

# **BLUE**

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## INSURANCE

### **PET INSURANCE**

Premier Policy



Cover-More Blue Insurance Services Limited is regulated by the Central Bank of Ireland

V: 04/23

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# Premier 12 Month Pet Insurance for Cats & Dogs

## Your Policy Document

In return for having accepted **Your** premium **We** 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 Validation Certificate**.

The information **You** have supplied forms part of the contract of insurance with **Us**. This **Policy** document and **Your Validation Certificate** are evidence of that contract.

Blueinsurance.ie is a trading name of Cover-More Blue Insurance Services Limited, who are authorised by **Us** to issue approved **Validation Certificates** on **Our** 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 Blueinsurance.ie via **Our** website or by writing to Blueinsurance.ie, c/o Cover-More Blue Insurance Services Limited, Plaza 255, Blanchardstown Corporate Park 2, Dublin 15.

## Blueinsurance.ie Vet Helpline

The Blueinsurance.ie Vet Helpline gives policy holders access to **Our** national network of RCVS (Royal College of Veterinary Surgeons) registered veterinary nurses 24 hours a day, 365 days a year.

**Our** nurses are available any time to answer any concerns **You** may have regarding **Your Pet's** health or general wellbeing.

**We** can help offer peace of mind and help with what to do next when **Your Pet** is unwell. Although **Our** service is not intended to replace a consultation with **Your Vet**, by calling **Us** first, **We** may be able to help prevent an unnecessary trip to the **Vet**, which can be time consuming and traumatic for **Your Pet**.

Tel: 01 4854463

## How to Contact Us

### Customer Service, Renewals and Claims

Tel: 0818 484 484

### Blueinsurance.ie Vet Helpline

Tel: 01 4854463

# 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. Once **12 Months** have passed, there will be no more cover for that **Condition**.

## Accident

A sudden, unexpected and unintended event which happens during the **Period of Insurance** which causes bodily **Injury** or death to **Your Pet**.

## Aggregate

The total amount **We** will pay in any one **Period of Insurance**.

## Claims Administrator

All claims will be handled by Davies Group, registered address: 7th Floor, 1 Minster Court, Mincing Lane, London, EC3R 7AA, UK.

## Clinical Signs

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

## Complementary Treatment

Physiotherapy, acupuncture, osteopathy, hydrotherapy and chiropractic **Treatments** recommended by **Your Vet** and carried out by a **Vet** or certified therapist.

## Condition

Any specifically identifiable **Illness** or **Injury** or any **Clinical Signs** of them. Recurring or on-going **Illnesses** or **Injuries** will be considered as one **Condition**. These are defined as:

- Bilateral disorders: those that may affect body parts on both sides of the body, including but not limited to ears, eyes, elbows, shoulders, knees, hips and cruciate ligaments, are considered as one **Condition**; or,
- Clinical manifestations resulting in the same diagnosis (regardless of the number of incidents or areas of the body affected) to which **Your Pet** has an on-going predisposition or susceptibility related in any way to the original **Condition**; or,
- **Conditions** which are incurable and likely to continue for the remainder of **Your Pet's** life.

## Excess

The amount **You** are required to pay towards the cost of a claim during the **Period of Insurance**. The **Excesses** applicable are shown on **Your Validation Certificate** and will be deducted from any claim settlement. Claims under Section 1: VETERINARY FEES will include a **Fixed Excess**, and if **Your Pet** is five or older, a **Fixed Excess** and **Percentage Excess**. If **Your Pet** turns five during the **Period of Insurance**, the **Percentage Excess** will only apply from the next **Period of Insurance**.

- **Fixed Excess**: the amount **You** are required to pay as the first part of a claim(s) made and will be payable for each **Condition** per **Period of Insurance**. If **Treatment** occurs within more than one **Period of Insurance**, the **Fixed Excess** will be payable for each **Period of Insurance** that **Treatment** occurred in.
- **Fixed Excess and Percentage Excess**: only applies to **Pets** 5 or older at the start of the **Period of Insurance**. The **Fixed Excess** will be deducted as described above. The **Percentage Excess** will be applied to all costs after the **Fixed Excess** has been applied. Please see an example of how to calculate the amount **You** will need to contribute in the event of a claim below:

Amount Claimed		€1,500
Less Fixed Excess	-€125	€1,375
Less Percentage Excess	15% of €1,375 = -€206.25	€1,168.75
	Total Paid to You	€1,168.75
	Total Paid by You	€125 + €206.75 = €331.25

## Illness

Disease, sickness or any change in **Your Pet's** normal healthy state not caused by **Injury**, and defects and abnormalities (including those **Your Pet** was born with or were passed on by its parents).

