

Agria Care



Valid from 1 February 2023

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Introduction

These Policy Terms and Conditions together with the Application and the **Policy Schedule** form the Certificate of Insurance and are part of an insurance contract. This insurance applies only to an **Event** and **Treatment** arising within the Republic of Ireland.

Please read this document carefully and familiarise Yourself with its contents i.e., what the policy does cover and what the Policy does not cover. Please also read the **Policy Schedule** carefully to ensure that the information contained within it is correct. If it is not, please notify **Us** immediately.

Please also notify **Us** immediately of any change which may affect the **Period of Insurance**.

Please note that these Terms and Conditions are subject to amendment from time to time and may vary according to details disclosed on **Your** Application.

In consideration of the payment of the premium, **We** will provide the insurance in this Policy in respect of **Events** occurring during the **Period of Insurance**.

Definitions

- **Age at Entry and Breed Specific Policy Limitations** – A detailed list of exclusions and extended **Stand-Down Periods** specific to the age and breed of **Your Pet** when first insured with **Us**. Any **Condition** subject to an extended **Stand-Down Period**, arising or commencing during the **Stand Down Period** is not covered under the policy. Any **Condition** specifically excluded is not covered under the policy.
- **Behavioural Problems** – Any changes to **Your Pet's** normal behaviour, resulting from a mental or emotional disorder.
- **Bilateral Condition** – Any Condition affecting body parts of which **Your Pet** has two, one each side of the body (e.g. ears, eyes, knees, elbows, cruciate ligaments, patella's etc.).
- **Certificate of Insurance** – The Certificate forwarded in consideration of the payment of the Premium, evidencing the coverage set out herein, formed by these Policy Terms and Conditions and the **Policy Schedule**.
- **Claimable Amount** – The total amount in Euro that can be claimed under the benefit. The claimable amount is the amount of the claim prior to the deduction of the Policy **Excess**.
- **Clinical History** – All records held by any and all Veterinary practices (or other organisations) that **Your Pet** has attended. This is to include a complete, unedited chronological record (computer printout, handwritten notes or photocopy) of the original clinical notes as made at the time of all consultations and **Treatments**, radiographs, laboratory reports and referral letters (if applicable) as Well as all financial records relating to **Your Pet**.
- **Clinical Signs** – Are **Symptoms** of and / or Changes to, **Your Pet's** normal healthy state, its bodily functions and / or behaviour.
- **Condition** – Any **Illness, Injury** or disease, or any **Clinical Signs, Symptoms** or signs of **Injury, Illness** or disease including related problems, **Illnesses** and diseases.
- **Congenital Condition** – An **Illness** or physical abnormality present from birth.
- **Currency** – All figures in this policy are expressed in Euro, unless stated otherwise.
- **Deductible or Co-Pay** – The percentage of each and every claim payable by **You** as outlined in **Your Policy Schedule**.
- **Degenerative Condition** – A **Condition** in which the function or structure of the affected tissues or organs will deteriorate progressively over time, including related or contributory **Conditions** e.g. Cruciate Disease, Degenerative Joint Disease, Congestive Heart Failure.
- **Document History** - Original records, copies or images of any and all documents and records relating to **Your Pet** including but not limited to vaccination records and cards, registration documents, microchipping certificates and adoption papers.
- **End Date** – the day **Your** cover ends, 364 Days after the **Start Date**.
- **Event(s)** – The manifestation of a **Condition** or **Illness** or an accident causing **Injury** to **Your Pet**.
- **Excess** – The amount payable by **You** for each **Illness** or **Injury** that is treated during the Policy Year that is not related to any other **Illness** or **Injury** treated during the same Policy Year. This also means that when the **Treatment** dates of an **Illness** or **Injury** fall into two or more Policy Years **You** pay an **Excess** for each Policy Year. The **Excess** payable will be shown in **Your Policy Schedule**.
- **Eye Conditions** – Cataracts, Cherry Eye, eyelid deformities.
- **Illness** – Any sickness, disease or changes to **Your Pet's** normal healthy state.
- **Injury** – Bodily **Injury** caused solely and directly by sudden violent, accidental, unexpected, external and visible means.
- **Maximum Benefit** – The most **We** will pay in respect of any one **Event** as set out in the **Policy Schedule** or in aggregate for any one **Period of Insurance** per insured pet.
- **Orthopaedic Conditions** – Any **Condition** affecting the normal function of **Your Pets** joints or bones including but not limited to Cruciate Disease and rupture, Arthritis, Joint Dysplasia and Spinal Disc Disease.
- **Period of Insurance** – The period shown on the **Policy Schedule** or any renewal for which **You** have paid and **We** have agreed to accept a renewal premium.
- **Pet History** - All **Clinical History** and **Document History** relating to **Your Pet**
- **Policy Schedule** – The document that details **Your** selected cover, the amount of **Your Maximum Benefit**, the person(s) and animal(s) who are insured, the premium payable and the **Start Date**.
- **Pre-Existing Condition** – A **Condition** that is the same as, or has the same diagnosis or **Clinical Signs** as an **Illness, Injury** or Clinical Sign **Your Pet** had before the **Start Date** or during the **Stand-Down** period including **Congenital Conditions**.
- **Purchase Price** – The amount **You** paid for **Your Pet** evidenced by the original receipt, from the breeder, at time of purchase of **Your Pet**.
- **Select Breeds** – Abruzzese Mastiff, Beauceron, Bernese Mountain Dog, Boerboel, Bordeaux Mastiff, Brazilian Mastiff, Broholmer, Bulldog (English), Bullmastiff, Bully Kutta, Canary Dog, Cane Corso, Deerhound, Dogo Argentino, Dogue De Bordeaux, Estrela Mountain

