Your Pet Insurance Policy

DIRECT

Introduction

Thank you for insuring your pet with us. We are very pleased to introduce you to the Allianz Pet Insurance policy.

Please read the policy carefully to make sure that it provides the cover you need. Please make sure the details in the schedule are the same as the details you gave us in your statement of fact or on the proposal form. If they are in any way different, please contact us immediately and tell us the changes that we need to make.

We also ask you to please tell us immediately if anything changes that may affect the cover we provide, for example, if you start to use your pet for business purposes.

Please note that you are only eligible for this insurance if you are ordinarily a resident in the Republic of Ireland.

This policy (which includes and should be read as one document with the schedule, endorsements, statement of fact/proposal form and declaration), evidences a contract of insurance between the insured and Allianz.

We will cover you against loss, damage or legal liability that may happen during the time period you have taken out insurance. These dates are noted on your schedule. We will only provide cover as outlined in the terms, conditions, limitations and exclusions which are detailed in this document and your schedule.

John Ryan
Member of the Board of Management
Chief Underwriting Officer

Governing law

You and Allianz may choose the law applicable to this contract. It is hereby agreed that this contract is governed by Irish law unless we agree with you otherwise in writing. The Courts of the Republic of Ireland will have jurisdiction to hear any dispute other than any dispute which must be referred to arbitration under the dispute resolution clause of this policy.

Insurance Act 1936 (or future amendments thereto)

All monies which become or may become payable by the company under this policy shall in accordance with Section 93 of the Insurance Act 1936 be payable and paid in the Republic of Ireland.

Finance Act 1999 (or future amendments thereto)

The appropriate stamp duty has been or shall be paid in accordance with the provisions of Section 5 of the Stamp Duties Consolidation Act 1999.

Content

Definitions

Any word or expression which is given a specific meaning in this policy will have the same meaning wherever it appears.

Bilateral Disorder
Any condition affecting body part of which **your pet** has two, one on each side of its body, including but not exclusive to ears, eyes, knees, front and back legs and feet, cruciate ligaments, patellas, hips, shoulders, elbows and organs.

Clinical history
A chronological record (computer printout or photocopy) of the original clinical notes as made by the **vet** at the time of all consultations.

Clinical signs
Changes in **your pet's**:
- normal healthy state
- bodily functions
- behaviour.

Endorsement
Any alteration to this **policy** wording.

Excess
The amount payable by **you** for each **illness** or **injury** that is treated during the **period of insurance** that is not related to any other **illness** or **injury** treated during the same **period of insurance**.

This also means that when the **treatment** dates of an **illness** or **injury** fall into two or more **periods of insurance you** pay an **excess** for each **period of insurance**.

You may also be required to pay a percentage amount of each and every **vet fees** claim depending on the age of **your pet**. The percentage is shown on your **schedule** if it applies.

Injury
A physical **injury** or trauma caused immediately by an accident. This excludes any **injury** that:
- happens over a **period of time**
- or one that is contributed to, in any way, by a previous disease in the body.

Illness
Sickness, disease, **bilateral disorder** and/or any changes to **your pet's** normal healthy state.

This includes mental and emotional disorders.

Maximum amount payable
The most **we** will pay during the **period of insurance**. This is set out in:
- the **schedule**
- the **policy** document.

Misrepresentation
This is when someone provides fraudulent, inaccurate, false, misleading or incomplete information.

Definitions Continued

Period of insurance
The length of time shown on your **schedule** and any later period for which **we** accept a renewal premium.

Policy
The **policy** which must be read as one document with
- the **schedule**
- **endorsements**
- statement of fact/proposal form and
- declaration

It is evidence of a contract of insurance between **you** and Allianz.

Pre-existing condition
Pre-existing condition means any **illness** or **injury** that **your pet** had or showed signs or symptoms of before **you** took out this insurance **policy**.

Schedule
An insurance **schedule** sets out the details specific to your **policy**.

Select Breeds
Beauceron
Bernese Mountain Dog
Boerboel
Broholmer
Bulldog
Cane Corso
Caucasian Shepherd Dog
Deerhound
Dogue de Bordeaux
Estrela Mountain Dog
Great Dane
Greater Swiss Mountain Dog
Irish Wolfhound
Leonberger
All Mastiff breeds
Newfoundland
Old English Sheepdog
Perro de Presa Canario (Canary Dog)
Pyrenean Mountain Dog
Rottweiler
Shar-pei
St. Bernard

The Company/we/us
Allianz p.l.c.

The insured/you
The person or people named on the **schedule** under the title '**insured**'.

Treatment
Anything that is needed to treat an **illness** or **injury** including:
- examination
- consultation
- advice
- tests
- diagnostic imaging
- medication
- surgery
- nursing and care

The **treatment** must be provided by a veterinary practice, a certified clinical animal behaviourist or a member of one of the following organisations following a **vet's** instruction:
- The Association of Pet Behaviour Counsellors
- The Canine and Feline Behaviour Association
- The Association of Chartered Physiotherapists in Animal Therapy

Definitions Continued

- The National Association of Veterinary Physiotherapists
- The International Association of Animal Therapists
- The Canine Hydrotherapy Association
- The Veterinary Homeopathic Association

or equivalent accrediting bodies in Ireland, subject to review and approval by Allianz.

Vet
Registered veterinary surgeon.

Vet fees
The amount that **vets** usually charge in general or referral practices.

Your pet
Any dog or cat named on the **schedule**, belonging to **you**.

General Conditions

1. **You must take care of your pet**
   Throughout the **period of insurance** **you** must:
   - take care of **your pet**
   - arrange and pay for **your pet** to have a yearly health check and dental examination
   - make sure **your pet** has any **treatment** normally recommended by a **vet** to prevent **illness** or **injury**.

   We will not pay any claims resulting from failure to maintain **your pet's** health as recommended by your **vet**. The standard **treatments** your **vet** may recommend include:
   - neutering
   - grooming
   - descaling of teeth
   - routine emptying of anal glands
   - worming
   - removal of anal glands
   - flea and tick **treatments**
   - prescription diets
   - blood tests and screening
   - using pheromones (special chemicals).
   - nail clipping
   - de-claw removal

2. **You must vaccinate your dog or cat**
   Dogs
   You must arrange for your dog to be kept vaccinated against the following:
   - distemper
   - hepatitis
   - leptospirosis
   - parvovirus
   - kennel cough.