## 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.

## 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.

## Market Value

The price generally paid for a similar **Pet** based on its age, breed and pedigree at the time **You** took ownership of **Your Pet**.

## Maximum Benefit

The most **We** will pay out per **Period of Insurance** in **Aggregate** under each section of this insurance.

## Period of Insurance

The **Period of Insurance** as described in the **Validation Certificate** and for which **We** have accepted **Your** premium. This is normally 12 months but may be less if **Your Policy** is cancelled. Each renewal is the start of a new **Period of Insurance**.

## Pet

The dog or cat specified in the **Validation Certificate**.

## 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

## Policy

**Your Policy** document and most recent **Validation Certificate**.

## Pre-existing Medical Condition

Any **Illness** or **Injury** that:

- Happened or first showed **Clinical Signs**; or,
- Has the same diagnosis or **Clinical Signs** as an **Injury** or **Illness** or Clinical Sign **Your Pet** had; or,
- Is caused by, relates to, or results from, an **Injury**, **Illness** or Clinical Sign **Your Pet** had; before the start date of **Your Policy** or within the first 48 hours for **Injuries** and 14 days for **Illnesses** of the start date of **Your Policy**; no matter where the **Illness** or **Clinical Signs** appear, are noticed or happen in, or on, **Your Pet's** body. Please also refer to **Your Validation Certificate** for details of any endorsements that apply to **Your Policy**.

## Treatment

This must be provided by a **Veterinary** practice and includes any consultations, examinations and advice; diagnostic tests, x-rays; surgical procedures; drugs and medication prescribed; nursing; and hospitalisation provided by, or under the direction of a **Vet**.

## Validation Certificate

The document issued to **You** by **Us** which includes details about **You**, **Your Pet**, the **Maximum Benefits** of **Your Policy**, **Excesses** that apply and any endorsements that apply to the cover **You** have purchased.

## Vet/Veterinary

Fully qualified **Veterinary** practitioner or a member of the **Veterinary** practice acting under the direction of the fully qualified **Veterinary** practitioner.

## We, Us, Our

All sections of this **Policy** are underwritten under a facility granted by the insurer to H.W. Kaufman Group Europe BV, trading as Cranbrook, a company incorporated in the Netherlands (KvK – 76069834), whose registered office is: Joop Geesinkweg 901, 1114AB, Amsterdam-Duivendrecht, the Netherlands, which is authorised and regulated by the Netherlands Authority for the Financial Markets (AFM). The insurer is Zavarovalnica Sava Insurance Company d.d., Ulica Eve Lovše 7, 2000 Maribor, Slovenia. Sava is regulated by the Insurance Supervision Agency of Slovenia E.U. and offers insurance policies within the Republic of Ireland n/a E.U. and passported on a freedom of service to the Republic of Ireland. E.U. +386 2618 05 20. www.zav-sava.si.

## 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**, loss or suffering to the livestock, or, in the case of female livestock, abortion, or the loss or diminution of produce

## You, Your

The person or persons named as The Insured in the **Validation Certificate**.

