indirectly as a result of war, hostilities (whether war be declared or not), terrorist activity, revolution, military or usurped power, civil commotion or any similar event.
3. Any liability that arises from radioactive contamination, nuclear fallout or other similar event.
4. Any incident occurring outside the Republic of Ireland, except as may be covered under the Optional Overseas Travel Section of this **Policy Wording**, if applicable.
5. Claims under any section excluded on the **Certificate of Insurance**.
6. Any pet under 8 weeks old.
7. Any pet 5 years old or over at inception.
8. **The Underwriters** are unable to insure the following: Bernese Mountain Dog, Cane-corso, Caucasian Shepherd Dog, Dogo Argentino, Fila Brasileiro, Golden Cocker Spaniel, Great Dane, Japanese Tosa, Olde English Bulldogge, Perro-de-presa Canario, Pit Bull Terrier, Pitbull (American), Rottweiler (American), Shar-pei, Staffordshire Terrier (American), Teacup Breeds, Wolves & Wolf Hybrids, or a dog crossed with these breeds.
9. Any claim associated with rabies.
10. Dogs used for guarding, track racing, coursing or working dogs of any kind.
11. Any compensation, costs or expenses arising directly or indirectly as a result of **Your Pet** worrying livestock.
12. Any loss, **Injury**, damage, **Illness**, death or legal liability, directly or indirectly, caused by, happening through, in consequence of or contributed to by:
  - Avian Influenza or any derivation or variant thereof;
  - arising from any fear or threat (whether actual or perceived) of such Avian Influenza;
  - any action taking in controlling, preventing, suppressing or in any way relating to any outbreak of such Avian Influenza.If **The Underwriters** allege that, by reason of this exclusion, any claim is not covered by this insurance the burden of proving the contrary shall be upon **You**.
13. Any claim which is covered under any other policy, unless the cover provided by that policy or policies has been exhausted.



## Cancellation: Your Right to Cancel

**You** are free to cancel this policy at any time by contacting **Us** via **Our** website [www.petinsurance.ie](http://www.petinsurance.ie) or by writing to **Us** at Petinsurance.ie c/o Blue Insurance Limited, Plaza 255, Blanchardstown Corporate Park 2, Dublin 15.

If, within 14 days of either receiving **Your** policy documentation, or the start of the **Period of Insurance**, **You** find that it does not meet **Your** requirements **You** may cancel **Your** policy by returning the documentation along with written instruction to **Us**. **We** will refund the premium paid in full provided that no claim has been submitted nor any incident likely to give rise to a claim has occurred.

For cancellation occurring after the first 14 days of receiving **Your** policy documentation, if there has been no claim or incident likely to give rise to a claim during the current **Period of Insurance**, **We** will calculate the appropriate premium based on the scale below for the period **You** have been insured and refund any balance due.

### Cancellation Charges

Up to 1 Month 20% Charge  
Up to 3 Months 40% Charge  
Up to 6 months 60 % Charge  
Up to 8 months 80 % Charge  
After 8 Months no refund due at all.

If a claim has been submitted or there has been any incident likely to give rise to a claim during the current **Period of Insurance** no premium refund will be given.

If the premium is paid under a monthly instalment or premium finance plan and a claim has been settled during the current **Period of Insurance**, **You** must continue with the instalment or premium finance payments. No refund of premium will be made under a monthly instalment or premium finance plan.

**We** reserve the right to cancel this policy immediately in the event **You** fail to pay **Your** premium or in the event that **You** fail to meet the repayments in accordance with any instalment or premium finance plan.

**We** have the right to cancel **Your** policy at any time, where there is a valid reason for doing so, by giving **You** 7 days' notice in writing. **We** will send **Our** cancellation letter by recorded delivery to **You** at the last known address **We** have for **You** and will set out the reason for the cancellation in **Our** letter.

## Claims Procedure

If **You** are claiming for veterinary fees please follow the guidance in "Section 1 – Veterinary Fees" of this **Policy Document**. **You** can download a claim form from **Our** website [www.petinsurance.ie](http://www.petinsurance.ie), or call the claims helpline on **0818 286521**.

In circumstances involving a possible claim under any other section of this insurance **You** should call the claims helpline on **0818 286521**. This is available 8am – 6pm Monday to Friday. Outside these hours **You** can leave **The Underwriters** a message and **They** will give it priority treatment.

Alternatively, write to Pet Claims, C/o MS Amlin Underwriting Services Ltd, Box 118, 3 Lombard Street East, Dublin 2, Ireland.

## Complaints

**Our** aim is to ensure that all aspects of **Your** insurance are dealt with promptly, efficiently and fairly. At all times **We** are committed to providing **You** with the highest standard of service. If **You** have any questions or concerns about **Your** policy or the handling of a claim **You** should in the first instance contact **Us** at:

Petinsurance.ie, c/o Blue Insurance Limited, Plaza 255, Blanchardstown Corporate Park 2, Dublin 15  
Email: [info@petinsurance.ie](mailto:info@petinsurance.ie), Tel: 0818 286 454, Fax: 0818 484 485

In the event that **You** are dissatisfied with **Our** response and **You** wish to make a complaint, **You** can do so at any time by contacting **The Underwriters** at:

Complaints, Amlin Plus, The Leadenhall Building, 122 Leadenhall Street, London EC3V 4AG  
Email: [aplcomplaints@amlin.com](mailto:aplcomplaints@amlin.com), Tel: +44 (0)845 6050233, Fax: +44 (0)845 6050234

Complaints that cannot be resolved by the end of the next business day will be passed to **The Underwriters'** dedicated Complaints Department. **Their** contact details are:

The Complaints Manager, MS Amlin Underwriting Limited, The Leadenhall Building, 122 Leadenhall Street, London EC3V 4AG  
Email: [aулcomplaints@amlin.co.uk](mailto:aулcomplaints@amlin.co.uk), Tel: +44 (0)20 7746 1300, Fax: +44 (0)20 7746 1001

**The Underwriters** will acknowledge **Your** complaint in writing within five business days of the complaint being made. **They** will also inform **You** of the name of one or more individuals that will be **Your** point of contact regarding **Your** complaint until it is resolved or cannot be progressed any further. **They** will provide **You** with an update on the progress of the investigation of **Your** complaint in writing within twenty business days of the complaint being made. **They** will aim to provide **You** with **Their** decision on **Your** complaint in writing within forty business days of the complaint being made.

Should **You** remain dissatisfied with **Their** final response, or if **You** have not received **Their** final response within forty business days of the complaint being made, **You** may be eligible to refer **Your** complaint to the Financial Services and Pensions Ombudsman (FSPO). Their contact details are as follows:

The Financial Services and Pensions Ombudsman,  
Lincoln House,  
Lincoln Place,  
Dublin 2,  
D02 VH29  
Phone: +353 1 567 7000  
Email: [info@fspo.ie](mailto:info@fspo.ie)  
Website: [www.fspo.ie](http://www.fspo.ie)

The complaints handling arrangements above are without prejudice to **Your** rights in law.

## Law Applicable to Contract

The parties are free to choose the law applicable to this contract but in the absence of agreement to the contrary the contract shall be subject to the law of the country in which **You** reside at the date of the contract (or in the case of a business, the law of the country in which the registered office or principal place of business is situated will apply).