Dog, German Mastiff, German Shepherd, Great Dane, Great Pyrenees, Irish Wolfhound, Leonberger, Mastiff, Neapolitan Mastiff, Newfoundland, Old English Mastiff, Old English Sheepdog, Perro de Presa Canario (Presa Canario), Pyrenean Mastiff, Rottweiler, St. Bernard, Tibetan Mastiff, Tosa Inu. (**We** may modify this list from time to time).

- **Self-Injury** - Any physical harm that **Your Pet** does to their own body either internally or externally, whether intentionally or unintentionally, e.g. autophagy (biting own flesh), ingesting or swallowing foreign objects.
- **Skin Conditions** - Any **Conditions** affecting the skin, including ear canals.
- **Specialist, Specialist Vet, Specialist Veterinary Surgeon** - A **Vet** on the Irish Veterinary Council's Register of **Specialist's**, or a **Vet** that has achieved a European, American or Royal College Diploma status in their respective field.
- **Stand-Down Period** - Within 14 days of the inception date of the **Period of Insurance** in all instances or as may be outlined additionally in relation to specific **Conditions** in the **Age at Entry and Breed Specific Policy Limitations** table.
- **Start Date** - The date on the **Policy Schedule** showing when the cover starts.
- **Symptom** - A feature (whether clinically evident or not) that indicates the existence of something else. It is the evidence of a physical or mental **Condition, Illness or Injury** being suffered by **Your Pet**.
- **Territorial Limits** - The Republic of Ireland.
- **Treatment** - Any examination, consultation, diagnostics, advice, test, X-ray, medication, surgery, nursing or care provided by any Veterinary professional.
- **Vet** - Registered General Veterinary Surgeon or Registered **Specialist Veterinary Surgeon**.
- **Vet Fees** - The amount in general that a Registered General Veterinary Surgeon or a Registered **Specialist Veterinary Surgeon** charges.
- **We, Us, Our** - Försäkringsaktiebolaget Agria (publ), c/o Petinsure, PO Box 911, Little Island, Cork , T45 HP92 Ireland.
- **You, Your** - The person named on the **Policy Schedule**
- **Your Pet** - Any dog or cat named on the **Policy Schedule**, where **You** are the registered owner, is living with **You** at **Your** permanent registered address and is in **Your** permanent & full-time care.

Conditions of Cover

- A. **You** cannot cancel the insurance if **You** have submitted a claim during the "free look" period or during the **Period of Insurance**. The free look period refers to the first 21 days of the policy during which **You** may examine the policy documents in full, and surrender the policy in exchange for a full refund of premium if not satisfied for any reason.
- B. Throughout the **Period of Insurance**, **You** must arrange to take care of **Your Pet**, arrange and pay for **Your Pet** to have a yearly health check and dental examination and any **Treatment** normally recommended by a **Vet** to prevent **Illness or Injury**. Failure to do so will affect payment of claims.
- C. **You** must arrange for **Your Pet** to be kept vaccinated, on an annual basis, for the duration of the policy. Dogs must be kept vaccinated against Distemper, Hepatitis, Parvovirus, Bordetella (Kennel Cough) and Leptospirosis. Cats must be kept vaccinated against Feline Infectious Enteritis, Feline Leukaemia Cat Flu, and Coronavirus.
- D. Where **You** state that **Your Pet** has been vaccinated, failure to provide evidence of a full annual vaccination record will result in the automatic declination of any claim submitted by **You** and the immediate cancellation of **Your** policy with only the unused (if any) portion of premium paid by **You** refunded.
- E. 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. **You** must tell **Us** the name and address of the other insurance company and **Your** policy number with them and otherwise make full disclosure of all relevant facts. If **You** have any legal rights against another person in relation to **Your** claim, **We** may take legal action against them in **Your** name at **Our** expense. **You** must give **Us** all the help **You** can and provide any documents **We** ask for.
- F. If **You** make a false or exaggerated claim, this policy will end and **We** will not make any further payments. Any related payments must be returned to **Us**. For the avoidance of doubt, nondisclosure of information (previous **Conditions, Events** or Veterinary surgeons attended) whether or not **You** deemed it to be relevant, will result in the automatic declination of **Your** claim. If **We** discover, subsequent to payments being made for any given **Condition**, that information has been withheld, all monies paid by **Us** will be immediately refundable.

