

Policy Wording

Value | Plus | Premier



This booklet contains your
Insurance Terms and Conditions.

Please read in conjunction with your Certificate of insurance to understand the cover for your pet.

Effective from January 2026

This English translation is provided for your convenience only, it should not be relied upon as an accurate translation. In the event of discrepancies, the German original version shall prevail over the English translation.

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Petcover EU Agentur GmbH, Ared Strasse 16-18, 2544 Leobersdorf, Österreich, GISA number: 32484052, works as an insurance agent of Fortegra Belgium Insurance Company NV, with its registered office at Bastion Tower, Place du Champ de Mars 5, 1050 Brussels, Belgium. Petcover EU Agentur GmbH is entitled to receive premiums for the insurance company or amounts intended for the customer from the insurance company.

Hello and thank you for choosing Petcover

Thank you for choosing to insure with Petcover, we are delighted to have you and your pet as part of the family.

We hope your pet is in the best of health, but rest assured, if you need us we'll be there to help. We do all we can to make the claims process as quick and easy as possible so you can count on a prompt and caring service from our experienced staff when you need it most.

The details of the cover the policy provides are included in this booklet as well as useful information to make claiming as straightforward as possible.

Wishing you and your pet a happy and healthy time ahead.

The Petcover Team

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Insurance terms and conditions

Petcover does not provide advice and does not provide any personal recommendation about the insurance products offered.

Demands and Needs – who is this product suitable for?

This product meets the demands and needs of a pet owner who wants cover for the ongoing costs of **Veterinary treatment**, for **Illnesses** and **Injuries**, during the life of their pet, with the option to add additional cover if required.

Important information

This document, the **Certificate of insurance** and any related **Exclusion** form part of **Your** insurance documentation.

This insurance documentation sets out the terms and conditions of the contract of insurance between **You** and the **Insurer**. Please read the whole document carefully and keep it in a safe place. It is important that **You**:

- check that the information contained in the **Certificate of insurance** is accurate (see 'Information you have given us'); and
- comply with all **Your** duties and obligations under the insurance, including the important conditions below, and the action **You** must take in the event of a claim.

Failure to comply with the above could adversely affect **Your** insurance and any claim **You** make.

Information you have given us

In deciding to accept this insurance and in setting the terms and **Premium**, the **Insurer** has relied on the information **You** have given **Us**. **You** must take care when answering any questions **We** ask by ensuring that all information provided is accurate and complete.

If **We** establish that **You** deliberately provided **Us** with false or misleading information, the **Insurer** will treat this insurance as if it never existed and decline all claims.

If **We** establish that **You** provided **Us** with incorrect or incomplete information that **We** have relied upon in accepting this insurance and setting its terms **We** may:

1. withdraw from the contract within one (1) month of becoming aware of the breach of the duty of disclosure, unless the notification was made incorrectly through no fault of **Your** own. In the event of withdrawal, **You** and the **Insurer** are obliged to return the benefits received to each other. If the cancellation is declared after **The insured** event occurs, the obligation to pay benefits remains if the circumstance, in view of which the duty to notify has been violated, has no influence on the occurrence of **The insured** event or insofar as it has not influenced the scope of the **Insurer's** benefits. The **Insurer's** right to contest the contract because of fraudulent deception about hazards remains unaffected.
2. if **You** breached **Your** duty of disclosure when concluding the contract and the right of withdrawal is excluded because **You** are not at fault, **We** can request a higher **Premium** from the beginning of the current **Period of Insurance** if this is appropriate in view of the higher risk (the same applies if at the conclusion of the contract a significant circumstance for the assumption of the risk was not reported because **You** were not aware of it). The entitlement to the higher **Premium** expires if it is not asserted within one (1) month from the point in time at which the **Insurer** becomes aware of the breach of the duty of disclosure or of the fact that has not been reported.
3. if, however, the higher risk is not assumed for a higher **Premium** in accordance with the principles governing the business of the **Insurer**, the **Insurer** can terminate the insurance relationship with one (1) months' notice. The right of termination expires if it is not asserted within one (1) month from the point in time at

which the **Insurer** becomes aware of the breach of the duty of disclosure or of the fact that has not been reported.

We will contact You in writing if We:

- intend to withdraw from this insurance; or
- increase **Your Premium**; or
- cancel this insurance.

Your duty to disclose to us

It is an essential part of **Your** insurance that **You** disclose to **Us** changes to **Your pet's** health or **Your Personal circumstances** at the commencement, during the **Period of Insurance** and at the renewal of **Your** insurance. The information **You** need to tell **Us** about is detailed below.

Your pet's health:

You must tell Us:

- if **Your pet** has shown any signs of **Illness** or **Injury** or been unwell regardless of whether or not **Your pet** was seen by a **Vet** for the problem.
- if **Your pet** has been seen by a **Vet** for any reason other than routine procedures and/or neutering.
- if **Your pet** has had any **Treatment** for which **Your pet** may have been seen by a **Vet** or any issues **You** have discussed with a **Vet** regarding **Your pet's** health, whether or not any **Treatment** resulted from such discussion.
- if **Your Vet** or veterinary practice has advised that **Your pet's** weight is over the normal limits.

Your circumstances:

You must tell Us if:

- **You** become aware that any details shown on **Your Certificate of insurance** are incorrect
- **Your** address or the address at which **Your pet** is kept has changed.
- **You** no longer own any of the pets shown on **Your Certificate of insurance**.
- **You** have had any other pet(s) at the same premises needing **Veterinary treatment**, pass away or that were stolen in the last **Twelve (12) Months**.
- there have been any break-ins or attempted break-ins at the premises where **Your pet** is kept in the last **Twelve (12) Months**.
- **You** become aware of any contagious or infectious diseases at the premises where **Your pet** is kept or if there have been any contagious or infectious diseases at the premises where **Your pet** is kept in the last **Twelve (12) Months**.
- **Your pet** is used for a commercial purpose/kept on commercial premises or starts to be used for a commercial use/kept on commercial premises.
- **Your pet** is kept in an alcohol licensed premises.

Who does the duty apply to?

The duty of disclosure applies to **You** and everyone that is an insured under the **Policy**. If **You** provide information for another insured, it is as if they provided it to **Us**.

What happens if the duty of disclosure is not complied with?

If the duty of disclosure is not complied with, **We** may withdraw from this **Policy**, cancel the **Policy** and/or reduce the amount **We** pay if **You** make a claim. If fraud is involved, **We** may treat the **Policy** as if it never existed and pay nothing.

Premium payment

You agree to pay **Us** the full amount of the **Premium**, or each instalment where **We** have agreed that **You** may pay **Your Premium** by instalments, by the date specified on **Your** payment schedule.