# General Conditions

1. **You** must look after **Your Pet** and maintain **Your Pet's** health to avoid any **Illness or Injury**. In addition, **You** must arrange and pay for **Your Pet** to have a yearly health check, which will include a dental examination and vaccinations.
2. **You** must keep **Your Pet** vaccinated against the following:
  - Dogs: distemper, hepatitis, leptospirosis kennel cough and parvovirus.
  - Cats: feline infectious enteritis, feline leukaemia and cat flu.
  - All vaccinations must be administered under **Veterinary** supervision. **We** do not accept homeopathic nosodes as vaccinations. If **Your Pet** is not vaccinated, **You** accept that anything **Your Pet** is normally protected against by such a vaccination will not be covered by this insurance **Policy**.
3. **You** must also arrange for any **Treatment** recommended by **Your Vet** to be completed immediately to prevent or reduce the risk of **Illness or Injury**. This includes but is not limited to routine care such as nail clipping, grooming, prescription diets, teeth cleaning, worming and flea and tick removal. If **You** do not look after **Your Pet** **We** may at **Our** option cancel the **Policy** or refuse to deal with **Your** claim or reduce the amount of any claim payment.
4. **You** must be a resident of the Republic of Ireland, the keeper of the **Pet** and the **Pet** must be kept in the Republic of Ireland at the address that **You** have provided.
5. **You** must be over 18 years of age at the start of the **Policy**.
6. If there are any significant changes to **Your Policy**, e.g. change of address, change of name, etc., **You** need to notify **Us** immediately. Failure to do so may result in a delay of processing a claim. If this change affects **Your** yearly premium, **We** will recalculate the premium from the date of notification.
7. If **You** have any legal rights against any other party in respect of **Your** claim, **We** will be entitled to take legal action against them in **Your** name at **Our** expense. **You** must assist **Us** by providing any documents that **We** might reasonably request.
8. **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** wilful act or with **Your** connivanceThen **We**
  - may not pay the claim
  - may not pay any other claim which has been or will be made
  - may at **Our** option declare the **Validation Certificate** void
  - may be entitled to recover from **You** the amount of any claim already paid since the last renewal date
  - may not make any return of premium
  - may inform the police of the circumstances
9. **You** agree that any **Vet** that has treated **Your Pet** has **Your** permission to release any information that **We** might reasonably request concerning **Your** insurance. Any charge for the release of this information will be **Your** responsibility.
10. When **We** offer a further **Period of Insurance** **We** will be entitled to change the premiums, **Excess**, conditions or to apply exclusions due to the claims history of **Your Pet**.
11. **We** cannot guarantee over the phone if a claim will be covered, **You** must send **Us** a completed claim form. If all or part of **Your** claim cannot be paid **We** will tell **You** in writing.
12. **We** reserve the right to deduct any outstanding premium from a claim.
13. If a claim is paid in error **You** agree to return any monies paid to **You** back to **Us**.

Unless specified differently, in the event of a possible claim under any section of this insurance **You** must notify **Us** as soon as possible and not later than 60 days after any incident that would possibly give rise to a claim.

# Details of Your Cover

We will provide **You** with the following cover provided that **You** have paid the correct premium and that no restrictions are shown on **Your Validation Certificate**.

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
	Complementary Treatment	€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

This section applies in the Republic of Ireland, and in Northern Ireland for up to a total of thirty days during the **Period of Insurance**.

### What We Will Pay

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

Subject to the renewal of the **Policy** and premiums paid on time, **We** 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.

### What You Pay

For each specifically identifiable **Condition** within the **Period of Insurance**, **You** pay the **Fixed Excess** and **Percentage Excess** (if applicable) as shown on **Your Validation Certificate**.

### What We Will Not Pay

1. More than the **Maximum Benefit** for the total cost of all **Conditions** in the **Period of Insurance**.
2. Costs resulting from a **Pre-existing Medical Condition**.
3. Costs resulting from any **Injury** first occurring within the first 48 hours of the start of cover for **Your Pet** (this exclusion is not applicable to renewed policies).
4. Costs resulting from any **Illness** first occurring or showing **Clinical Signs** within the first 14 days of the start of cover for **Your Pet** (this exclusion is not applicable to renewed policies).
5. 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.
6. Any costs of **Treatment**, medicines or supplies given to **Your Pet** for any **Injury** or **Illness** if **We** have already paid for the costs of **Treatment** for **12 Months** for any **Injury** or **Illness** with the same **Clinical Signs**.
7. Any **Treatment** costs incurred after the **Policy** has expired.