- G. **Your Pet** is only insured under this policy if **You** have paid the premium. It is **Your** responsibility to ensure **Your** premiums are paid and up to date. The insurance will lapse without notice if payment of the premium is more than 10 days overdue.
- H. **We** reserve the right to deduct any outstanding premium from a claim. If a **Vet**, who has treated **Your Pet** or is about to treat **Your Pet**, asks for information about **Your** insurance that relates to a claim, **We** will, at **Our** discretion, tell the **Vet** what **Your** insurance covers, how the amount **We** pay is calculated and if the premium is up to date. By submitting a claim to **Us**, **You** are giving **Us** **Your** permission to provide whatever information is deemed necessary to any **Vet**, for the purposes of claims assessment and settlement. No information other than what **We** deem relevant will be shared.
- I. If **We** offer further periods of insurance, **We** may change the premium, **Excess**, Terms & Conditions and / or add exclusions based on **Your Pet's** history.
- J. **You** must send **Us** a claim form that has been properly filled in and **You** must have paid the **Vet**. **We** will then write to **You** with **Our** decision. When **You** claim, **You** agree to give **Us** any information **We** may reasonably ask for. **You** must get a **Vet** to examine and treat **Your Pet** as soon as possible after it shows **Clinical Signs** of an **Injury** or an **Illness**. **We** will not give prior approval of **Your** claim. If **We** decide, **You** must take **Your Pet** to a **Vet** that **We** choose.
- K. **We** also reserve the right to refuse payment of any **Vet Fees** arising from the **Treatment** of **Your Pet** by any particular **Vet** (or by any particular practice) after **You** have been notified by **Us**.
- L. It is not possible to upgrade your policy plan after the policy commences.
- M. **We** will, at **Our** option, offer a renewal of insurance. If renewed, the insurance shown on the new Policy Certificate is subject to the Terms and Conditions then required by **Us**. **We** reserve the right to modify or retract an offer of renewal or modify **Your** policy terms and premium (including after the renewal date of **Your** policy) in the event that any prior claim is received or processed at any time after the date of that offer.
- N. **We** reserve the right to specify from time to time a maximum fees Schedule pertaining to particular procedures and **Treatments**. The current Schedule is available from **Us** upon request.
- O. **You** agree that anyone who has treated or cared for **Your Pet** has **Your** permission to release any **Pet History** **We** ask for about **Your Pet**. **We** will not pay for this information. If **We** do not receive all information relating to **Your Pet** from all current and prior treating Vets then **Your** claim will be declined.
- P. **We** reserve the right to cancel the insurance, for any reason, by notifying **You** in writing 14 days prior to the cancellation date. In this event, **We** will refund any premium of any unused portion of the **Period of Insurance**.
- Q. VAT - the maximum claimable amounts and **Excesses** shown on the Schedule of Benefits are inclusive of VAT. If **We** receive a request to make a claim payment to a Veterinary practice, **We** reserve the right to decline this request.
- R. A dog on a public highway must be under control on a collar and lead. Reasonable steps must be taken to ensure a dog does not escape or stray and any area in which the dog is kept must be secure and appropriately fenced or otherwise secured.
- S. This is a fixed terms insurance policy. No claims whatsoever will be paid for any costs incurred after the **End Date**, if cover has been cancelled either by **You** or by **Us**.
- T. It is **Your** responsibility to ensure that **You** are not attempting to claim for a **Pre-Existing Condition** or **Event**. If **You** attempt to claim for a **Pre-Existing Condition** or **Event** knowingly or unknowingly **Your** policy will be cancelled. Only the unused portion of **Your** premium will be refunded to **You**.
- U. **You** and **Your Pet(s)** must live within the **Territorial Limits**, on a permanent basis, at the address shown on **Your** Certificate of Insurance.
- V. Throughout the **Period of Insurance**, **You** must take all reasonable steps to: Maintain **Your Pets** health; Provide a safe and secure environment for **Your Pet** to prevent an **Event** (including but not limited to ingestion of foreign bodies once **You** have become aware that **Your Pet** is pre-disposed to this behaviour); Control **Your Pet** to prevent **Injury** to a person or another animal or damage or destruction to any property.

General Exclusions

- A. Claims for a pet less than 8 Weeks of age.
- B. Costs resulting from any **Event** caused by or arising from Use of an animal for hunting, guarding, racing or fighting.
- C. Costs relating to the destruction of or **Injury** to a pet to prevent **Injury** to people or livestock.
- D. Claim for loss resulting either directly or indirectly from an infringement of statute regulations or bylaws relating to animal health, bio-security or dog control statutes.
- E. If **Your** dog becomes designated individually or by breed as dangerous by statute, regulation or regulatory body, **You** must tell **Us** and **We** will cancel the policy.
- F. Any loss caused by war, riot, revolution or any similar **Event**.
- G. Any costs incurred as a result of restrictions put on **Your Pet** by the Department of Food and Agriculture in the Republic of Ireland
- H. Any amount if **You** break The Republic of Ireland animal health or importation laws or regulations.
- I. Claims for pets who have not been properly cared for and who have not been presented to a Veterinary surgeon for an annual check-up while in **Your** possession.
- J. **We** shall not be liable for any claims of any kind which are caused by **Your Pet** straying, escaping, damaging property or attacking persons or pets if **Your Pet** has done this before.
- K. A **Stand-Down** period applies to the Vet Fees, Death From Illness and Holiday Cancellation Costs benefits of **Your** policy.
- L. **You** must care for **Your Pet**, in accordance with the advice of **Your Vet**. **We** shall not be liable for any claims arising from **Conditions** or **Events** resulting from, accentuated by or caused by **Your** failure to follow **Your** Vets advice.
- M. Any claims for **conditions** specifically excluded under the policy based on the breed of **Your Pet** and / or the age of **Your Pet** at the **Start Date** of **Your** policy.
- N. Any claims for **conditions**, subject to **Stand-Down Periods**, arising during the specified **Stand-Down Period** depending on the age of **Your Pet** and the breed of **Your Pet** when first insured with **US**.