If the first or one-time **Premium** is not paid within fourteen (14) days

of the conclusion of the insurance contract and the request to pay the **Premium**, the **Insurer** is entitled to withdraw from the contract as long as the payment has not been made. It is considered a withdrawal if the claim to the **Premium** is not legally asserted within three (3) months of the due date. If the first or one-time **Premium** is not paid at the time **The insured** event occurs and after the deadline, the **Insurer** is released from the obligation to pay unless **You** were unable to make the timely payment through no fault of **Your** own.

If **You** do not pay a follow-up **Premium** on time, the **Insurer** can set a written payment deadline of at least two (2) weeks for **You** at **Your** expense and they must notify **You** of the legal consequences: If **The insured** event occurs after the deadline has expired and **You** are at the time of the event in arrears with the payment of the subsequent **Premium**, the **Insurer** is released from the obligation to provide benefits, unless **You** were unable to make the timely payment through no fault of **Your** own. After the expiry of the period, the **Insurer** can terminate the insurance relationship without giving notice if **You** are in arrears with the payment. The notice of termination can already be linked to the determination of the payment deadline so that it becomes effective when the deadline expires if **You** are in arrears with the payment at this time. **We** will expressly draw **Your** attention to this with the cancellation. The effects of the termination cease to apply if **You** make up for the payment within one (1) month after the termination or, if the termination was linked to the deadline, within one (1) month after the expiry of the payment period, unless **The insured** event has already occurred.

Information about Your right of withdrawal according to § 5c VersVG

You can withdraw from **Your** insurance contract within fourteen (14) days without giving reasons in writing (e.g. letter or email). The withdrawal period begins with the notification of the conclusion of the insurance contract (sending the insurance **Policy**), but not before **You** have received the insurance **Policy** and the insurance conditions including the provisions on setting or changing the **Premium** and this instruction on the right of withdrawal.

Your declaration of withdrawal should be sent to: **Petcover EU Agentur GmbH**, Klostertal 60, 2770 Gutenstein, by email to: info.at@petcovergroup.com.

To meet the cancellation deadline, it is sufficient that **You** send the cancellation notice before the cancellation period expires. The declaration is also effective if it comes within the sphere of control of **Your** insurance agent. With the withdrawal, any insurance cover already granted and **Your** future obligations from the insurance contract will end. If the **Insurer** has already provided cover, a **Premium** corresponding to the duration of cover is due. If **You** have already paid **Premiums** to the **Insurer** that go beyond this **Premium**, the **Insurer** must repay them to **You** without deductions. **Your** right of withdrawal expires at the latest one (1) month after **You** have received the insurance **Policy** including this instruction on the right of withdrawal.

Information about your right of withdrawal according to § 8 FernFinG

If **You** have concluded **Your** insurance contract using only one or more means of distance communication within the framework of a sales or service system organised by the entrepreneur for distance selling (distance selling contract), **You** as a consumer can withdraw from the contract or **Your** contract declaration up to fourteen (14) days.

The withdrawal period begins on the day the contract is concluded. If **You** as a consumer have received the contractual terms and sales information only after the contract has been concluded, the withdrawal period begins with the receipt of all of these terms and information.

The deadline is met in any case if the withdrawal is made in writing or on another permanent data carrier available and accessible to the recipient and this declaration is sent before the deadline expires.

Within the withdrawal period, the fulfilment of the contract may only begin after the express consent of the consumer.

Renewing this Insurance

After the minimum term, the insurance will be extended for another twelve (12) months. We will write to you at least one (1) month before the Period of Insurance ends with full details of **Your** next year's premium and Insurance terms and conditions. If you do not want to renew the policy please contact us. If you need to contact us to discuss **Your** renewal before the expiry of **Your** existing insurance, **Our** contact details can be found on page 16.

Occasionally, we may under certain circumstances not be able to offer to renew **Your** policy. If this happens, we will write to you at least one (1) month before the expiry of **Your** policy to allow enough time for you to make alternative insurance arrangements.

Cancelling

How You can cancel Your Policy

You can cancel **Your Policy** at any time by contacting **Us**, either telephonically or in writing at least one (1) months' notice before the end of **Your** insurance year. Please phone **Us** on 0800 400 720 between the hours of Monday to Friday from 9am to 5pm or notify **Us** of **Your** cancellation by sending an email to info.at@petcovergroup.com or by post to **Petcover EU Agentur GmbH**, Klostertal 60, 2770 Gutenstein.

If **Your pet** passes away, please notify **Us** at **Your** earliest convenience and **We** will cancel **Your pet's Policy** from the day of his/her death.

How We can cancel Your Policy

We may cancel this insurance by notifying **You** in writing to the address last given to **Us**. **We** will only do this for a valid reason or due to a legal order, examples of which are:

- non-payment of one of the ongoing **Premiums**; for details on this please read 'Insurance terms and conditions –Premium payment'.
- if, after the conclusion of the contract, **You** have increased the risk without the consent of the **Insurer** or if **You** have allowed it to be carried out by a third party, the **Insurer** can terminate the insurance relationship without giving notice (if the breach is not **Your** fault, the termination only applies after one (1) month). The right of termination expires if it is not exercised within one (1) month from the point in time at which the **Insurer** becomes aware of the increase in risk, or if the condition that existed before the increase is restored.
- if, after the conclusion of the contract, regardless of **Your** will, the risk increases, the **Insurer** is entitled to terminate the insurance relationship with one (1) months' notice. The right of termination expires if it is not exercised within one (1) month from the date on which the **Insurer** became aware of the increase in risk, or if the condition that existed before the increase is restored.
- any behaviour contrary to the contract which, as a breach of good faith, makes the continued existence of the insurance relationship unreasonable.
- if insolvency proceedings are opened against **Your** assets, the insurance relationship can be terminated with one (1) months' notice.
- making a fraudulent claim under the **Policy** or under some other contract of insurance that provides cover during the same period of time that the **Policy** covers **You** (that is, if **You** dishonestly obtain or try to dishonestly obtain insurance benefits).
- threatening or abusive behaviour or the use of threatening or abusive language.
- as well as any case in which **You** put the interests of the **Insurer** at **Your** own risk in a particularly serious manner.

If **We** cancel this insurance, **You** will be entitled to a refund of the **Premium** paid, subject to a deduction calculated for any time for which **You** have been covered. If the insurance contract is terminated prematurely or otherwise during the **Period of Insurance**, the **Insurer** is entitled to an appropriate business fee in addition to the proportional **Premium**.

If **We** pay any claim, whether by settlement, compromise or otherwise, then no refund of **Premium** will be allowed. Cancellation of the insurance by **Us** does not affect the **Treatment** of any claim arising under the insurance in the period before cancellation.

Definitions

If **We** explain what a word means, that word has the same meaning wherever it appears in the **Policy**.