   Cats
   You must arrange for your cat to be kept vaccinated against the following, based on your **vet's** guidance for **your pet**:
   - feline infectious enteritis
   - feline leukaemia
   - cat flu.

   Please note
   You must keep **your pet** vaccinated. **We** will not pay any claims that result from any **illness** against which they should have been vaccinated.

3. **Other insurance**
   If, when **you** claim, there is any other insurance under which **you** are entitled to payment, **we** will only pay our share of the claim.

4. **Subrogation/ Claiming against another person**
   If **you** have any legal rights against another person in relation to your claim, **we** may take action against them in your name. **We** will do this at our expense. **You** must give **us** all the help **you** can and provide any documents **we** ask for.

5. **Fraudulent claims**
   If any claim under this **policy** is in any respect fraudulent, or if any fraudulent means or devices (including inflation or exaggeration of the claim, or submission of forged or

General Conditions Continued

falsified documents) are used by **you** or anyone acting on your behalf to obtain any benefit under this **policy**, all benefit is forfeit.

6. **Your vet must give us information we need**
   You agree that any **vet** has your permission to release any information **we** ask for about **your pet**. If the **vet** requests payment for this, **you** must pay the charge.

7. **We may change the cover on renewal**
   When **we** offer further **periods of insurance**, **we** may change the premium and/or conditions. **We** may also add certain terms and conditions or apply exclusions to a **policy** at renewal based on **your pet's** history.

8. **We can only assess claim when we receive claim form**
   We will not guarantee over the phone if **we** will cover a claim. For **us** to assess your claim **you** must send **us** a claim form that has been properly completed by both **you** and the treating **vet**. **We** will then contact **you** with our decision.

9. **We do not have to pay a vet directly**
   If **we** receive a request to issue the claim payment directly to a veterinary practice, **we** may refuse to do this.

10. **Higher than normal fees**
    If the **vet fees you** are charged are higher than the fees usually charged by a general or referral practice, **we** may decide to pay only the **vet fees** usually charged by a general or referral practice.

11. **Excessive treatment**
    If **we** consider the **treatment your pet** receives is not 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, **we** reserve the right to only pay the cost of the **treatment** that is normally recommended.

12. **Fraudulent behaviour**
    There are consequences if **you** behave fraudulently in any of the following ways.

    - **You** or anyone acting on your behalf hide information.
    - **You** or anyone acting on your behalf must disclose (tell **us** about) any information that is likely to influence our acceptance, assessment or pricing of your **policy**.
    - **You** must disclose a change in risk or circumstance.

General Conditions Continued

False information
You or anyone acting on your behalf must not:

- Knowingly make a false statement to **us**
- knowingly send **us** false or fraudulent documents
- obtain cover by any **misrepresentation** or misdescription

Consequences of fraudulent behaviour
If **you** do anything fraudulent in connection with this **policy** as outlined above, **we** may declare your **policy** void from the start date of the **policy**. In other words, your **policy** will be treated as if it never existed.

We may:

- Invoke cancellation of your **policy**
- cancel your **policy** from the date of the **misrepresentation**
- withhold any return premium due to **you**
- refuse to pay a claim.

We may also recover from **you** the total amount of any claim already paid under your **policy** including any recovery costs.

If **you** do anything fraudulent, **we** may change the standard premium of your **policy** which may result in a higher premium being charged. **We** may ask **you** to pay this higher premium or deduct this amount from any pending claim payment due to **you**.

If **you** do anything fraudulent, **we** may also:

- change the terms and conditions of your **policy**
- change the level of cover of your **policy**
- inform the appropriate law enforcement authorities of the circumstances

We reserve the right to make the above changes from:

- the date your **policy** started
- a subsequent renewal date
- the date a change in risk or circumstance occurred.

Unsure about what to tell **us**? If **you** are in any doubt as to whether a fact is material or not, please disclose it.

13. Policy cancellation
You may cancel the **policy** at any time by contacting **us** in writing.

We may cancel the **policy** at any time by issuing a formal notice in writing to **you** at your last known address. If there has been no claim on the **policy** during the current **period of insurance we** will refund

General Conditions Continued

the premium for the unexpired **period of insurance** provided that this premium has been paid.
If **we** cancel the **policy** as a result of non payment of a premium, or partial payment of a premium, **we** will cancel the **policy** with effect from the date that the cover was paid up to.

14. Dispute Resolution
If a dispute arises out of this **policy** and it cannot be settled between **us**, **you** can refer the matter to the Financial Services and Pensions Ombudsman. Please refer to the Consumer Information section of this **policy** for their contact details.

If the Financial Services and Pensions Ombudsman is unable to investigate the dispute, the matter can be decided by means of arbitration*.

The case can be referred to the decision of an arbitrator who will decide on the matter. The appointment of the arbitrator will be made by agreement between **you** and **us**. If **we** cannot agree on the choice of arbitrator, then **we** will ask the Chairperson of the Bar Council of Ireland to appoint the arbitrator.

Disputes not referred to an arbitrator within twelve months from the date on which the Financial Services & Pensions Ombudsman confirmed that they were unable to investigate the dispute will be deemed to be abandoned.

*Note: Allianz reserve the right not to refer a dispute to an arbitrator. If this happens, the dispute may be brought to court as a legal matter.

15. Comply
You must comply with all terms, conditions and **endorsements** of the **policy**.

16. Outstanding
We reserve the right to deduct any outstanding premium from any claim payment **we** may make to **you**. Alternatively, **we** may request that **you** first pay the premium in full before any settlement is made in respect of a claim.

17. If you are a vet
If **you** are a qualified **veterinary** surgeon, **you** agree that if **your pet** needs **treatment** another **vet** must provide it.

General Conditions Continued

We reserve the right to decline any claim being made where **you** have been involved in treating **your pet**.