Vet Fees

WHAT WE WILL PAY

- The cost of **Vet Fees** for **Treatment Your Pet** has received during the **Period of Insurance** for an **Event**.
- The **Maximum Benefit** for any one **Event** or in aggregate for one **Period of Insurance** per insured pet will be shown on **Your Policy Schedule**

WHAT YOU WILL PAY

For each claim, **You** must pay an amount as shown in **Your Policy Schedule** and as defined under **Excess** in this Terms and Conditions document.

WHAT WE WILL NOT PAY

- More than the **Maximum Benefit** for any one **Event** or in aggregate for any one **Period of Insurance**.
- More than the maximum designated fee for any procedure that is subject to such a limit.
- Any amount if **Your** claim results from:
 - A **Condition** that is caused by, relates to or results from an **Illness**, **Injury** or Clinical Sign **Your Pet** had before the **Start Date** or during the **Stand-Down** period regardless of whether or not **You** were aware of it.
 - A **Condition** that first showed **Clinical Signs** before the **Start Date** or during the Stand- Down period.
 - A **Pre-Existing Condition**.
- Any amount for claims resulting from a **Condition** or **Injury** that is specifically excluded under the **Certificate of Insurance** or generally not covered by these Terms and Conditions.
- The cost of any **Treatment a Vet** normally recommends in preventing **Injury** or **Illness**, including (but not limited to) elective and cosmetic **Treatment**, neutering, worming, flea and tick **Treatments**, blood tests and screening, nail clipping, dewclaw & wart removal, grooming, routine emptying of anal glands, removal of anal glands and use of pheromones.
- Any Amount for claims for **Treatments** for Heart Conditions, Diabetes, **Eye Conditions**, Brachycephalic Airway Syndrome, Spinal Problems, Pyometra & Prostate Issues, **Degenerative Conditions**, **Skin Conditions** or **Orthopaedic Conditions** that are subject to specific exclusions and / or **Stand-Down Periods** as outlined in the Age at Entry and Breed specific Policy Limitations.
- The cost of any **Treatment** that **You** choose to have carried out that is not directly related to an **Event**.