Accident	means a sudden, unexpected, unusual, specific event, which occurs fortuitously at an identifiable time and place and is unforeseen or unintended. All accidents consequent upon or attributable to one source or original cause are treated by Us as one accident. This does not include any physical damage or trauma that is of a gradual nature or that happens over a period of time. For the sake of clarity, the following Conditions are not considered accidents: luxating patella; a rupture or strain of one or both cruciate ligaments; degenerative joint disease; hip dysplasia and hyperextending hocks; Juvenile Pubis Symphysiodesis (JPS).
Accidental Injury	means a sudden and unforeseen Injury which is the result of an identifiable and known cause or event during the Period of Insurance .
Agreed countries	means any country which is a member of the European Union at the commencement of the Policy , including all Schengen Area.
Alternative or complementary treatment	means the cost of any examination, consultation, advice, test and prescribed medication for the following procedures where they treat an Illness or Injury . This includes any Veterinary treatment specifically needed to carry out the procedure. The Treatment must have been preceded by an examination and diagnosis by an authorized veterinarian. <ul style="list-style-type: none"> • Acupuncture carried out by a Member of a veterinary practice. • Homeopathy carried out by a Member of a veterinary practice. • Herbal medicine prescribed by a Member of a veterinary practice. • Chiropractic manipulation carried out by a Member of a veterinary practice. • Hydrotherapy carried out by a Member of a veterinary practice. • Osteopathy carried out by a Member of a veterinary practice. • Physiotherapy carried out by a Member of a veterinary practice. • Treatment of a Behavioural Illness carried out by a Member of a veterinary practice.
Behavioural Illness	means any change to Your pet's normal behaviour, resulting from a mental or emotional disorder diagnosed by a Vet .
Bilateral Condition	means any Condition affecting body parts of which the pet has at least two, including, but not limited to eyes, ears, patella's (knees), cruciate ligaments. When applying an Exclusion , Bilateral Conditions are considered as one Condition .
Certificate of insurance	means the relevant certificate of insurance We issue including on renewal or variation of the Policy containing details of the cover provided under the Policy , including any Exclusions and other specific insurance details that the Insurer has applied to Your cover.
Clinical signs	means changes in Your pet's normal healthy state or its bodily functions.
Condition	means any Condition that causes discomfort, dysfunction, distress, including Injuries and Illnesses , disabilities, disorders, Clinical signs , syndromes, infections, isolated symptoms, deviant behaviour, and atypical variations of structure and function and/or death to the pet afflicted.
Dental	means Dental check-ups; teeth cleaning; removal or repair of misaligned teeth; retained deciduous teeth or teeth rasping and de-burring.
Elective surgery or treatment	means a Treatment that is spaying or castration; surgical sexing; micro-chipping; ringing; grooming; de-matting; beak trimming; cosmetic or aesthetic surgery; feather clipping; debudding/dehorning; prescription diet foods and any Treatment not related to an Injury , Illness , or trauma. Elective surgery or treatment that is beneficial to the pet but is not essential for Your pet's survival or does not form part of a Treatment for an Injury or Illness , or any Treatment , diagnostics or procedure You request, which the Vet confirms is not necessary to treat an Injury or Illness .
Excess	means the amount(s) shown on Your Certificate of insurance that You must pay for each unrelated Condition claim made under Your Policy per Period of Insurance .
Exclusion	means a Condition or circumstance for which the Insurers will not pay. Any specific Exclusion will be shown on Your Certificate of insurance and You will be told of this before You take out the insurance or at renewal. (See also the 'General Exclusions ' section and the 'What We will not pay' under each cover section).
Family	means Your spouse, life partner, partner, parents, sons and/or daughters, grandparents, brothers, sisters, grandsons and/or granddaughters including Family of step relationships.
Home	means the place in Austria and where You usually live.
Illness(es)	means any change(s) to a normal healthy state, sickness, disease, defects and abnormalities, including defects and abnormalities Your pet was born with or were passed on by its parents. Excluding any mental or emotional disorders.
Injury/Injuries	means a physical Injury or a trauma caused immediately, solely and directly from an Accident . This does not include any physical Injury or trauma that happens over a period of time or is of a gradual nature.

Insurer(s)	means Fortegra Belgium Insurance Company NV, an insurance company authorised under code 3251 and regulated by the National Bank of Belgium, registered in the Crossroads Bank of Enterprises under company number 1007742896 (RPR Brussels). Registered office: Bastion Tower, Place du Champ de Mars 5, 1050 Brussels, Belgium.
Journey	means travel from Your Home within Austria or any of the Agreed countries undertaken during the Period of Insurance for a maximum of thirty (30) days for all Journeys in the Period of Insurance . This includes the duration of Your holiday or business trip and any travel in and between Austria and an agreed country and return Journeys to Your Home .
Mammal	means any chinchilla, chipmunk, degu, ferret, gerbil, goat, guinea pig, rabbit, hamster, hedgehog, lemur, mouse, monkey, pig, racoon, rat, skunk or sugar glider.
Market Value	means the price generally paid for an animal of the same age, breed, pedigree, sex and breeding ability at the time You took ownership of Your pet as determined by Us .
Maximum benefit(s)	means the most We will pay for the relevant level of cover You have chosen during the Period of Insurance as set out in the Certificate of insurance , subject to Exclusions of the Policy and subject to the Policy aggregate less the agreed Excess .
Member of a veterinary practice	means any person legally employed by a veterinary practice under a contract of employment, other than a Vet who may be The insured .
Optional extra benefit(s)	means a benefit that You can elect to include in addition to the basic insurance. For Optional extra benefits to be included You must select the option and pay an additional Premium . Every Optional extra benefit will be shown on Your Certificate of insurance .
Our Vet	means any Vet appointed or engaged by Us to carry out Treatment to Your pet or discuss Your pet's Treatment with Your Vet .
Period of Insurance	means the time during which the Insurer provides cover as shown on Your Certificate of insurance . It does not refer to any prior Period of Insurance if the Policy is a renewal of a previous Policy or any future Period of Insurance for any Policy You may enter into with the Insurer upon renewal. Each Period of Insurance is treated as separate. This is normally Twelve (12) Months but may be less if Your pet has been added to Your Insurance or it has been cancelled.
Personal circumstances	means circumstances about you, Your Family or Your pet which You have limited or no control over. Examples of Personal circumstances are (but not limited to) a lack of transport, Your pet's size or behaviour, Your Home environment, You or Your Family's working hours, Your child-care arrangements, Your Family's other commitments etc.
Petcover EU Agentur GmbH	Petcover EU Agentur GmbH is registered in Austria in the commercial register under the number FN 514361p and in GISA as an insurance agent under number 32484052.
Policy	means this document, the Certificate of insurance and any other documents We issue to You which are expressed to form part of the insurance terms and conditions, which set out the cover the Insurer provides during the Period of Insurance . For the sake of clarity, it does not include any prior Policy that this is a renewal of or any future Policy that is a renewal of the Policy .
Policy aggregate	means the total amount payable for all Veterinary fees and Alternative or complementary treatment for Injuries and/or Illnesses occurring during any one Period of Insurance as specified in the Certificate of insurance .
Pre-existing Condition(s)	means any Condition(s) or symptom(s), sign(s) or clinical sign(s) of that Condition, Injury or Illness occurring or existing in any form that: <ul style="list-style-type: none"> • has happened or first showed clinical sign(s); or • has the same diagnosis or clinical sign(s) as an Injury, Illness or clinical sign(s) Your pet had; or • is caused by, relates to, or results from an Injury, Illness or clinical sign(s) Your pet had occurring or existing: <ul style="list-style-type: none"> • Before Your pet's cover started, or prior to the Policy commencement date; or • During the Waiting period; or • Before the cover was added to Your insurance. <p>This applies no matter where the Injury, illness or clinical sign(s) occurred or happen in, or on, Your pet's body. This is regardless of whether or not We place any Exclusion(s) for the Injury/Illness. A Condition from which Your pet(s) may be suffering before the insurance cover started and which may have existed without Your knowledge i.e. (but not limited to) a latent, genetic or hereditary disease, Injury or deformity. When referring to Pre-existing Conditions and Conditions affecting a part of Your pet's body of which it has two, it will be deemed to be a Bilateral Condition, and both will be excluded from cover.</p>
Premium	means the cost of Your insurance including any fees and taxes specified on Your Certificate of insurance .
Routine or preventative treatment	means care or Treatment such as check-ups and procedures that are designed to prevent future Illnesses from occurring rather than treating existing Illnesses . These include but are not limited to annual physical examinations and check-ups, vaccinations, worm prevention medication, flea and other internal/external parasite prevention, nail/claw clipping, maintaining a healthy diet, removal of misaligned or retained deciduous teeth.
Terrorism	means an act, whether or not including the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
The insured, you, your	means the person(s) named on the Certificate of insurance as the Policy holder.