8. Any costs arising from routine, preventative and elective **Treatments** including any complications or secondary procedures arising from but not limited to the following:
  - Routine examinations, vaccinations;
  - Spaying, spaying to prevent the recurrence of false pregnancy and mammary tumours, castration, castration for the removal of retained testes;
  - Teeth cleaning and descaling;
  - Claw clipping, de-matting and grooming, dew claw removal;
  - Routine emptying of anal glands or removal of anal glands;
  - Use of pheromones;
  - Ear plucking;
  - Killing and controlling fleas and worms;
  - Routine blood and urine tests (including those performed routinely prior to general anaesthesia or sedation);
  - Breeding, pregnancy or giving birth.
9. The cost of any dental related **Treatment** unless **Your Pet** has had an annual dental check in the last 12 months and any follow-up **Treatment** recommended as a result of the check-up was carried out at **Your** expense. **You** will need to provide **Treatment** records showing **Your Pet** up to date dental checks to be eligible to claim.
10. The cost of general health enhancers and unconventional or unlicensed **Treatment**.
11. Training, socialisation, behavioural or sex hormonal problems unless directly resulting from a valid **Condition**.
12. Obesity diets and/or prescription diets after the first 4 weeks of a specific **Condition**.
13. **Complementary Treatment** that is not carried out under the direction of a **Vet**.
14. The cost of any **Condition** maliciously or wilfully caused by **You**, someone living with **You**, **Your** agents or employees or someone looking after **Your Pet** with, e.g. Dog Walker or Groomer.
15. Cost of house calls unless the **Vet** confirms that moving **Your Pet** would damage its health.
16. Extra costs of treating **Your Pet** outside normal surgery hours unless the **Vet** considers an emergency consultation is necessary. **You** will need to provide written confirmation from **Your Vet** supporting this.
17. The cost of non-essential hospitalisation.
18. Ambulance/taxi fees unless **Your Pet** is on a nasal/IV drip and is being transferred between a referral practice/emergency **Vet** and **Your** normal **Vet**, and **We** will only pay for a maximum of one **Journey**.
19. Costs that result from any **Illness** or any **Condition** specifically excluded on the **Validation Certificate**.
20. Claims arising from **Illnesses** or complications arising from **Illnesses** that would not have occurred had **Your Pet** been vaccinated.
21. Organ transplants and prosthetic limbs.
22. Any charges in respect of euthanasia except in the case of humane destruction to alleviate incurable and inhumane suffering.
23. The cost of having **Your Pet** cremated, buried or otherwise disposed of.
24. The cost of hiring or buying machinery or equipment, including but not limited to: cages; carts; Elizabethan collars, Buster collars, inflatable collars; surgical t-shirts; slings; harnesses, and sharps containers.
25. Surgical items that can be used more than once.
26. Any cost for a **Vet** to complete a claim form; postage and packaging; courier fees or other administration charges.
27. The cost of blood bank donations
28. The cost of **Your Vet's** travel expenses.
29. A claim for the cost of any form of housing, or bedding needed for the **Treatment** or general well-being of **Your Pet**.
30. Any claim as a result of a 'notifiable' disease, e.g. Rabies, Avian Influenza.

## Special General Conditions and Exclusions applicable to Section 1: VETERINARY FEES

1. **We** will only pay the **Maximum Benefit** applicable on the date during the **Period of Insurance** on which the **Injury** occurred.
2. Irrespective of the number of times the same **Injury** occurs, **We** 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.
3. Irrespective of the number of times **Clinical Signs** resulting from or associated with the same **Illness** manifest, **We** 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.

4. **We** 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.

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** or **Illnesses** occurred.

## How to Make a Claim

Before **You** take **Your Pet** to the **Vet**, **You** can try calling **Our** Blueinsurance.ie Vet Helpline on 01 4854463. Although **Our** service is not intended to replace a consultation with **Your Vet**, by calling **Us** first, **We** may be able to help prevent an unnecessary trip to the **Vet**.

**You** can make a claim online via the claims portal available in the **Your Policy** section of our website or by calling the **Claims Administrator** on 0818 484 484.

Before **Your Pet** is treated check that **Your Vet** is willing to complete the claim form and supply **Us** with the supporting invoices and **Your Pets** full clinical history.

The claim form, invoices and clinical history must be returned to **Us** promptly and no later than 60 days after **Treatment** has finished or 60 days after the end of the **Period of Insurance**, whichever is earlier. Failure to do so may result in **Your** claim being refused or 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 **We** should make the payment.