- Any **Treatment** in connection with breeding, pregnancy or giving birth including the cost of spaying and castration and including claims arising from these procedures (except in cases of an **Event** specific to the reproductive system).
- The cost of treating any **Event** caused by **You** or anyone living with **You**.
- The cost of house calls unless **Your Vet** confirms that moving **Your Pet** would damage **Your Pet's** health, regardless of **Your** personal circumstances.
- Afterhours consultation charges except in an emergency.
- The cost of dentistry and dental related procedures (including gums) except for remedial **Treatment** of teeth following an **Injury**. A **Vet** must have checked **Your Pet's** teeth within 12 months prior to the onset of a claim.
- **Behavioural Problems**
- Contact skin allergies, e.g. from plants.
- The cost of a post-mortem.
- Any costs for treating an **Illness** or **Injury** after the last day of the Policy Year.
- Any amount for Pre-anaesthetic blood screening, nor intraoperative fluids for short procedures (under 40 minutes) in healthy dogs under 7 years of age (**Select Breeds** under 4 years of age) and in healthy cats under 10 years of age.
- The cost of out of hours' emergency consultations, **Treatments** and hospitalisation unless the **Vet** certifies, in writing (and **We** agree) that the consultation, **Treatment** or hospitalisation was absolutely necessary and that not taking that action would have seriously worsened **Your Pet's** health.
- Any amount for repeat / duplicate tests, diagnostics, consultations, imaging (ultrasound, x-ray) or advanced imaging (CT, MRI) for the same or similar **Conditions**, e.g. where a CT scan has been performed, no further imaging will be approved for payment.
- Any amount for a **Condition** or **Conditions** arising from the same or similar **Events** to those the same as, or similar to an **Event** or **Events** suffered by **Your Pet** prior to the **Start Date** of the policy or during the **Stand-Down** period.
- More than 5 Hydrotherapy, Laser-therapy or Physiotherapy sessions per **Condition**.
- Any homeopathy, acupuncture, alternative medicine, supplements or related **Treatments**.
- The cost of **Treatment** if a claim is not submitted within 90 days of the first diagnosis or Clinical Sign of the **Condition** whichever the earlier.
- The cost of any **Treatment** if a claim is not submitted within 90 days of the **End Date** of **Your** Policy.
- Costs for **Treatment** of **Conditions** arising from or exacerbated by **Your Pet** being overweight, except for weight gain as a result of a diagnosed **Illness**.
- Costs for the **Treatment** of Pancreatitis, Diabetes, **Orthopaedic Conditions** or Heart **Conditions** if **Your Pet** is overweight unless as a result of a covered **Condition**.
- 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 Policy **Stand-Down** period.
- Fees charged by primary care Veterinary surgeons for investigations, procedures and **Treatments** in excess of 50% of the fees charged for the equivalent investigations, procedures and **Treatments** by a **Specialist(s)**.
- Any fees or costs for **Treatments** which **We** do not consider reasonable or necessary.
- Any amount for Veterinary fees where **We** deem the investigations and / or **Treatments** were not indicated based on the **Clinical History** provided.
- Costs incurred as a result of complications associated with Veterinary error as deemed by **Our** Veterinary advisors.
- Costs for non-diagnostic quality radiographs
- Any amount for advanced imaging (CT and MRI) unless it has been preauthorised by **Us** or by direction of a **Specialist** (in the specific field) that has examined the case. Full copies of the images for assessment and a detailed report by a **Specialist** will need to be provided.
- Any amount for Allergy Testing or Immunotherapy unless preliminary investigations have excluded other possible underlying aetiologies (causes) (such as food allergies and parasites) and the pet has a chronic (more than 6 months) history of skin issues.
- **We** will never pay for food (including prescription diets)
- Any amount for advanced diagnostics and / or **Treatments** unless preliminary investigations and / or **Treatments** have excluded other possible underlying aetiologies (causes).
- Any amount for **Events** involving **Your Pets** reproductive system and / or mammary glands unless **Your Pet** has been neutered or spayed before the age of two years old.
- Any Amount for stem cell therapy, platelet- rich plasma and related **Treatment** unless recommended, approved as appropriate and performed by a **Specialist**.
- Any amount that would not otherwise be payable under the **Vet Fees** section of these Terms and Conditions.
- Any amount if **Your** claim falls outside the General or Specific Claims Requirements related to this section of cover.
- The cost of **Treatment** for or arising from recurrent **Self-injury**.

Third Party Liability Cover

This cover only applies if **You** (or any member of **Your** family permanently living with **You**) are not covered under any other liability insurance or household insurance.

WHAT WE WILL PAY

We will pay all amounts **You** (or any member of **Your** family permanently living with **You**) become legally liable to pay as compensation, for accidental bodily **Injury** or accidental damage to property caused by **Your Pet** within the **Territorial Limits** during the **Period of Insurance**. **We** will also pay any extra costs or expenses **You** have to pay, but only if **We** have agreed to them in writing beforehand. Whether **You** pay **Your** premium annually or monthly, the most **We** will pay in total in any 12-month period is stated in **Your Policy Schedule**.

WHAT YOU WILL PAY

For each claim, **You** must pay an amount as shown in **Your Policy Schedule** and as defined under **Excess** in this Terms and Conditions document.

WHAT WE WILL NOT PAY

- Any liability under any agreement or contract, unless **You** would have been liable anyway.
- Deliberate acts by **You**, members of **Your** family or anyone who **You** asked to look after **Your Pet**.
- Loss or damage to property belonging to or in custody or control of **You** and **Your** Family, any person employed by **You**, members of **Your** household or people whom **You** have asked to look after **Your Pet**.
- Accidental bodily **Injury** to **You**, a member of **Your** family, people permanently living with **You** or people whom **You** have asked to look after **Your Pet**.
- Accidental bodily **Injury** to any person who is under contract of service or employment or apprenticeship with **You** when the **Injury** or disease arises out of and in the course of employment by **You**.
- Any compensation, costs or expenses if **You**, any member of **Your** family, any person living with **You**, working with **You** or working for **You** is either responsible for or is looking after the property that is damaged.
- Any compensation, costs or expenses that result from **Your** profession, business or employment.
- Any claim arising outside the **Territorial Limits**.
- Any compensation, costs or expenses if **We** have not agreed to these before they arose.

- Any amount if **Your Pet** is a specified breed (or strains or crosses of them regardless of how far back in its lineage) under the Control of Dogs Act 1986, Control of Dogs (Amendment) Act 1992 and Control of Dogs Regulations 1998 or any changes to those laws.
- Any amount if **Your** dog is one of the following breeds or any dog crossbred with one of the following breeds

American Bull Dogs, American Pit Bull Terrier, Boerboel, Bordeaux Mastiff, Brazilian Mastiff, Broholmer, Bull Mastiff, Bully Kutta, Canary Dogs, Cane Corsos, Chow-Chow, Czechoslovakian Wolfdogs, Doberman Pinscher, Dogo Argentinos, Dogue Brasileiro, English Bull Terrier,

Fila Brasileiro, German Mastiff, German Shepherd, Great Dane, Japanese Akita, Japanese Tosa,

Korean Jindo, Neapolitan Mastiff, Northern Inuit Dogs, Old English Mastiff, Perro de Prensa Canarias, Pit Bull Terrier, Pyrenean Mastiff, Rhodesian Ridgeback, Rottweiler, Saarlooswolfhonden, Shar Pei, Staffordshire Bull Terrier, Tibetan Mastiff, Tosa Inus, Utonagans, Wolf.