Treatment	means Veterinary treatment or Alternative or complementary treatment .
Twelve (12) Months	means a consecutive period of three hundred and sixty-five (365) days.
Vermin	means but not limited to the following feral, wild animals: rats, mice, foxes, cats, dogs, weasels and ferrets.
Vet(s)	means a veterinarian, specialist veterinarian, veterinary practice, clinic, hospital or centre including referral hospitals, who/which is registered in Austria with the Österreichische Tierärztekammer
Veterinary fee(s)	means the amount Vets in general or referral practices usually charge.
Veterinary treatment	<p>means the cost of the following when required to treat an Illness or Injury:</p> <ul style="list-style-type: none"> • any examination, consultation, advice, tests, X-rays, diagnostic procedure, surgery and nursing carried out by a Vet, a veterinary nurse or another Member of a veterinary practice under the supervision of a Vet; and • any medication prescribed by a Vet; and • any surgery, essential hospitalisation, nursing and/or the application of medicines provided by a qualified Vet in respect of an Accident or Illness of Your pet. <p>This does not include general consultations, health checks, vaccinations, or the administration of un-prescribed drugs.</p>
Waiting period	means a period of fourteen (14) days starting from the commencement date of the Policy (excluding renewals) as shown on Your Certificate of insurance during which an Illness or Condition that first occurs or shows Clinical signs will be excluded from cover unless otherwise stated on Your Certificate of insurance . The fourteen (14) day Waiting period will cease at 00.01 on the fifteenth (15th) day of cover.
We, us, our	means Petcover EU Agentur GmbH acting on behalf of the Insurers . Petcover EU Agentur GmbH is registered in Austria in the commercial register under number FN 514361p and under GISA number 32484052 as an insurance agent.
Your pet	means the animal(s) named or otherwise identified on Your Certificate of insurance .

General Conditions

Conditions of the Policy

You must keep to the general **Conditions** and **Conditions** applying to each cover to have the full protection of the **Policy**. If **You** do not, and the **Condition You** have not kept to relates to a claim, **We** may refuse or reduce the amount **We** pay under the claim.

Caring for Your pet

Throughout the **Period of Insurance You** must take all reasonable steps to maintain **Your pet's** health and to prevent **Injury, Illness** and loss (obligation), otherwise the **Insurer** can terminate the contract within one (1) month of becoming aware of the violation without observing a deadline (except if the breach of obligation is an act of no fault of **Your** own) and can be free of benefits. If the **Insurer** does not cancel within one (1) month, it cannot rely on the agreed exemption from benefits.

- **You** must provide **Routine or preventative treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**. If there is a disagreement between **You** and Petcover as to what reasonable **Routine or preventative treatments** are, the details will be referred to an independent national welfare body or an independent **Vet** mutually agreed upon.
- For any **Mammals You** must arrange and pay for **Your pet** to have a yearly **Dental** examination and to receive any oral **Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**. Any **Treatment** recommended as a result of the **Dental** examination must be carried out as soon as possible. If **You** do not comply with this obligation, then **We** may refuse any claims which relate to **Dental** or reduce the amount **We** pay under the claim.
- **You** must keep **Your pet** vaccinated against any disease **Your Vet** has recommended **Your pet** be vaccinated against. If **You** do not keep **Your pet** vaccinated, **We** may refuse or reduce the amount **We** pay under any claim that relates to a disease that could have been prevented if **Your pet** was vaccinated against.
- **You** must arrange for a **Vet** to examine and treat **Your pet** as soon as possible after it shows clinical sign(s) of an **Injury** or **Illness**.
- **You** must follow the advice and recommendations of the treating **Vet** so as not to prolong or aggravate the **Illness** or **Injury**. If **You** do not follow the **Vet's** advice, **We** may refuse or reduce the amount **We** pay relating to that **Injury** or **Illness**. And if **We** decide, **You** must also have **Your pet** examined by **Our Vet**.
- **You** must keep **Your pet** in appropriate enclosures, cages or vivariums with adequate heating and ventilation. If there is a disagreement between **You** and Petcover as to what reasonable steps are, the details will be referred to an independent pet specialist or an independent **Vet** mutually agreed upon.

Claims pre-authorisation

We will not guarantee on the phone if **We** will pay a claim. **You** must send **Us** a claim form that has been fully completed and **We** will then notify **You** of **Our** decision in writing.

Providing claim information

When **You** make a claim **You** agree to give **Us** any information **We** may reasonably ask for (this is **Your** responsibility, the violation of which can lead to the **Insurer** being exempt from benefits in accordance with Section 6 (3) of the VersVG - see point 7) on page 17 of this insurance document). If **You** incur any charge for this, **You** must pay the charge.