If **You** ask **Us** 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 in the Republic of Ireland and 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 We Will Pay

For accidental bodily **Injury** (fatal or non-fatal) or accidental damage to property not owned by **You** or in the custody or control of **You** caused by **Your** dog during the **Period of Insurance** **We** 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 **Our** 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 Validation Certificate**.

## What We Will Not Pay

1. Any claims arising prior to the start date of the **Policy**.
2. Any claims arising within the first 14 days of the start date of the **Policy** (this exclusion is not applicable to renewed policies).
3. Any compensation, costs or expenses if **You** are insured under any other liability **Policy** including **Your** household insurance, unless that cover has been exhausted. At the time of **Your** claim **You** must inform **Us** the name of the other insurance company and provide the **Policy** number.
4. More than the **Maximum Benefit** in the **Aggregate** and in all for all incidents occurring during the **Period of Insurance**.
5. 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.

6. Any compensation, costs or expenses if **Your Pet** is a breed identified under the Control of Dogs Act, the Control of Dogs (Amendment) Act 1992, the Control of Dogs Regulations 1998 or any subsequent amendments, or a dog crossed with any of these.
7. In addition to 6 above, any compensation, costs or expenses if **Your Pet** is one of the following breeds or is crossed with any of these breeds: Dogo Argentino, Fila Brasileiro, Pit Bull Terrier, Pero de Presa Canario, wolf or wolf hybrid.
8. 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**.
9. 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** or members of **Your** household employ.
10. Any compensation, costs or expenses if the person injured or killed lives with **You** or is employed by **You** or a member of **Your** household.
11. 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.
12. Any compensation, costs or expenses which arise as a result of an incident which occurs when **Your Pet** is in the care of a business or person **You** are paying, such as a groomer, dog walker or **Pet** minder.
13. Any compensation, costs or expenses which arise as a result of pollution or contamination, unless the pollution or contamination is directly caused by a sudden, identifiable, unintended and unexpected incident involving **Your Pet**.
14. Any costs or expenses involved in defending **You** against a claim that **We** have not agreed to beforehand in writing.
15. Any compensation, costs or expenses for which **You** are deemed responsible under the laws of and country other than the Republic of Ireland.

## 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 Administrator** to give **Us** full details. **You** must always send **Us** immediately and without answering the originals of any documents **You** receive including writs, summons and other legal documents.

**You** must help **Us** in dealing with **Your** claim by giving any information that **We** might request.

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

### Section 3: EMERGENCY BOARDING KENNEL AND CATTERY FEES

This section applies in the Republic of Ireland only.

## What We 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**.

**You** can choose to leave **Your Pet** with someone who does not normally live with **You** and **We** will pay €5 per day towards the costs of its care.

## What We Will Not Pay

1. Any amount within the first 14 days after the start date of **Your Policy** (this exclusion is not applicable to renewed policies).
2. More than the **Maximum Benefit** per **Period of Insurance**.
3. Any hospitalisation that is either known or foreseeable before cover for **Your Pet** started.
4. Fees incurred if **You**, or anyone normally living with **You**, are hospitalised as a result of pregnancy.
5. Fees incurred if **You**, or anyone normally living with **You**, require convalescence, rehabilitation outside of a hospital or time in a nursing home.
6. Fees incurred if **You**, or anyone normally living with **You**, are hospitalised as a result of alcoholism, substance or drug abuse or addiction, attempted suicide or self-inflicted **Injuries**.

## How to Make a Claim

Please call the **Claims Administrator** to advise **Us** of the loss and obtain a claim form.

Please send **Us** details from **Your** doctor or the hospital that confirms the dates and length of **Your** (or the person normally living with **You**) visit at **Your** own expense and receipts from the kennels or cattery showing the dates and daily cost of boarding. Please include a covering letter with **Your** claim explaining the circumstances.

### Section 4: ADVERTISING AND REWARD COSTS

This section applies in the Republic of Ireland only.

#### What We 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**.

The reward reimbursement forms part of the overall limit.