(**We** may modify this list from time to time).

- Any amount if **Your Pet** was not under effectual control at the time of the accident.
- Any compensation, costs and expenses for an incident which takes place when **Your** dog is in the care of a business or a professional whether or not **You** are paying for their services. For example, but not limited to, when **Your** dog is in the care of a dog minder / walker, a dog sitter, a **Vet** or at the grooming parlour.
- Any compensation, costs and expenses that result from an incident if **You** have not followed instructions or advice given to **You** by a re-homing organisation or a qualified behaviourist or Veterinary professional about the behaviour of **Your** dog.
- Any amount if **Your Pet** has previously displayed vicious or aggressive tendencies, either prior to or for the duration of **Your** Policy.
- Any amount as a result of **Your Pet's** interaction with other animals.

Death from Accident

Purchase Price

WHAT WE WILL PAY

We will pay **You** the **Purchase Price** of **Your Pet**, as proven by **You**, if **Your Pet** dies as a result of an accident or as a result of being put to sleep following an accident (but only if confirmed in writing by a **Vet** as necessary to prevent the pet from suffering). The most **We** will pay in total is stated in **Your Policy Schedule**.

WHAT WE WILL NOT PAY

- More than **You** have paid for **Your Pet**.
- Any amount unless a **Vet** has put **Your Pet** to sleep as a result of an accident that cannot be treated and believes it was not humane to keep **Your Pet** alive because it was suffering.
- Any claim arising from the death of **Your Pet** because of a **Condition** which is not covered under the policy.
- Any amount if **You** did not pay for **Your Pet**.
- Any amount if **Your Pet** has not been insured as a Pure Breed, A Pedigree or a Hybrid / Designer Breed with **Us**
- Any amount unless **Your Pet** has been examined, and certified, by a **Vet** as deceased

Euthanasia and / or Cremation

WHAT WE WILL PAY

We will pay **You** the cost of euthanasia and / or cremation costs associated with the death of **Your Pet** caused by an **Injury**. The most **We** will pay in total is stated in **Your Policy Schedule**.

WHAT WE WILL NOT PAY

- Euthanasia and cremation costs not associated with **Injury**.
- More than the maximum amount stated in **Your Policy Schedule**

Death from Illness

Purchase Price

WHAT WE WILL PAY

We will pay **You** the **Purchase Price** of **Your Pet**, as proven by **You**, if **Your Pet** dies from an **Illness** or a disease or as a result of being put to sleep (but only if confirmed in writing by a **Vet** as necessary to prevent the pet from suffering) because of an **Illness** or a disease. The most **We** will pay in total is stated in **Your Policy Schedule**.

WHAT WE WILL NOT PAY

- Any claims for dogs aged 7 years and older, **Select Breeds** aged 4 years or older or for cats aged 7 years and older.
- More than **You** have paid for **Your Pet**.
- Any claim arising from the death of **Your Pet** because of a **Condition** or **Treatment** which is not covered under the policy.
- Any amount unless a **Vet** has put **Your Pet** to sleep because of an incurable **Illness** and believes it was not humane to keep **Your Pet** alive because it was suffering.
- Any death resulting from breeding, pregnancy or giving birth.
- Any amount if **You** did not pay for **Your Pet**.
- Any amount if **Your Pet** has not been insured as a Pure Breed, A Pedigree or a Hybrid / Designer Breed with **Us**.
- Any amount unless **Your Pet** has been examined, and certified, by a **Vet** as deceased

Euthanasia and / or Cremation

WHAT WE WILL PAY

We will pay **You** the cost of euthanasia and / or cremation costs associated with the death of **Your Pet** due to **Illness**. The most **We** will pay in total is stated in **Your Policy Schedule**.

WHAT WE WILL NOT PAY

- Euthanasia and cremation costs not associated with **Illness**.
- More than the maximum amount stated in **Your Policy Schedule**

Advertising and Rewards

WHAT WE WILL PAY

If **Your Pet** is lost or stolen, **We** will refund **You** for the costs of local advertising up to a maximum as shown in **Your Policy Schedule** and for a suitable reward to be offered for recovery of **Your pet**. This includes the cost of bringing **Your Pet** back to **Your** home address. The most **We** will pay in total in any 12-month period is stated in **Your Policy Schedule**. The reward to be offered for the recovery of **Your Pet** if it is stolen or goes missing during the Policy Year must first be agreed with **Us**.

WHAT WE WILL NOT PAY

- Any reward claimed by a member of **Your** family or anyone living with **You**.
- Any amount that **We** have not agreed to before **You** advertised it.
- Any reward not supported by a signed receipt giving the full name and address of the person who found **Your Pet**.