Legal rights against others

If there is any other insurance under which **You** are entitled to make a claim, **You** must report the incident to that insurance company and tell **Us** their name and address and **Your Policy** and claim number with them (this is **Your** responsibility, the violation of which can lead to the **Insurer** being exempt from benefits in accordance with

Section 6 (3) of the VersVG - see point 7) on page 17 of this insurance document). To the extent permitted by law, **We** will only pay **Our** share of the claim.

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.

Providing Your Vet information

If **We** agree for a claim payment to be paid directly to **Your Vet** and **You** allow this, then if the **Vet**, who has treated **Your pet** or is about to treat **Your pet**, asks for information about **Your** insurance that relates to a claim, **We** will tell the **Vet** what the **Policy** covers, what **We** will not pay for, how the amount **We** pay is calculated and if the **Premiums** are paid to date.

Claims, Vet Fee Charges

If the **Veterinary fees You** are charged are higher than the **Veterinary fees** normally charged by a general or referral practice, **We** reserve the right to request a second opinion from **Our Vet** as to whether the fees are reasonable.

If **Our Vet** does not agree that the **Veterinary fees** charged are reasonable, **We** may decide to pay only the **Veterinary fees** usually charged by a general or referral practice in a similar area as determined by **Our Vet**.

Claims, Over Treatment

If **We** consider the **Veterinary treatment Your pet** receives may not be required or may be excessive when compared with the **Treatment** normally recommended to treat the same **Illness** or **Injury** by general or referral practices, **We** reserve the right to request a second opinion from **Our Vet**.

If **Our Vet** does not agree that the **Veterinary treatment** provided is required, **We** may decide to pay only the cost of the **Veterinary treatment** that was necessary to treat the **Injury** or **Illness**, as determined by **Our Vet**.

Claims settlement deductions

When **We** settle **Your** claim, **We** reserve the right to deduct from the claim amount any amount due to **Us**.

Renewing Your Policy

We will write to **You** by email at least one (1) month before renewal of the **Policy** with full details of **Your Premium** and terms upon which renewal will be offered for a further **Period of Insurance**. If **You** do not want to renew the **Policy** just let **Us** know.

It is important that **You** check the terms of any renewal offer to satisfy **Yourself** that the details are correct. In particular, check the sum insured, amounts and **Excess(es)** applicable and ensure that the levels of cover are appropriate for **You**.

At each renewal **We** ask **You** to notify **Us** of certain information. The information **We** require from **You** will be stated in **Your** renewal documentation. It is important that **You** provide **Us** with full and accurate information as this could affect a future claim. Please note that **You** need to comply with 'Your duty to disclose to us' before each renewal.

Changes at renewal

This document also applies for any offer of renewal **We** may make, unless **We** tell **You** otherwise.

When **We** offer renewal **We** may:

- change the **Premium, Excesses** and insurance terms and conditions.

place **Exclusions** because of **Your pet's** claims and veterinary history.

Upgrading cover

If a higher plan is available for **Your pet**, **You** can apply for an upgrade at renewal of **Your Policy** and at this time the request will be subject to an underwriting review of **Your pet's** veterinary history.

Changes during the Period of Insurance

Changes will only be made to the **Policy** at renewal, **We** will not change the cover **We** provide for **Your pet** during the **Period of Insurance**, unless:

- you decide to change **Your pet's** cover.
- you did not tell **Us** about something when **We** previously asked.
- you provided **Us** with inaccurate information when previously asked, regardless of whether or not **You** thought it was accurate at the time.

If **You** transfer **Your pet** to a plan with additional or higher benefit limits, the additional or higher benefits will not apply if the **Condition** being claimed for first occurred prior to the change in the level of cover.

Exclusions applicable to Your pet

- any injury/illness which occurred before **Your pet's** cover started is a pre-existing condition which will never be covered by **Your** insurance; and/or
- any illness which starts in the waiting period; and/or
- in addition to the exclusions set out in these insurance terms and conditions, the policy does not cover any amount that results from an injury, illness or incident which is shown as excluded on **Your** certificate of insurance.

Claimable period

This **Policy** covers an **Injury** or **Illness** for a period of **Twelve (12) Months** only. The **Twelve (12) Months** starts on the date the **Injury** first happened after **Your pet's** cover started, or the first clinical sign of the **Illness** or **Condition** occurring or existing in any form, after the conclusion of the **Waiting period**. After this **Twelve (12) month** period **We** will not cover any further claims for that or any related **Injury** or **Illness**.

Policy limits

Limits do apply to some animals covered by the **Policy**. **You** should read the **Policy** carefully so that **You** are aware of what limits may be applicable to **You** in the event of a loss.

Travel cover

Some cover under **Your Policy** provides cover whilst **Your pet** is on a **Journey**. While **Your pet** is outside of Austria **You** must follow the **Conditions** of any pet travel regulations currently in force at the time. **You** agree to pay translation costs for any claim documentation not written in English or German. Any claims will be paid in Euro.

Jurisdiction

This insurance contract is subject to the laws of England and Wales and the exclusive jurisdiction of the courts of England and Wales. Unless **We** agree otherwise, the language of the **Policy** and all communications relating to it will be in German or English.

Your residence

Your pet must live in Austria.

If **Your** address, or the address of **Your pet**, changes **You** must advise **Us** as soon as possible as this may affect the insurance cover provided.

False information

If **You** have provided false information or make a false or

exaggerated claim, or any claim involving **Your** dishonesty, **We** may have the right to withdraw from the **Policy** or cancel the **Policy** following which **We** will not make any further payments and **We** may retain **Your Premium**.

Fraudulent claims

If **You** submit a fraudulent claim or solicit **Your Vet** to behave in a fraudulent manner or persuade them to falsify or change information regarding a claim, then the claim may be denied and **We** may cancel the **Policy** for a valid reason. **We** may also be entitled to reclaim any payments already made to **You** in respect to such claims and **We** may retain **Your Premium**.

Transferring insurance

This insurance is not transferrable.

Your age when cover starts

You must have been over the age of eighteen (18) at the time **You** purchased this insurance.