18. Claims Procedure

1. Unless **you** are claiming for **vet's fees**, **you** must let **us** know of any circumstances which are likely to lead to a claim. Please write to:
   Pet Insurance Claims Department
   Allianz
   Allianz House
   Elmpark
   Merrion Road
   Dublin 4
   D04 Y6Y6
   Alternatively, **you** can phone our Claims Team on **01 613 3990**.

2. **You** must then follow the procedures set out in the section under which **you** are claiming.

Terms and Conditions

Cancelling this policy

You may cancel the **policy** at any time by written notice to **us**. **We** may cancel the **policy** at any time by issuing a written notice to **you** at your last known address. If there has been no claim on the **policy we** will return the premium for the unexpired **period of insurance** if it has been paid.

If **we** cancel the **policy** as a result of non-payment, or part payment, **we** will cancel the **policy** with effect from the last day the premium paid to **us** entitled **you** to cover.

If **you** cancel your **policy** within the first 14 working days of the **period of insurance**, no transaction charge will apply. However, if **you** cancel your **policy** after the first 14 working days, a transaction charge will apply. This transaction charge is outlined on your **policy schedule**.

If **we** cancel your **policy**, at any stage, no transaction charge will apply.

Observance of conditions

The observance by **you** of the terms, conditions and **endorsements** of this **policy** as far as they relate to anything to be done or complied with by **you** will be a condition precedent to any liability of **the Company**.

Change in terms and conditions

If **you** tell **us** about or **we** discover something that happened prior to the **policy** being taken out or prior to the renewal of your **policy** that **we** deem to be material to the **policy we** may change the premium or the terms and conditions or both. **We** may also add exclusions from the date the **policy** originally started or renewed with **us**.

Claims fraud

If **you**, or any other person insured under this **policy**:

- make a claim which is in any way false, inflated, exaggerated, or fraudulent and/or;
- support a claim with any false, inflated, exaggerated, or fraudulent documentation and/or;
- provide any fraudulent document or fraudulent verbal or written statement, **you** will forfeit all rights under this **policy** and **you** will lose all rights to pursue the claim.

In addition, **we** may:

- invoke cancellation of your **policy** and withhold any return premium due to **you** and/or;
- reduce the payment under a claim in proportion to the breach of a **policy** condition and/or;
- recover from **you** the total amount of any claim already paid under the **policy** and/or;
- seek payment from **you** for the costs involved in recovering our loss and/or;
- inform An Garda Síochána/Police Authorities of the circumstances.

Phased claim payments

We reserve the right to release claim payments on a phased basis as agreed repair or reinstatement work is completed. Once **we** agree the work to be undertaken and the estimated cost of that work **we** will release a portion of the payment to enable **you** to commence the repair or reinstatement work. **We** will release subsequent payment(s) to **you** once **we** have obtained final invoices/receipts from **you** and **we** are satisfied that the work has been

Terms and Conditions Continued

completed and the repair costs have been incurred, as agreed with **you**.

Material Facts/Duty of disclosure/Alteration of Risk

The information provided in your insurance application including your proposal form or statement of fact and any renewal applications or other communications with **us**, must be true, accurate and complete. **You** are under a duty to answer all questions that have been asked, honestly and with reasonable care and attention. This duty also applies for any information that is voluntarily shared by **you** or on your behalf.

The questions **we** have asked are relevant and material to the risk to be undertaken by **us** and/or in the calculation of the premium that **we** charge **you**. If **you** do not answer these questions honestly and with reasonable care and attention, **we** may use the remedies available to **us** including any remedies under the Consumer Insurance Contracts Act 2019 (and any subsequent amending legislation) which may include the remedy to cancel the contract, reject a claim or to limit the amount **we** pay in the event of a claim. This may result in **you** having difficulties when attempting to purchase insurance elsewhere.

Misrepresentation is when someone makes a statement which is not correct to another person. A **misrepresentation** may be innocent, negligent or fraudulent.

a) In cases of negligent **misrepresentation**, **we** will take appropriate action based on the full facts **we** would have been aware of, including the possibility of adjusting the premium or the amount paid on a claim, or treating the contract as if it had been entered into on different terms. If **we** would not have entered into the contract, **we** reserve the right to avoid the contract, refuse a claim, and return the premium paid.
b) In cases of fraudulent **misrepresentation**, **we** reserve the right to void the contract and refuse any associated claims.

Any "alteration" clause in the **policy** or any clause which refers to an "alteration of risk" will apply only where the subject matter of the **policy** has changed or altered. Any clause of the **policy** which refers to a "material change" will be interpreted as referring to changes that take the risk outside that which was reasonably envisaged by both **you** and **us** when the **policy** sale was concluded. If **you** are in any doubt as to whether there has been a change in the subject matter of the contract which changes the risk to something that **we** did not agree to cover, then please contact **us**.

Sanctions clause

Your **policy** will not cover **you** for any business or activity where such cover or payment of any claim would expose **us** to any sanction prohibition or restriction under United Nations resolutions or the trade or economic sanctions laws or regulations of the European Union, United Kingdom or United States of America and/or any other applicable national economic or trade sanction law or regulations.

The Cover

In return for the correct premium, **we** will provide cover as described in the following sections if they are shown on your **schedule**.

Section 1: Vet Fees

This section applies in the Republic of Ireland, and for not more than 30 consecutive days in any one **period of insurance** for temporary visits to the:

- UK
- The Isle of Man
- Channel Islands.

However, it does not apply if the purpose of the travel is to seek veterinary **treatment**.

What we will pay

What we will pay

We will pay the cost of any veterinary **treatment your pet** has received during the **period of insurance** to treat an **illness** or **injury**. Your **policy schedule** shows the **maximum amount payable** under this section .

What you pay

Unless two or more illnesses or injuries are related to each other, **we** treat each **illness your pet** may suffer as separate. **You** must pay the **excess** as shown on your **schedule** for each **illness** or **injury**.

What we will not pay

1. **Only the amount agreed**
   We will not pay more than the **maximum amount payable**.
2. **Before your pet's cover began**
   We will not pay for:
   - an **injury** that happened or an **illness** that first showed **clinical signs** before **your pet's** cover started; or,
   - an **injury** or **illness** that is the same as, or has the same diagnosis or **clinical signs** as an **injury**, **illness** or **clinical sign your pet** had before its cover started; or,
   - an **injury** or **illness** that is caused by, relates to or results from an **injury**, **illness** or **clinical sign your pet** had before its cover started, no matter where, in or on **your pet's** body, the **injury** happened or the **illness** or **clinical signs** were noticed.