Theft and Straying

WHAT WE WILL PAY

We will pay **You** the **Purchase Price** of **Your Pet** as proven by **You** if **Your Pet** is lost or stolen and has not been found after 45 days. The most **We** will pay in total is stated in **Your Policy Schedule**.

WHAT WE WILL NOT PAY

- More than **You** paid for **Your Pet**.
- Any payment until more than 45 days after **Your Pet** first went missing.
- Theft which does not involve forcible and violent entry to a secure area, such as a kennel, a run or **Your** home.
- Any claim where **You** or the person looking after **Your Pet** has voluntarily parted with it, even if tricked into parting with it by a third party, or in circumstances where the loss of the Pet would not be deemed to be theft.
- Any amount if **You** did not pay for **Your Pet**.
- Any amount if **Your Pet** has not been insured as a Pure Breed, A Pedigree or a Hybrid / Designer Breed with **Us**.

Boarding Kennels / Cattery Fees

WHAT WE WILL PAY

The cost of boarding **Your Pet** at a kennel or cattery or €5 a day towards the cost of someone who does not live with **You** looking after **Your Pet** while **You** are in hospital during the Policy Year. The most **We** will pay in total in any 12-month period is stated in **Your Policy Schedule**.

WHAT WE WILL NOT PAY

- If **You**, or any member of **Your** family living with **You**, goes into hospital as a result of pregnancy.
- Any period in hospital that **You** were aware was likely at the **Start Date** of this insurance.
- Costs as a result of nursing-home care or convalescence care that **You** do not receive in hospital.
- Any amount if **You** are in hospital for less than 4 days.
- Any costs resulting from **You** going into a hospital for the **Treatment** of alcoholism, drug abuse, drug addiction, attempted suicide or self-inflicted **Injuries**.
- Any period in hospital for a **Condition** that first showed **Clinical Signs**, that existed or that **You** were aware was likely to require **Treatment**, before the **Start Date** or during the **Stand-Down** period.

Holiday Cancellation Costs

WHAT WE WILL PAY

We will refund **You** any cancellation costs **You** cannot recoup from any other source if, in **Your Vet's** opinion, **Your Pet** needs emergency, lifesaving surgery within 7 days of **Your** scheduled departure, or if **You** have already departed and **You** must cancel or cut short **Your** holiday. The most **We** will pay in total in any 12-month period is stated in **Your Policy Schedule**.

WHAT WE WILL NOT PAY

- Costs for non-life-saving operations.
- Costs for any **Condition** that is likely to need emergency life-saving surgery that **You** were aware of before booking the holiday.
- Any costs relating to a holiday **You** booked less than 28 days before **You** were due to leave.
- Any costs relating to the Holiday Cancellation of any individual not named on **Your Policy Schedule** (e.g. another family member)

HOW TO CLAIM

Please visit www.agriapetinsure.ie and download a claim form. Alternatively, please contact **Us** on 021 202 9119 where **We** would be delighted to talk **You** through the process.

CLAIMS INFORMATION

We attempt to make claiming as easy as possible for **You**. The first claim is always the hardest and there are certain requirements, as well as information that **We** will require in order to be able to process **Your** claim. **We** will not require the same level of information for second and subsequent claims.

Please read the details below carefully for both, the General Claims requirements and any claims requirements specific to each section of cover under this Policy of insurance.

Please note that if the claim form is not fully completed it will be returned.

General Claims Requirements

All Sections

For a claim under any section of this policy please submit:

- A fully completed claim form via email to claims@agriapetinsure.ie or by post.
- Detailed valid Vat invoices and receipts for costs incurred setting out the specific costs, charges and / or professional fees involved. Failure to supply any and all of this information will result in **Your** claim being declined.
- Any other information to support **Your** claim. There are general timelines related to claims as follows:
 - Notwithstanding the Specific Claims Requirement, all Claims relating to **Your** Policy must be submitted within 90 calendar days of the final day of **Your** last **Period of Insurance**. Claims submitted outside this timeframe are not admissible.
 - No claim should be submitted for less than the Policy **Excess**.

NB – Any claims received more than 90 days after the end of **Your Period of Insurance** will not be admissible or considered for payment.

Specific Claims Requirements

VET FEES

You must fill in all policy-holder sections of the claim form and ask **Your Vet** to fill in the **Treatment** section. **We** will not pay for the supply of this information.

Claims for new **Conditions** must be submitted within 90 days of the first **Treatment** date.

Claims for **Events** which have previously been approved for payment by **Us**, should be submitted at the end of the **Treatment** for the **Event**, but in any case, no more frequently than every 90 calendar days unless approved by **Us**.

Payment of **Specialist** Fees and fees for referral cases is dependent upon the provision of a detailed referral letter from the **Specialist** of a standard expected by Irish, European or American college combined with a detailed surgical report. In the absence of this information no fees will be paid in respect of the **Specialist** procedures completed.