General Exclusions

Insurance is not intended to cover every single occurrence. In fact, there are some circumstances that this **Policy** will not provide insurance cover for. For example, under all sections of the **Policy**, **We** do not pay for:

1. A **Condition** specifically excluded on **Your Certificate of insurance**.
2. Any pet(s) aged within the following age limits at the commencement of **Your** insurance:
 - Bird(s) less than 12 weeks of age or over the age of 25 years.
 - Reptile(s) less than 8 weeks of age or over the age of 15 years.
 - Tortoise(s) less than 12 weeks of age or over the age of 30 years.
 - **Mammal(s)** less than 8 weeks of age or over the age of 5 years.
3. Cost of **Routine or preventative treatment**.
4. Cost of **Elective surgery or treatment**.
5. Any amount due to an **Injury** or **Illness** caused by **Your** other pets, the pets of anyone living with you, or any other animal in **Your** care, or any animal visiting **Your** premises.
6. Any pet being used for a commercial purpose or kept on a commercial premise for a period longer than thirty (30) days unless agreed by Petcover and detailed on **Your Certificate of insurance**.
7. Any amount due to polytetrafluoroethylene fumes.
8. Any amount arising from an attack by **Vermin**. (This does not apply to birds of prey injured whilst hunting).
9. The cost of treating any **Injury** or **Illness** or other bodily **Injury** or **Illness** caused by, arising out of, or in any way connected with a malicious act, deliberate **Injury** or bodily **Injury** or gross negligence caused by **You** or a member of **Your Family** or anyone living with **You** or acting with **Your** express or implied consent.
10. Any amount due to statutory quarantine.
11. Any pandemic or epidemic disease that causes widespread **Illness**, death or destruction affecting pets.
12. Any animals that are banned by any Austrian government, public or local authority.
13. Any pet declared as a dangerous animal by a government authority.
14. Any pet that must be registered under the relevant legislation

dealing with dangerous animals.

15. Any amount caused by, arising out of or in any way connected with **Your pet** being confiscated or destroyed by any government or public or local authority or any person or body having the jurisdiction to do so.
16. Any costs caused because any government or public or local authority or any person or body having the jurisdiction to do so having put restrictions on **Your pet**.
17. Any amount caused by, arising out of or in any way connected with **You** breaking the Austrian laws or regulations, including those relating to animal health or importation regulations.
18. Loss, damage, liability or expense directly or indirectly caused by, contributed to or arising from nuclear explosion, reaction, radiation, fallout or contamination by radioactivity.
19. Loss, damage, liability or expense directly or indirectly caused by, contributed to or arising from the use or operation, as a means for inflicting harm, of any computer, computer system, computer software programme, malicious code, computer virus or process or any other electronic system.
20. Loss, damage, liability or expense directly or indirectly caused by, contributed to or arising from any of the following, regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
 - war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
 - any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter; or
 - any chemical, biological, bio-chemical, or electromagnetic weapon; or
 - **Terrorism**, or
 - any action taken in controlling, preventing, suppressing, or in any way relating to point 20.
21. **Your** legal liability for payment of compensation in respect of:
 - death, bodily **Injury** or **Illness**; and/or
 - physical loss or damage to property.
22. Any legal costs, expenses, fines and penalties connected with or resulting from a criminal court case or federal law.
23. Any amount resulting from an **Illness** that **Your pet** contracted while outside of Austria or the **Agreed countries** that it would not normally have contracted in Austria or the **Agreed countries**.
24. Any **Journey You** take **Your pet** on against a **Vet's** advice.

Additional **Exclusions** and **Policy** limits may apply to **Your Policy**. For full details of all relevant **Policy** limits and **Exclusions** you must read **Your Certificate of insurance** and the general **Exclusions** to all sections and also to the specific **Exclusions** to each section under the heading "What we will not pay".

Cover

At Petcover, **We** are proud of the insurance cover **We** provide for pets. In return for the payment of **Your Premium**, **We** will provide cover in the following sections if they are shown on **Your Certificate of insurance**. The cover applies within Austria and any **Journey** undertaken during the **Period of Insurance**.

Benefit limits do apply to some items covered under the **Policy**. **You** should read **Your Policy** carefully so that **You** are aware of what limits may be applicable in the event of a claim.

Veterinary fees & Alternative or complementary treatment

Cover for **Veterinary fees** applies in Austria and **Agreed countries** only.

What We will pay

1. The cost of fees incurred for the **Treatment Your pet** has received to treat an **Injury** and/or **Illness** up to the **Maximum benefit** as stated on **Your Certificate of insurance**. The **Maximum benefit** stated in **Your Certificate of insurance** is the total amount **We** will pay for all claims during the **Period of Insurance**.
2. **We** will also pay as part of **Your Veterinary fees Maximum benefit**, the cost of **Alternative or complimentary treatments** and physiotherapy to treat an **Injury** and/or **Illness**, when referred and endorsed by **Your Vet**.
3. **We** will also pay as part of **Your Veterinary fees Maximum benefit**, up to €100 for **Veterinary** consultations/ visits or prescribed medications needed to carry out the procedure of having **Your pet** put to sleep, including cremation or burial or disposal costs following **Your pet** being put to sleep by a **Vet**.
4. **Illnesses** and **Injuries** are covered for **Twelve (12) Months**, starting from the date during the **Period of Insurance** the **Injury** happened, or the **Clinical signs** of the **Illness** first occurred. Payments will continue for **Twelve (12) Months** or until the **Maximum benefit** is reached, whichever happens first.
5. 90% of the total cost of **Veterinary treatment** if **Your pet** is referred to a specialist referral centre by the original treating **Vet**. **You** are required to pay 10% of the total cost of **Veterinary treatment** by the specialist referral centre in addition to any **Excess** stated on **Your Certificate of insurance**.
6. 50% of the total cost of **Dental Treatment** in **Mammals**. **You** are required to pay 50% of the total cost of **Dental Treatment** for **Mammals** in addition to any **Excess** stated on **Your Certificate of insurance**.

What You pay

For each **Illness** or **Injury** that is treated during the **Period of Insurance** and is not related to any other **Illness** or **Injury** treated during the same **Period of Insurance**, **You** must pay the **Excess** shown on **Your Certificate of insurance**. **You** also pay a percentage of the total costs of **Veterinary treatment** if **Your pet** is referred to a specialist referral centre and/or the cost of **Dental Treatment** for **Mammals** (See Section 1, What we will pay 5 & 6 for full details).

What We will not pay

1. Any amount which exceeds the **Maximum benefit** for the relevant cover or which will result in the **Maximum benefit** being exceeded.
2. The cost of any **Treatment** for a **Pre-existing Condition** during