Section 1: Vet Fees Continued

What we will pay

(continued from Page 13)

What we will not pay

3. **Within first 14 days of insurance**
   We won't cover the cost of any **treatment** for an **illness** which starts in the first 14 days of cover.

   Clinical signs
   We will only pay for the cost of any **treatment** for an **illness** that first showed **clinical signs** after 14 days of **your pet's** cover starting.

   Same illness
   We will not pay for an **illness** which is the same as, or has the same diagnosis or **clinical signs** as an **illness** that first showed **clinical signs** within 14 days of **your pet's** cover starting.

   Related illness
   We will only pay for an **illness** that is caused by, relates to, or results from a **clinical sign** that was first noticed after 14 days of **your pet's** cover starting, no matter where, in or on **your pet's** body, the **clinical signs** were noticed.
4. **Preventative treatment**
   We will not pay the cost of any **treatment** a **vet** normally recommends to prevent **injury** or **illness**.
5. **Treatment**
   The cost of any **treatment**, including cosmetic dentistry, that **you** choose to have carried out that is not directly related to an **injury** or **illness**.

Section 1: Vet Fees Continued

What we will pay

(continued from Page 14)

What we will not pay

6. **Fleas, general, maternal costs**
   We will not pay for the cost of:
   - killing and controlling fleas
   - general health improvers (examples of health improvers include but are not limited to, vitamin tablets or fish oil supplements)
   - any **treatment** in connection with
     - breeding
     - pregnancy
     - fertility
     - lactation
     - giving birth.
7. **Food**
   We will only pay for the cost of food, including food prescribed by a **vet**, where it is used to dissolve bladder stones and crystals in urine. Then **we** will only pay for up to 3 months after the condition has been diagnosed.
8. **Vaccination**
   We will not pay for the cost of vaccinations.
9. **Deliberately caused**
   We will not pay for the cost of treating any **injury** or **illness** that **you** or anyone living with **you** caused **your pet**.
10. **Post Mortem**
    We will not pay the cost of a post mortem and/or a post mortem report if a post mortem is carried out on **your pet**.

Section 1: Vet Fees Continued

What we will pay

(continued from Page 15)

What we will not pay

11. **House calls**
    We will only pay for the cost of house calls if the **vet** confirms that moving **your pet** would damage its health.
12. **Outside surgery hours**
    We will only pay for extra costs for treating **your pet** outside usual surgery hours, if the **vet** believes an emergency consultation is necessary.
13. **Excluded injuries and illnesses**
    We will not pay for the costs resulting from an **injury** or **illness** specified as excluded on your **schedule** or generally not covered within these terms and conditions.
14. **Expired insurance**
    We will only pay any costs for treating an **illness** or **injury** up to the last day of the **period of insurance**.
15. **Dental**
    We will only pay the cost of any dental **treatment** arising from an accident or **injury**.
16. **Hospitalisation**
    We will only pay the cost of hospitalisation and associated veterinary **treatment**, if the **vet** confirms it is essential to the recovery of **your pet**.

Section 1: Vet Fees Continued

What we will pay

(continued from Page 16)

What we will not pay

17. **Transport**
    We will not pay the cost of transporting **your pet** to and from a veterinary practice. **We** will, however, cover any care administered by a **vet** or a veterinary nurse (under **vet's** instructions) during transport.
18. **Blood screening/Intra-operative fluids**
    We will not pay the cost of pre-anaesthetic blood screening and intra-operative fluids for short procedures (under 40 minutes) in healthy animals under 5 years of age. **We** will, however, cover the cost of placing an intra-venous catheter in all anaesthetised pets.
19. **Training aids**
    We will not pay for training aids for example:
    - muzzles
    - leads
    - clickers etc.

    However, **we** will provide cover towards training aids when:
    - recommended by an approved animal behaviourist and
    - used as part of a behaviour modification programme.

    The most **we** will pay towards the cost of training aids is shown on your **schedule**.

Section 1: Vet Fees Continued

What we will pay	What we will not pay
(continued from Page 17)	20. **Pheromones** **We** will only pay for the cost of pheromones where they are used by a **vet** to try and treat or diagnose an acute behavioural condition. In this circumstance, **we** will pay for these for a maximum of one month. **We** will cover the cost of pheromones when recommended by an approved animal behaviourist as part of a behaviour modification programme. The longest **we** will pay for them in these circumstances is three months. 21. **Elective Castration or Spaying** **We** will not cover the cost of elective castration or spaying of **your pet**. 22. **Complementary Therapy** **We** will only pay for the costs of any complementary therapy including hydrotherapy and physiotherapy if a **vet** recommends it to treat **your pet's illness** or **injury**. The **treatment** must be regularly reviewed by a **vet**.

Section 1: Vet Fees Continued

What we will pay

(continued from Page 17)

What we will not pay

23. **Agility Training**
    We will not pay for any **injury** that is caused whilst **your pet** is taking part in agility training.
24. **Bilateral Condition**
    We will not pay for the cost of **treatment** of a **bilateral condition** where pathology, **clinical signs** or process commenced, presented or occurred in the contra-lateral (opposite) limb or organ prior to the **policy** start date or during the first 14 days of cover.

Section 1: Vet Fees Continued

How to claim

Before **your pet** receives **treatment**, **you** must make sure that the **vet** agrees to complete the **treatment** section of our claim form. They must also provide detailed invoices supported by detailed clinical records.

You must fill in all policyholder sections of the claim form and ask your **vet** to fill in the **treatment** section. **You** must pay any fees or costs associated with preparing the claim. **We** do not pay these back.

Please note that if the claim form is not fully completed **we** will return it.

For a claim form for **vet fees**, please phone our Claims Team on:

- **01 613 3990**

Alternatively, **you** can print out a claim form by visiting:

- www.allianz.ie.

Or your **vet** may have a supply of **vet fees'** claim forms.

Please send **us**:

- a fully completed claim form
- the invoices setting out the costs involved.
- a **clinical history** provided by your **vet**.