CLAIMS REQUIREMENTS / SPECIAL CONDITIONS

Before **Your Pet** is treated, **You** must make sure that the **Vet** is prepared to complete the **Treatment** section of **Our** claim form and provide detailed invoices and full **Pet History** of **Your Pet** if requested by **Us**. Claims submitted without the information or documentation to support the claim as set out on the claim form and / or as requested by **Us** will not be eligible for reimbursement.

Any information not captured at the time of original examination / consultation will not be accepted. **We** also reserve the right to speak with any previous Veterinary practices which **Your Pet** has attended and these details must be supplied by **You**.

THIRD PARTY LIABILITY COVER

CLAIMS REQUIREMENTS / SPECIAL CONDITIONS

Special Conditions that apply to this section

- **You** must not admit responsibility, agree to pay any claim or negotiate with any other person following an incident.
- **You** must agree to provide **Us** with any information **We** ask for
- **You** must allow **Us** to take charge of **Your** claim and allow **Us** to prosecute in **Your** name for **Our** benefit

You must immediately send **Us** any writ, summons, legal documents or correspondence **You** receive, and **You** must never send any replies to any of these documents.

DEATH FROM ACCIDENT

CLAIMS REQUIREMENTS / SPECIAL CONDITIONS

Please Send **Us**

- A death certificate from **Your Vet**.
- The pedigree certificate and original receipt showing the amount **You** paid for **Your Pet**
- **Your** claim forms fully completed
- Details of the specific accident and Garda report if a Road Traffic Accident if applicable.

Important Note

- Inability to provide **Us** with Pedigree Papers and original receipt will materially influence **Our** valuation of **Your Pet**. If **You** cannot provide **Us** with this information a **Maximum Benefit** of €100 will be applied.
- If **You** did not pay for **Your Pet**, no benefit is payable.
- A Vet must have examined, and certified your Pet as deceased for any benefit to be payable
- The pedigree certificate and original receipt showing the amount **You** paid for **Your Pet**
- **We** will not pay for the supply of any information required for **Your** claim.

DEATH FROM ILLNESS

Please Send **Us**

- A death certificate from **Your Vet**.
- The pedigree certificate and original receipt showing the amount **You** paid for **Your Pet**
- **Your** claim forms fully completed
- The full **Clinical History, Document History & Pet History** for your pet

Important Note

- Inability to provide **Us** with Pedigree Papers and original receipt will materially influence **Our** valuation of **Your Pet**. If **You** cannot provide **Us** with this information a **Maximum Benefit** of €100 will be applied.
- If **You** did not pay for **Your Pet**, no benefit is payable.
- A Vet must have examined, and certified your Pet as deceased for any benefit to be payable
- **We** will not pay for the supply of any information required for **Your** claim.

THEFT AND STRAYING

CLAIMS REQUIREMENTS / SPECIAL CONDITIONS

Please send **Us**

- A Police crime reference number or written confirmation of **Your** report (in the case of theft only).
- A completed claim form if **Your Pet** has not been found or returned within 45 days

Important Note

- Inability to provide **Us** with Pedigree Papers and original receipt will materially influence **Our** valuation of **Your Pet**. If **You** cannot provide **Us** with this information a **Maximum Benefit** of €100 will be applied.
- If **Your Pet** is found or returns, **You** must repay the full amount **We** have paid **You**.
- As soon as **You** discover **Your Pet** is missing, **You** must: Report **Your Pet** missing to the local Dog Warden, Police, Local Animal Care Centres and Veterinary Practices within 48 hours of **Your** dog going missing or within 10 days in the case of a cat. **We** will require evidence of these reports having been made and failure to do so will affect approval of **Your** claim.

BOARDING KENNEL / CATTERY FEES

CLAIMS REQUIREMENTS / SPECIAL CONDITIONS

Please Send **Us**

- A letter from **Your** doctor or consultant stating the **Condition** did not pre-date the policy and that **You** were unable to care for **Your Pet** and that **You** were not aware, at the **Start Date** of the policy of any requirement to spend any period in hospital.
- An invoice from the kennel or cattery or written confirmation from the person looking after **Your Pet**.

Important Note

- **We** will not pay for the supply of any information required for **your** claim.

HOLIDAY CANCELLATION COSTS

CLAIMS REQUIREMENTS / SPECIAL CONDITIONS

Please Send **Us**

- A claim form which **You** and **Your Vet** have filled in and the booking invoice and cancellation invoice from the travel agent, tour operator or other holiday sales organisation. The invoices must show the date of the booking, the dates **You** decided to cancel or return home and any expenses **You** cannot recover.

Important Note

- **We** will not pay for the supply of any information required for **Your** claim

ADVERTISING AND REWARDS

CLAIMS REQUIREMENTS / SPECIAL CONDITIONS

- Please phone **Us** on 021 202 9119 for approval of any reward before **You** advertise it.

PLEASE SEND **Us**

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

Important Note

- **We** will not pay for the supply of any information required for **Your** claim.

Agria Care

PO Box 911, Little Island, Cork , T45 YR96 Ireland

Call: [021 202 9119](tel:0212029119)

Email: info@agriapetinsure.ie

Web: www.agriapetinsure.ie