- the first **Twelve (12) Months** of **Your pet's** insurance unless otherwise stated on **Your Certificate of insurance**.
3. The cost of any **Treatment** for an **Illness** which starts in the **Waiting period**.
 4. The costs of any **Treatment** for the first **Twelve (12) Months** of **Your pet's** insurance unless otherwise stated on **Your Certificate of insurance** for:
 - an **Injury** that happened or an **Illness** that first showed clinical sign(s) before **Your pet's** cover started; or
 - an **Injury** or **Illness** that is the same as, or has the same diagnosis or clinical sign(s) as an **Injury, Illness** or clinical sign(s) **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(s) **Your pet** had before its cover started, no matter where the **Injury, Illness** or clinical sign(s) occurred or happened in or on **Your pet's** body.
 5. The costs of any **Treatment** for the first **Twelve (12) Months** of **Your pet's** insurance unless otherwise stated on **Your Certificate of insurance** for:
 - an **Illness** or **Injury** that first showed clinical sign(s) within the **Waiting period** of **Your pet's** cover starting; or
 - an **Illness** or **Injury** which is the same as, or has the same diagnosis or clinical sign(s) as an **Illness** or **Injury** that first showed clinical sign(s) within the **Waiting period** of **Your pet's** cover starting; or
 - an **Injury** or **Illness** that is caused by, relates to or results from a clinical sign(s) that first occurred, or an **Illness** that first showed clinical sign(s) within the **Waiting period** of **Your pet's** cover starting, no matter where the **Injury, Illness** or clinical sign(s) occurred or happened in or on **Your pet's** body.
 6. The cost of any elective **Treatment, Routine or preventative treatment**, diagnostics or procedure or any **Treatment** that **You** choose to have carried out that is not directly related to an **Injury** or **Illness**, including any complications that arise.
 7. The cost of general health improvers including special food/ diets, mineral supplements/vitamin supplements whether prescribed by a **Vet** or not.
 8. Any costs for hibernation or bumblefoot as a result of poor husbandry and where previously veterinary advice relating to hibernation or bumblefoot has not been followed.
 9. The cost of any **Treatment** in relation to **Your pet** being or coming into season, breeding, pregnancy or giving birth.
 10. The cost of more than two occurrences of egg binding throughout the pet's life.
 11. The cost of any herbal medicines or **Treatment**, other than milk thistle prescribed by a veterinarian used to treat an **Illness** or **Injury**.
 12. The cost of **Treatment** for a **Behavioural Illness**, if **Your pet's** behaviour is caused by **You** failing to provide training.
 13. The cost of **Treatment** for any **Behavioural Illness** relating to a mental or emotional disorder, including self-mutilation.
 14. The cost of any **Treatment** in connection with false pregnancy.
 15. The cost of any food, including food prescribed by a **Vet**, unless it is:
 - used to dissolve existing bladder stones and crystals in the urine, which is limited to a maximum of 40% of the cost of food for up to six (6) months. A diagnostic test must be carried out to confirm the presence of the stones/crystals.
 - liquid food, used for up to five (5) days while **Your pet** is hospitalised at a veterinary practice, providing the **Vet** confirms the use of the liquid food is essential to keep **Your pet** alive.
 16. The cost of periodontics, **Dental** check-ups, **Dental** x-rays, **Dental** prophylaxis, **Dental** scale and polish or teeth cleaning, gingival hyperplasia, removal of plaque or calculus or periodontal surgery.
 17. The cost of prosthodontics, the removal or repair of misaligned or retained deciduous teeth, orthodontic appliances, crowns, caps or splints, luxation, horizontal bone loss, impacted teeth or embedded teeth.
 18. Any cost relating to orthodontics, malocclusion, supernumerary teeth, reverse scissor bite, overbite, brachygnathia, open bite, level bite or other dental malalignments.
 19. For the cost of a post-mortem examination.
 20. Any costs for putting **Your pet** to sleep unless it was necessary for humane reasons and to stop incurable suffering.
 21. For costs resulting from an **Injury** or **Illness** that are excluded under the **Policy**.
 22. The cost of a house call unless the **Vet** confirms that **Your pet** is suffering from a serious **Injury** or **Illness** and that moving **Your pet** would either endanger its life or significantly worsen the serious **Injury/Illness**, regardless of **Your Personal circumstances**.
 23. For the extra costs for treating **Your pet** outside usual surgery hours; unless the **Vet** confirms an emergency consultation is essential, regardless of **Your Personal circumstances**.
 24. For the cost of any additional veterinary attention required because **You** are unable to administer medication or **Treatment** due to **Your pet's** behaviour or **Your Personal circumstances**.
 25. For the cost of hospitalisation and any associated **Treatment**, unless the **Vet** confirms **Your pet** must be hospitalised for essential **Treatment**, regardless of **Your Personal circumstances**.
 26. For any costs for treating an **Injury** or **Illness** after the last day of the **Period of Insurance**, unless a further **Period of Insurance** has been entered into by **You** and the **Insurer**, in which case the costs may be paid under the new **Policy** entered into with the **Insurer**.
 27. Any costs for **Alternative or complementary treatment** or **Veterinary treatment** that does not improve the health or wellbeing of **Your pet**.
 28. For the cost of buying or hiring equipment or machinery or any form of housing, including cages.
 29. For the cost of any surgical items that can be used more than once.
 30. The cost for **Your Vet** to write a prescription, charge a dispensing or an administration fee.
 31. Any claim where the full medical history is not provided when requested.
 32. Any bulk purchase of medicines that can't be used or are not needed in full by the end of the current **Period of Insurance**.
 33. Any prolonged course of veterinary medicines or **Alternative or complementary treatments** for more than three (3) months if there is a veterinary operation that would have improved or cured the **Condition** unless agreed by **Us**. The maximum payment will be limited to the equivalent cost of the operation.
 34. For the cost of any **Treatment** if a claim has not been submitted within one (1) year of **Your pet** receiving **Treatment** (this is **Your** obligation), **We** may refuse or reduce the amount **We** pay (the **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG: please read point7) under "How to claim" on page 17 of this insurance brochure)
 35. Any medicines that have not been approved by the Bundesamt für Sicherheit im Gesundheitswesen (BASG) or where there is no evidence to support the usage of this medicine for this **Condition**.
 36. The cost of the following procedures; experimental **Treatments** or therapies, prosthetics or orthopaedic supports or braces, open heart surgeries, cancer vaccinations, therapeutic antibody for dog and cat cancers, stem cell therapy, organ transplants,

gene therapies, probiotics, dental vaccines, veterinary laser treatments, 3D printing, Juvenile Pubic Symphysiodesis (JPS), any drugs not used in accordance with the manufacturers recommends.

37. The cost of any **Treatment** while on a **Journey** if a **Vet** believes the **Treatment** can be delayed until **Your pet** returns **Home**.

Special Conditions for Veterinary fees

The maximum amount **We** will pay for the cost of **Treatment** for an **Injury** and/or **Illness** is the **Maximum benefit** which applies on the date the **Injury** happened or the date the clinical sign(s) of the **Illness** first occurred, provided the relevant date falls within the **Period of Insurance**, subject to **Exclusions** of the **Policy** and less the applicable **Excess**.