You may be making a claim because your usual **vet** has referred **your pet** to another **vet**. If so, please make sure that Allianz has received a claim form and a referral letter from the original treating **vet**.

If the claim is for **treatment** in Great Britain, the Isle of Man and/or the Channel Islands please also send **us**:

- the booking invoice for your journey
- any other official documents to show the dates of your journey for **you** and **your pet**.

Section 1: Vet Fees Continued

When to claim

- For life-long illnesses that require ongoing **treatment** e.g. diabetes, arthritis, heart diseases etc., **you** must submit your claim form by the end of the **period of insurance** in which the **treatment** took place.
- In all other cases **you** must submit 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.

We reserve the right to decline the claim if **you** fail to meet these conditions.

Section 2: Advertising and Rewards

This section applies in the Republic of Ireland only.

What we will pay

We will pay for the cost of advertising if **your pet** is stolen or goes missing during the **period of insurance**.

We will pay the reward **you** have offered for the recovery of **your pet** if it is stolen or goes missing during the **period of insurance**. The reward amount must first be agreed with Allianz.

The **maximum amount payable** under this section is displayed on your **schedule**.

What we will not pay

1. **Maximum**
   We will only pay the **maximum amount payable**.
2. **We must agree**
   We will only pay any reward if **we** have agreed to do so before **you** advertised it.
3. **We need a signed receipt**
   We will only pay any reward supported by a signed receipt giving the full name and address of the person who found **your pet**.
4. **Person living with or employed by you**
   We will not pay any reward paid to any person living with **you** or that **you** employ.

How to claim

Please phone **us** on **01 613 3990** for approval of any reward before **you** advertise it. **We** will then send **you** a claim form for advertising and rewards.

Please send **us**:

- A fully completed claim form.
- Invoices and receipts to show the costs involved, including a receipt for any reward **you** paid.

Please note:

We will not pay for any fees/costs **you** pay to prepare any claim.

Section 3: Boarding Kennel and Cattery Fees

This section applies in the Republic of Ireland only.

What we will pay

If **you** are hospitalised unexpectedly (for more than four days), **we** will pay the cost of boarding kennel and cattery fees for **your pet**.

We will pay the following cost while **you** are in hospital:

1. The cost of boarding **your pet** at a kennel or cattery; or
2. A daily rate towards the cost of someone looking after **your pet** but only where this person does not live with **you**.

   The amount of this daily rate is displayed on your **schedule**.

The most **we** will pay under this section is also shown on your **schedule**.

What we will not pay

1. **Maximum**
   We will only pay the **maximum amount payable**.
2. **Hospitalisation**
   We will only pay for boarding kennel or cattery fees if **you** are in hospital for more than 4 days.
3. **Before cover began**
   We will only pay for any costs resulting from **you** having to go into hospital because of an **injury** or **illness** which first occurred or showed symptoms after **your pet's** cover began.
4. **Pregnancy**
   We will not pay for any costs resulting from **you** being pregnant or giving birth or any **treatment** that is not related to **you** suffering from an **injury** or **illness**.
5. **Nursing home care**
   We will not pay for any costs resulting from nursing home care for **you**.

How to claim

For a claim form for boarding kennel and cattery fees, please phone our Claims Team on **01 613 3990.**

Alternatively, **you** can print out a claim form by visiting: www.allianz.ie.

Please send **us**:

- a claim form filled in and signed by your doctor or consultant and the hospital
- an invoice from the kennel or cattery or written confirmation from the person looking after **your pet**.
- a fully completed claim form.

Please note

We will not pay for any fees or costs **you** pay to prepare any claim.

Section 4: Theft and Straying

This section applies in the Republic of Ireland only.

What we will pay

We will pay the price **you** paid for **your pet** if it is stolen or goes missing during the **period of insurance** and is not recovered or does not return.

Please note: **you** must provide formal proof of purchase and, where applicable, a pedigree certificate in order to claim under this section of the **policy**. If **you** cannot provide this, the **maximum amount payable** will be limited. Please see your **schedule** for details.

The **maximum amount payable** under this section is displayed on your **schedule**.

If **you** got **your pet** from a rehoming or rescue centre and it is stolen or goes missing during the **period of insurance** **you** can claim:

- the adoption fee **you** gave for **your pet** up to the maximum amount displayed on your **policy schedule**; or,
- the price shown on your **policy schedule**, up to a maximum of €100, if **you** do not have evidence of the adoption fee **you** paid when **you** acquired **your pet**.

What we will not pay

1. Maximum
   We will not pay more than the **maximum amount payable**.
2. Freely parted with pet
   We will not pay any amount if **you** or the person looking after **your pet** has freely parted with it, even if tricked into doing so.
   However, **we** will pay if someone was looking after or transporting **your pet** in return for money, goods or services but as part of this service the **pet** was stolen.

Section 4: Theft and Straying Continued

This section applies in the Republic of Ireland only.

Special condition that applies to this section

As soon as **you** discover **your pet** is missing, **you** must:

- Tell the Gardaí and ask for the crime reference number or written confirmation of your report.
- Tell all **vets** and animal rescue centres within a reasonable distance of the area where **your pet** was last seen.
- Tell the operator of the database which holds the microchip information relating to **your pet** to record the loss in that database.
- Fill in a claim form if **your pet** has not been found within 30 days

If **your pet** is found or returned, **you** must repay the full amount **we** have paid **you**.

Please note

Section 2 of this **policy** where **we** cover advertising costs is also relevant to this section.

How to claim

For a claim form for theft or straying, please phone our Claims Team on:
(01) 613 3990

Alternatively, **you** can print out a claim form by visiting:
www.allianz.ie.

Please send **us**:

- the pedigree certificate, if relevant and
- a receipt showing the amount **you** paid for **your pet**
- a fully completed claim form.
- confirmation of the adoption fee given to the rehoming or rescue centre where **you** got **your pet** if relevant.

If **you** cannot provide this, the **maximum amount payable** will be limited. Please see your **schedule** for details. The most **we** will pay under this section is displayed on your **schedule**.

Please note

We will not pay for any fees or costs **you** pay to prepare any claim.