#### What We Will Not Pay

1. Any amount for advertising and reward if **Your Pet** is lost or stolen within 14 days after the start date of the **Policy** (this exclusion is not applicable to renewed policies).
2. More than the **Maximum Benefit** payable per **Period of Insurance**.
3. Any amount for advertising and reward if **Your Pet** is lost or stolen and **You** do not report **Your** loss to the local vets, Dog Warden and Garda within 48 hours as well as rescue centres and animal organisations. Failure to do so and provide evidence may result in **Your** claim being refused or a reduced settlement being paid.
4. More than €75 towards the costs of making **Your** own posters and advertising material.
5. Any reward to a person who lives or works with **You**, is employed by **You** or is a member of **Your** family.
6. Any amount if a claim has not been submitted within 90 days of **Your Pet** going missing.

## How to Make a Claim

Please call the **Claims Administrator** to advise **Us** of the loss and obtain a claim form.

Please send **Us** full details of the circumstances including copies and a receipt for any advertisements that **You** have placed and evidence that **Your** loss was reported to the local vets, Dog Warden and Garda.

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

### Section 5: THEFT OR STRAYING

This section applies in the Republic of Ireland only.

#### What We Will Pay

The purchase price of **Your Pet** up to the **Maximum Benefit** if it is stolen or goes missing during the **Period of Insurance** and no recovery is made within 45 days, despite advertising and offering a reward.

If **You** cannot locate **Your** purchase receipt or obtain a copy, **We** will pay the **Market Value** at the time of **Your Pets** purchase up to the **Maximum Benefit**.

If this benefit is paid **Your Policy** will be terminated. If **Your Pet** is subsequently recovered, **You** will be required to reimburse the amount previously paid out to **You** by **Us**.

## What We Will Not Pay

1. Any amount if **Your Pet** is lost or stolen within 14 days after the start date of the **Policy** (this exclusion is not applicable to renewed policies).
2. More than the **Maximum Benefit** payable per **Period of Insurance**.
3. Any amount if **Your Pet** is lost or stolen and **You** do not report **Your** loss to the local vets, Dog Warden and Garda within 48 hours as well as rescue centres and animal organisations. Failure to do so and provide evidence may result in **Your** claim being refused or a reduced settlement being paid.
4. Any amount if **You** do not advertise **Your** loss.
5. Any amount if **You** did not pay for **Your Pet**.
6. Any amount until **Your Pet** has been missing for 45 days.
7. Any amount if a claim has not been submitted within 90 days of **Your Pet** going missing.

## How to Make a Claim

Please call the **Claims Administrator** to advise **Us** of the loss and obtain a claim form.

Please send **Us** any pedigree certificate and receipt for the original purchase of **Your Pet** and full details of the circumstances including copies and a receipt for any advertisements that **You** have placed and evidence that **Your** loss was reported to the local vets, Dog Warden and Garda.

### Section 6: ACCIDENTAL DEATH

This section applies in the Republic of Ireland only.

## What We Will Pay

The purchase price up to **Maximum Benefit** of **Your Pet** if it dies or has to be put to sleep by a **Vet** during the **Period of Insurance** following an **Accident**.

If **You** cannot locate **Your** purchase receipt or obtain a copy, **We** will pay the **Market Value** at the time of **Your Pets** purchase up to the **Maximum Benefit**.

## What We Will Not Pay

1. Any amount if the death of **Your Pet** results from a pre-existing **Accident**.
2. Any amount if the death of **Your Pet** results from an **Injury** within the first 48 hours of the start of this **Policy** (this exclusion is not applicable to renewed policies).
3. More than the **Maximum Benefit** payable per **Period of Insurance**.
4. Death caused by an **Illness**.
5. Any amount if **Your Pet** was put to sleep as a result of breeding, pregnancy, giving birth or aggression.
6. Any amount if **Your Pet** was put to sleep except in the case of humane destruction to alleviate incurable and inhumane suffering.
7. Any amount if **You** did not pay for **Your Pet**.
8. Any amount after 90 days from the date of the loss.

## How to Make a Claim

Please call the **Claims Administrator** to advise **Us** of the loss and obtain a claim form.

Please send **Us** a death certificate from **Your Vet** 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

This section applies in the Republic of Ireland only.

### What We 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** who is located within the Republic of Ireland 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 Validation Certificate**.