Section 5: Death from Injury

This section applies in the Republic of Ireland only.

What we will pay

We will pay the price **you** paid for **your pet** if during the **period of insurance**:

- it dies; or
- has to be put to sleep by a **vet** as a result of an **injury** caused by an accident.

Please note: **you** must provide formal proof of purchase and, where applicable, a pedigree certificate in order to claim under this section of the **policy**. If **you** cannot provide this, the **maximum amount payable** will be limited. Please see your **schedule** for details.

The **maximum amount payable** under this section is displayed on your **schedule**.

If **you** got **your pet** from a rehoming or rescue centre **you** can claim:

- the adoption fee **you** gave for **your pet** up to the maximum amount displayed on your **policy schedule**; or,
- the price shown on your **policy schedule**, up to a maximum of €100, if **you** do not have evidence of the adoption fee **you** paid when **you** acquired **your pet**.

What we will not pay

1. **Maximum**
   We will not pay more than the **maximum amount payable**.
2. **Before cover began**
   We will not pay any amount if the death results from an **injury** that happened before **your pet's** cover started.
3. **Excluded from your schedule**
   We will not pay any amount if the death results from an **injury** or **illness** which is excluded:
   - as specified on your **schedule**
   - within the terms and conditions of this **policy**.

Section 5: Death from Injury

This section applies in the Republic of Ireland only.

How to claim

For a claim form for death from **injury**, please phone our Claims Team on: **(01) 613 3990**.

Alternatively, **you** can print out a claim form by visiting: www.allianz.ie.

Please send **us**:

- the pedigree certificate, if relevant and
- a receipt showing the amount **you** paid for **your pet**
- a fully completed claim form.
- confirmation of the adoption fee given to the rehoming or rescue centre where **you** got **your pet** if relevant.

If **you** cannot provide this, the **maximum amount payable** will be limited. Please see your **schedule** for details. The most **we** will pay under this section is displayed on your **schedule**.

Please note

We will not pay for any fees or costs **you** pay to prepare any claim.

Section 6: Death from Illness

This section applies in the Republic of Ireland only.

What we will pay

We will pay the price **you** paid for **your pet**, if as a result of an **illness**, it dies or has to be put to sleep by a **vet** during the **period of insurance**.

Please note: **you** must provide formal proof of purchase and, where applicable, a pedigree certificate in order to claim under this section of the **policy**. If **you** cannot provide this, the **maximum amount payable** will be limited. Please see your **schedule** for details.

The **maximum amount payable** under this section is displayed on your **schedule**.

If **you** got **your pet** from a rehoming or rescue centre **you** can claim:

- the adoption fee **you** gave for **your pet** up to the maximum amount displayed on your **policy schedule**; or,
- the price shown on your **policy schedule**, up to a maximum of €100, if **you** do not have evidence of the adoption fee **you** paid when **you** acquired **your pet**.

What we will not pay

1. **Maximum**
   We will not pay more than the **maximum amount payable**.
2. **Before cover began**
   We will only pay anything if the death results from an **injury** or **illness** that first began or showed **clinical signs** after **your pet's** cover began.
3. **Within 14 days of cover starting**
   We will only pay anything if the death results from an **illness** that first began or showed **clinical signs** at least 14 days after **your pet's** cover starting.
4. **Clinical signs before cover began**
   We will not pay anything if the death results from an **illness** which is the same as an **illness** in any part of **your pet's** body that first showed **clinical signs** after **your pet's** cover started.
5. **Relevant age of breed**
   We will not pay anything if the death results from an **illness** or disease in:
   - any **select breed** aged 5 years or over, or
   - any other **pet** aged 8 years or over.

Section 6: Death from Illness Continued

What we will pay	What we will not pay
(continued from Page 28)	6. **Excluded from your schedule** **We** will not pay anything if the death results from an **injury** or **illness** which is: • excluded as specified on your **schedule**, or • not covered within the terms and conditions of this **policy**.

How to claim

For a claim form for death from **illness**, please phone our Claims Team on: **01 613 3990**.

Alternatively, **you** can print out a claim form by visiting: www.allianz.ie.

Please send **us**:
- the pedigree certificate, if relevant and
- a receipt showing the amount **you** paid for **your pet**
- a fully completed claim form.
- confirmation of the adoption fee given to the rehoming or rescue centre where **you** got **your pet** if relevant.

If **you** cannot provide this, the **maximum amount payable** will be limited. Please see your **schedule** for details. The most **we** will pay under this section is displayed on your **schedule**.

Please note

We will not pay for any fees or costs **you** pay to prepare any claim.

Section 7: Cremation and Euthanasia

This section applies in the Republic of Ireland only.

What we will pay

We will pay;

- towards the cost to put **your pet** to sleep if recommended by a **vet** as the most humane course of action following an accidental **injury** or **illness**; and/or
- towards the cost of cremation or disposal of **your pet** if **your pet** dies following an accidental **injury** or **illness** or following **your pet** being put to sleep by a **vet**.

This does not form part of the **vet fee** limit and no **excess** applies to this part of the cover.

Your **policy schedule** shows the **maximum amount payable** under this section.

What we will not pay

1. **Maximum**
   We will not pay more than the **maximum amount payable**.
2. **Within 14 days of cover starting**
   We will not pay to put a pet to sleep or towards the cost of cremation or disposal if **your pet's illness** occurs during the first 14 days of cover.
3. **Before cover began**
   We will only pay towards the cost of putting **your pet** to sleep or towards the cost of cremation or disposal resulting from **injury** that first began or showed **clinical signs** after **your pet's** cover began.
4. **Clinical Signs**
   We will only pay for the cost of euthanasia if the **illness** did not show **clinical signs** within the first 14 days of **your pet's** cover starting
5. **Excluded injuries and illnesses**
   We will not pay any costs resulting from an **injury** or **illness** which is:
   - excluded as specified on your **schedule**, or
   - not covered within the terms and conditions of this **policy**.

Section 7: Cremation and Euthanasia

Continued

This section applies in the Republic of Ireland only.

How to claim

You must fill in all policyholder sections of the claim form and ask your **vet** to fill in the **treatment** section. To claim for this benefit **you** must complete the **vet fees** claim form.

For a claim form, please phone our Claims Team on:
(01) 613 3990

Alternatively, **you** can print out a claim form (for **vet fees**) by visiting:
www.allianz.ie.

Or your **vet** may have a supply of **vet fees**' claim forms.

Please send **us** the following
- A fully completed claim form
- A death certificate from a **vet**
- A receipt from the **vet** for the cremation or euthanasia

Please note

We will not pay for any fees or costs **you** pay to prepare any claim.

Section 8: Holiday Cancellation

What we will pay

In some circumstances, **we** will pay for the cost of any travel and accommodation expenses **you** cannot recover.

1. **We** will pay if **you** have to cancel your holiday during the **period of insurance** in the 7 days before **you** are due to leave if **your pet**:
   - has an **injury**
   - shows the first **clinical signs** of an **illness** and requires immediate lifesaving surgery.

   or

2. **We** will pay if **your pet** is staying in the Republic of Ireland while **you** are on holiday and **you** have to cut short your holiday because **your pet**:
   - goes missing; or
   - has an **injury** or shows the first **clinical signs** of an **illness** and requires immediate lifesaving surgery.

The **maximum amount payable** under this section is displayed on your **schedule**.

Please note: this cover applies to holidays within the **period of insurance** only.

What we will not pay

1. **Maximum**
   We will not pay more than the **maximum amount payable**.
2. **Booked in last 28 days**
   We will only pay any costs relating to a holiday **you** booked more than 28 days before **you** were due to leave.
3. **Excluded injuries and illnesses**
   We will not pay any costs resulting from an **injury** or **illness** which is excluded:
   - as specified on your **schedule**
   - within the terms and conditions of this **policy**.
4. **Within 14 days of cover starting**
   We will only pay any costs resulting from an **illness** first showing **clinical signs** either after or more than 14 days of **your pet's** cover starting. **We** will not pay any costs resulting from an **illness** which starts in the first 14 days of cover.

Section 8: Holiday Cancellation Continued

How to claim

For a claim form for holiday cancellation, please phone our Claims Team on **(01) 613 3990**.

Alternatively, **you** can print out a claim form by visiting: www.allianz.ie.

Please send **us** a claim form which **you** and your **vet** have filled in. Also send **us** the booking invoice and cancellation invoice from the:

- travel agent
- tour operator
- other holiday sales organisation.

The invoices must show:

- the date of the booking
- the dates of the holiday
- the total cost of the holiday
- the date **you** decided to cancel or return home
- any expenses **you** cannot recover.

Please note

We will not pay for any fees or costs **you** pay to prepare any claim.

Section 9: Third Party Liability

This section applies in the Republic of Ireland only.

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

What we will pay

We will pay if property is damaged, or someone is killed, injured or becomes ill as a result of an incident involving **your pet** during the **period of insurance**.
We will pay:

1. all amounts that **you** legally have to pay; and
2. if **we** agree, the legal cost and expenses for defending a claim against **you**.

The **maximum amount payable** under this section is displayed on **your schedule**.

What you must pay

You must pay the Third Party Property Damage **excess**, as shown on your **schedule**. This applies to any compensation, costs or expenses where property has been damaged.

What we will not pay

1. **Maximum**
   We will not pay more than the **maximum amount payable**.
2. **Cost must be agreed first**
   We will only pay any costs or expenses to defend **you** if **we** agree to do so in advance.
3. **Your role**
   We will not pay any compensation, costs and expenses resulting from an incident which takes place as a result of your profession, occupation or business.
4. **Contract you have entered**
   We will not pay any compensation, costs and expenses **you** are legally responsible for because of a contract **you** have entered into.
5. **People close to you**
   We will not pay any compensation, costs and expenses if the person who is killed, injured or falls ill lives with **you** or is employed by **you**.
6. **Property ownership**
   We will not pay any compensation, costs and expenses if the property damaged belongs to:
   - **you**
   - anyone who lives with **you**
   - anyone who is employed by **you**.

Section 9: Third Party Liability Continued

What we will pay

(continued from Page 34)

What we will not pay

7. **Looking after property**
   We will not pay any compensation, costs and expenses if **you**, or any person who lives with **you**, or is employed by **you** is responsible for or looking after the property that is damaged.
8. **Outside Ireland**
   We will not pay any compensation, costs or expenses if **you** are deemed responsible under the law of any country, other than the Republic of Ireland.
9. **Pollution**
   We will not pay any compensation, costs and expenses if **you** are responsible for air, water or soil pollution, unless it can be proved that the pollution took place immediately after and as a result of an accident involving **your pet**.
10. **Control of dogs**
    We will not pay any compensation, costs and expenses arising from the ownership, possession or use of any dog specified under Control of Dogs (Restriction of Certain Dogs) Regulations and/or any other amending acts, unless the dog;
    - is kept muzzled;
    - under effective control;
    - the dog can be clearly identified in public places
    - **you** are in possession of a Certificate of Exemption (if applicable to the breed of dog owned by **you**).

Section 9: Third Party Liability Continued

Special conditions that apply to this section

1. **Responsibility**
   Following an incident, **you** must not:
   • admit responsibility
   • agree to pay any claim
   • negotiate with any other person.
2. **Information**
   You must agree to provide **us** with any information **we** ask for.
3. **Defence**
   You must allow **us** to take over and conduct the defence or settlement of any legal action:
   • in your name; or
   • in the name of any other person indemnified by this **policy**.
4. **Legal documents**
   You must immediately send **us** any writ, summons or legal documents **you** receive. **You** must never send any replies to any of these documents.

How to claim

For a claim form for third party liability, please phone our Claims Team on **01 613 3990**

Alternatively, **you** can print out a claim form by visiting: www.allianz.ie.

Please send **us**:
- the claim form
- all correspondence
- all writs
- all summons
- any other legal documents.

You must not have replied to any of these documents.

Please note: **We** will not pay for any fees/costs incurred by **you** in preparation of any claim.