### What We Will Not Pay

1. Non-life saving operations.
2. Any costs relating to a pre-existing **Condition**.
3. Any costs relating to an **Illness** which began or started showing **Clinical Signs** within the first 14 days or an **Injury** within the first 48 hours of the start date of **Your Policy** (this exclusion is not applicable to renewed policies).
4. Any costs if **Your Pet** goes missing within the first 14 days of the start date of **Your Policy** (this exclusion is not applicable to renewed policies).
5. More than the **Maximum Benefit** payable per **Period of Insurance**.
6. Any costs relating to a holiday booked within 28 days of departure.
7. Any amount **You** can claim back elsewhere such as **Your** travel insurance.

### How to Make a Claim

**You** must notify **Us** within 90 days. Please send **Us** confirmation of the **Treatment** signed by **Your Vet**. **We** will also require cancellation invoices from **Your** travel agent, tour operator or other holiday sales organisation. These must be supplied at **Your** expense.

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 Validation Certificate**.

This cover is only valid within the European Union and 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.

### VETERINARY FEES

#### What We Will Pay

The cover provided under Section 1: VETERINARY FEES is extended in the event that **Your Pet** requires **Veterinary Treatment** during a **Journey** made by **You** with **Your Pet** within the European Union.

#### What We Will Not Pay

1. Please refer to 'What We Will Not Pay' under Section 1: VETERINARY FEES.

## QUARANTINE COSTS

### What We 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 We 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. Any costs resulting from a **Pre-existing Medical Condition**.
5. Any costs relating to an **Illness** which began or started showing **Clinical Signs** within the first 14 days or an **Injury** within the first 48 hours of the start date of **Your Policy** (this exclusion is not applicable to renewed policies).

## EMERGENCY REPATRIATION COSTS

### What We 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 Republic of Ireland.

### What We Will Not Pay

1. More than the **Maximum Benefit** payable per **Period of Insurance**.
2. Any costs arising from any **Condition** of which **You** were aware before the start of **Your Journey**.
3. Any costs resulting from a **Pre-existing Medical Condition**.
4. Any costs relating to an **Illness** which began or started showing **Clinical Signs** within the first 14 days or an **Injury** within the first 48 hours of the start date of **Your Policy** (this exclusion is not applicable to renewed policies).

## LOSS OF PASSPORT

### What We 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 We 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

In the event that **Your Pet** requires **Veterinary Treatment** whilst temporarily located in the European Union, payment of any **Treatments** will be made by **You** to the **Vet** whilst **You** are there.

Upon **Your** return home **You** should contact **Us** immediately and report the claim. Please send **Us** full details of the circumstances including invoices and receipts to support **Your** claim. If **You** are claiming because **Your Pet's** microchip has failed, please provide evidence that it was checked and found to be functioning within 14 days of **Your** departure.

## Special General Conditions and Exclusions Applicable to Section 8

1. General Exclusion 4 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

**We** will not pay for claims arising directly or indirectly from:

1. Any **Pet** not named on the **Validation Certificate**.
2. Any **Pet** less than 8 weeks or 7 years or older, at the start date of **Your Policy**. (Not applicable for renewed policies).
3. Any pre-existing **Illness** or **Injury**; **Illness** within the first 14 days or **Injury** within the first 48 hours. (Not applicable for renewed policies).
4. Any incident outside the Republic of Ireland.
5. Claims under any section excluded on the **Validation Certificate**.
6. Malicious or wilful **Injury** or gross negligence to the insured **Pet** caused by **You**, **Your** agents, employees or members of **Your** family or someone looking after **Your Pet**, e.g. Dog Groomer or Walker.
7. Medication not being recommended by a **Vet**.
8. Post mortem examination.
9. Any claims associated with rabies.
10. Any **Pet** which has aggressive tendencies or has been trained to attack or begins to have these tendencies during the **Period of Insurance**.
11. Any compensation, costs or expenses arising directly or indirectly as a result of **Your Pet Worrying Livestock**.
12. The use of **Your Pet** for commercial security purposes, commercial breeding or any form of racing, coursing or working purposes.
13. 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.
14. 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.
15. Any liability that arises from radioactive contamination, nuclear fallout or other similar event.
16. Any claim which is covered under any other **Policy**, unless the cover provided by that **Policy** or policies has been exhausted.
17. Any infringement or costs relating to restrictions which have been put on **Your Pet** by the Courts or Department of Rural and Community Development.
18. Infringement of the Republic of Ireland animal health or importation legislation.

# Cancellation: Your Right to Cancel

**You** are free to cancel this **Policy** at any time by emailing or calling **Us** with the details shown on **Your Validation Certificate** during the **Period of Insurance** **You** have been on cover.

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 amount of time **You** have been on cover and return the balance to **You** less any administration fees.

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 monthly and a claim has been settled during the current **Period of Insurance**, **You** must continue with the instalments until the renewal date or pay the outstanding premium at the point of cancellation. No refund of premium will be made under monthly payments.

**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 make the monthly payments.

**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 make a claim online via the claims portal available in the **Your Policy** section of our website or by calling the **Claims Administrator** on 0818 484 484. The **Claims Administrator** can also be reached via email at Pet.Claims@davies-group.com. Completed claim forms can also be submitted via post to: Blue Insurance Pet Claims, 10B Beckett Way, Parkwest Business Park, Nango Road, Dublin 12, D12 W702.

## 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** feel **We** have not attained the standard of service **You** would expect or **You** are dissatisfied in any other way, then this is the procedure that **You** should follow:

**You** should contact **Us** at Blueinsurance.ie by emailing [complaints@blueinsurance.ie](mailto:complaints@blueinsurance.ie), by calling **Us** on 0818 484 484 or in writing to: Blueinsurance.ie, Plaza 255, Blanchardstown Corporate Park 2, Dublin 15, D15 A4TP.

If **Your** complaint is about a claim please contact Davies Customer Care by emailing [customer.care@davies-group.com](mailto:customer.care@davies-group.com), by calling us on +44 (0)344 856 2015 or writing to: Davies Customer Care, PO Box 2801, Stroke-on-Trent, ST4 9DN.

**We** will acknowledge **Your** complaint in writing within five business days of the complaint being made. **We** 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. **We** 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. **We** will aim to provide **You** with **Our** decision on **Your** complaint in writing within forty business days of the complaint being made.

Should **You** remain dissatisfied with **Our** final response, or if **You** have not received **Our** 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).

# Using Your Personal Information

Personal information which **You** supply to **Us** may be used in a number of ways, for example:

- To make a decision on whether We will accept **Your** application for insurance
- For fraud prevention
- For audit and debt collection
- For statistical analysis

We may share **Your** information with, and obtain information about **You** from, credit reference agencies or fraud prevention agencies. If **You** take out a **Policy** with **Us**, We will pass **Your** details to the insurers listed below. Information provided by **Your** may be put onto a register of claims and shared with other insurers to prevent fraudulent claims.

We will not disclose any information to any company other than those listed here, except to help prevent fraud or if required to do so by law.

For further information on how **Your** information is used, how We maintain the security of **Your** information, and **Your** rights to access information We hold on **You**, please contact:

**Cover-More Blue Insurance Services Limited:**

Tel: 0818 484 484

Email: [dataprotection@blueinsurance.ie](mailto:dataprotection@blueinsurance.ie)

Address: Plaza 255, Blanchardstown Corporate Park 2, Blanchardstown, Dublin 15, D15 A4TP

**H.W. Kaufman Group Europe BV, trading as Cranbrook:**

Tel: +44 207 337 3520;

Email: [dataprotection@cranbrookuw.com](mailto:dataprotection@cranbrookuw.com)

Address: Upper Ground Floor, 1 Minster Court, Mincing Lane, London EC3R 7AA

**Davies Group**

Email: [dpo@davies-group.com](mailto:dpo@davies-group.com)

Address: Davies Group, 3rd and 4th Floors, No. 2 Smithfield's, Stoke-on-Trent, ST1 3DH

**Zavarovalnica Sava Insurance Company d.d.:**

Tel: +386 2 23 32 100

Email: [gdpr@zav-sava.si](mailto:gdpr@zav-sava.si)

Address: Cankarjeva ulica 3, SI-2000 Maribor