General Exclusions

All sections in this **policy** do **not** cover the following:

1. Under 8 weeks
   This **policy** does not cover animals less than 8 weeks old.
2. Working dogs
   This **policy** does not cover **your pet** being used for:
   - guarding
   - security
   - racing
   - coursing.
3. You break the law
   This **policy** does not cover any amount if **you** break the animal health or importation laws or regulations of the Republic of Ireland or United Kingdom.
4. Authorities confiscate or destroy your pet
   This **policy** does not cover any amount if **your pet** is seized by authorities or destroyed:
   - by government or public authorities
   - under the Control of Dogs Act 1986 and Control of Dogs (Amendment) Act 1992 and any other amending acts in the Republic of Ireland or the Animals Act 1972 in the United Kingdom
   - because it was worrying livestock.
5. Department restrictions
   This **policy** does not cover any costs **you** must pay because the Department of Agriculture, Food and the Marine in the Republic of Ireland or the Ministry of Agriculture, Fisheries and Food in the United Kingdom, have put restrictions on **your pet**.
6. War or similar
   This **policy** does not cover any loss caused by:
   - war
   - riot
   - revolution
   - or any similar event.
7. Calendar date
   This **policy** does not cover any loss caused by, connected to or resulting from any device failing to recognise, interpret or process any date as its true calendar date.
8. Transmitting disease to humans
   This **policy** does not cover any cost resulting from diseases transmitted from animals to humans.
9. Notifiable diseases
   This **policy** does not cover any amount if the **pet** suffers from a notifiable disease as defined by the Department of Agriculture, Food and the Marine at the time of the notification of the claim.
10. Treatment abroad
    This **policy** does not cover any amount for travel to seek veterinary **treatment** abroad, except where **treatment** is not available in the Republic of Ireland and agreed in advance by the Allianz Pet Insurance Claims Department.

General Exclusions Continued

11. MRI or CT scans
    This **policy** does not cover any amount for MRI or CT scans unless cover has been agreed in advance by the Allianz Pet Insurance Claims Department. **You** must ask for a report from a qualified Diagnostic Imaging Specialist at the time of the scan. **You** must send **us** a copy of this report along with your claim.

Important Information in Relation to Your Allianz Policy

Your insurer

The underwriter of your insurance is Allianz p.l.c.

Address:
Allianz House
Elmpark
Merrion Road
Dublin 4
D04 Y6Y6
Companies Registration No. 143108
VAT No. 4887986M
Phone +353 1 448 48 48
Email info@allianz.ie

Regulatory Status

Allianz p.l.c. is regulated by the Central Bank of Ireland. It is subject to the Central Bank of Ireland's Consumer Protection Code and Minimum Competency Code. These offer protection to consumers. **You** can find these codes on the Central Bank's website: www.centralbank.ie.

What we do

Allianz p.l.c. is a non-life insurance undertaking which underwrites personal, commercial, education, religious and social insurance products. When dealing directly with personal customers **we** underwrite general insurance products on a non-advised information only basis.

How we charge

The charge for our services is the premium (including where applicable, a government levy). This premium and any optional covers are separately shown in your **schedule**/renewal notice.

Default of payment and/or breach of conditions

Non-payment of your premium or part thereof (including where **you** are using our Direct Debit option) or breach by **you** of certain conditions of your **policy** may lead to your **policy** being revoked or cancelled.

Language & Customer Communications

Your **policy** and all communications with **you** or by **you** to **us** will be in English. For Allianz Direct customers, **We** will publish your insurance documentation in the MyAllianz portal. Only on request will **we** provide your documentation by post.

Right of Withdrawal

You have the right to withdraw from this **policy**, provided **you** have not made a total loss claim, within 14 working days of the latest of:
(1) the starting date of cover, or
(2) the date on which **you** receive the full terms and conditions of your **policy**.

Withdrawal effectively means that no **policy** was ever in place, and **you** may exercise this right by notice in writing to

Important Information in Relation to Your Allianz Policy

us at the address given above, quoting your **policy** number. Should **you** exercise this right **we** will refund **you** any part of your premium **you** have paid less an administration charge as detailed in your **schedule**. Please note that right of withdrawal does not apply if the insurance **policy** under which insurance cover is provided is for less than 1 month.

Policy Alteration, Additional and Return Premiums

If your **policy** is altered during any **period of insurance we** will recalculate your premium. This may result in an additional premium due to **us** or a return premium due to **you**.

We will only charge or refund **you** provided the total amount, including the premium transaction charge, is greater than or equal to the amount detailed in your **schedule**. Where applicable, a government levy will be applied to your premium calculations.

Alteration to terms and conditions

In the event of a claim **we** may advise **you**, at the time of your next renewal, of altered **policy** terms and conditions which increase your premium and/or **excess**, and/or reduce cover.

Remuneration

Please be aware that an Allianz staff member may receive a payment in relation to the processing of your **policy**.

Compensation

Please note that in the event of Allianz being unable to pay a claim, **you** may be entitled to compensation from the Insurance Compensation Fund in Ireland.

Call Recording

Allianz may record and monitor phone calls for regulatory, training and quality purposes.

Complaints

We aim to deliver the very highest standards of customer care. If **you** have any enquiry or complaint, please contact **us**, with your **policy** or quote number or both and any other details.

Address
Chief Customer Officer
Allianz p.l.c.
Allianz House
Elmpark
Merrion Road
Dublin 4
D04 Y6Y6

Phone +353 1 6133000

Email info@allianz.ie.

Important Information in Relation to Your Allianz Policy

If your complaint is not resolved to your satisfaction and **you** remain dissatisfied with our final response to your complaint **you** can refer your complaint to:

(1) The Financial Services and Pensions Ombudsman,
Lincoln House,
Lincoln Place,
Dublin 2,
D02 VH29.
Tel: (01) 567 7000
Email: info@fspo.ie
Website: www.fspo.ie

The Financial Services and Pensions Ombudsman will examine complaints from all customers, except limited companies with a turnover of €3 million and above

and/or

(2) Insurance Information Services - Insurance Ireland,
First Floor,
5 Harbourmaster Place,
IFSC, Dublin 1,
Tel: +353 1 6761820,
email: info@insuranceireland.eu
website: www.insuranceireland.eu

Allianz p.l.c.
Allianz House
Elmpark
Merrion Road
Dublin 4
D04 Y6Y6.

Website: www.allianz.ie
E Mail: info@allianzdirect.ie

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