1. If the claim includes medication, these costs will be subject to the **Maximum benefit** that applies on the date the medication will be used.
2. If **We** agree for a claim settlement to be paid direct to **Your Vet** and **You** allow this, then if the **Vet**, who has treated **Your pet** or is about to treat **Your pet**, asks for information about **Your** insurance that relates to a claim, **We** will tell the **Vet** what the insurance covers, what **We** will not pay for, how the amount **We** pay is calculated and if the **Premium** is paid to date.
3. If **We** receive a request to pay the claim settlement direct to a veterinary practice, **We** reserve the right to decline this request.
4. **We** may refer **Your pet's** case history to **Our Vet** and if **We** request, **You** must arrange for **Your pet** to be examined by **Our Vet**.
5. If **You** decide to take **Your pet** to a different **Vet** for a second opinion because **You** are unhappy with the diagnosis or **Treatment** provided, **You** must tell **Us** before **You** arrange an appointment with the new **Vet**. If **You** do not, **We** will not pay any costs relating to the second opinion. If **We** request, **You** must use **Our Vet** if **We** choose. If **We** decide the diagnosis or **Treatment** currently being provided is correct, **We** will not cover any costs relating to the second opinion.
6. It is **Your** responsibility to ensure the veterinary practice is paid within the required time frame:
7. If an additional charge is added to the cost of **Treatment** due to the late payment of fees, **We** will deduct this charge from the claim settlement.
8. If the veterinary practice provides a discount for paying the cost of **Treatment** within a certain time frame, **You** must provide payment within this time frame. If **You** do not, **We** will deduct the discount, which would have been provided, from the claim settlement.
9. **We** will require fully itemised invoices for all alternative, complementary and **Veterinary treatment**.

Death from Injury or Illness

*Cover for death from **Injury** or **Illness** applies in Austria only.*

*This section is an **Optional extra benefit** and only applies if it is shown as covered on **Your Certificate of insurance**.*

What We will pay

The price **You** paid for **Your pet**, up to the **Maximum benefit**, if it either dies or has to be put to sleep by a **Vet** during the **Period of Insurance** as a result of an **Injury** caused by an **Accident** or **Illness**.

If **You** have no formal proof of how much **You** paid for **Your pet**, **We** will pay the **Market Value** or purchase price, whichever is less. If **You** did not pay for **Your pet**, **We** will pay the **Market Value**.

What You pay

The **Excess** shown on **Your Certificate of insurance**.

What We will not pay

1. Any amount which exceeds the **Maximum benefit** for the relevant cover, or which will result in the **Maximum benefit** being exceeded.
2. To the extent permitted by law, if the death results from an **Injury** or **Illness** that happened prior to the **Period of Insurance**.
3. To the extent permitted by law, if **Your pet's** death results from a **Pre-existing Condition** during the first **Twelve (12) Months** of **Your pet's** insurance unless otherwise stated on **Your Certificate of insurance**.
4. To the extent permitted by law, if **Your pet's** death results from an **Illness** which starts in the **Waiting period**.
5. Any amount unless **Your Vet** confirms it was not humane to keep **Your pet** alive because it was suffering from an **Injury** that could not be treated or an incurable **Illness**.
6. Any amount if the death results from breeding, pregnancy or giving birth.
7. Any amount if a claim has not been submitted within one (1) year of **Your pet's** death (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG: please read point 7) under "How to claim" on page 17 of this insurance brochure.
8. Any amount if the death results from an **Injury** or **Illness** specified as excluded on **Your Certificate of insurance** or generally not covered within these insurance terms and conditions.
9. Any amount if the death results from fire, wind, storm, lightning, or flood.

Special Conditions for death from Injury or Illness

1. When lodging a claim for death from **Injury** or death from **Illness**, please send **Us**:
 - in the event of a sudden or unexplained death or if **Your pet** dies within the first **Twelve (12) Months** of the insurance cover a post-mortem report at **Your** own expense; and
 - in all other cases **We** require a death certificate from a **Vet**; and
 - **Your pet's** original purchase receipt from where **You** bought **Your pet**, where applicable; and
 - any incurred costs relating to this information will not be covered.
2. If **You** make a claim for death from **Injury** or death from **Illness**, **We** will automatically cancel **Your pet** from the **Policy** from the day after his/her death.

Advertising and reward

*Cover for advertising and reward applies in Austria and the **Agreed countries** only.*

What We will pay

If **Your pet** is stolen or goes missing during the **Period of Insurance**, **We** will pay:

- the cost of advertising; and
- the reward **You** have offered and paid to get **Your pet** back.

If **Your pet** is stolen or goes missing during **Your Journey**, **We** will also pay the cost of **Your** accommodation to stay and look for **Your pet** if it has not been found or returned by the scheduled last date of **Your Journey**.

What You pay

Your Excess as detailed in **Your Certificate of insurance**.

What We will not pay

1. Any amount which exceeds the **Maximum benefit** for all incidents covered under the relevant cover or which will result in the **Maximum benefit** being exceeded for all incidents during the **Period of Insurance**.
2. Any reward that **We** have not agreed to before **You** advertised it.
3. Any reward not supported by a signed receipt giving the full name, address and telephone number of the person who found **Your pet**.
4. Any reward paid to:
 - a member of **Your Family** or any person living with **You** or employed by you, including any person travelling with **You** during **Your Journey**.
 - the person who was caring for **Your pet** when it was lost or stolen.
 - the person who stole **Your pet** or any person who is in collusion with the person who stole **Your pet**.
5. Any amount if a claim has not been submitted within one (1) year of **Your pet** going missing (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of 11 of this insurance brochure.
6. If **Your pet** is stolen or goes missing during **Your Journey**:
 - more than seven (7) days' accommodation costs and more than 50 € for each day's accommodation.
 - any amount if the cost of accommodation is at a property owned by **You** or **Your Family**.
7. Any amount unless **You** have provided **Us** with some official documentation to certify the theft or loss was reported to the police or the shipping or aircraft operator if the loss or theft happened while **You** were travelling with them.

Special Conditions for advertising and reward

1. **You** must immediately take all reasonable steps to find or recover **Your pet**.
2. **You** must take the following steps:
 - within twenty-four (24) hours of **You** discovering **Your pet** is stolen, **You** must tell the appropriate authority and obtain written confirmation of **Your** report. Depending on where **You** live the appropriate authority may be **Your** local council or the police. If **Your pet** is microchipped, **You** must also notify Petcard (www.petcard.at) and **Your Vet** to advise that **Your pet** is stolen or missing.
 - tell all the **Vets** and local rescue centres within a reasonable distance of the area where **Your pet** was last seen, within five (5) days of **Your pet** going missing.
 - if **Your pet** has not been found within ninety (90) days, fill in a claim form and return it to **Us** as soon as possible.
 - if **Your pet** was lost or stolen while being transported by a shipping agent or aircraft, **You** must immediately report the loss to the operator and obtain written confirmation of **Your** report.
3. There are other actions **You** can take, which although are not requirements of this insurance, may help to improve the chances of **Your pet** returning **Home**. This includes notifying all **Vets**, local rescue centres, distributing flyers and searching the local area. We are happy to share useful tips with **You** if **You** contact us.
 - you must obtain **Our** approval before advertising a reward; if not, the cost of the reward will not be covered by the **Policy**.
 - you must provide **Us** with a receipt(s) for any amount which **You** are claiming for. Any costs not supported by a receipt

will not be covered by the **Policy**.

- we will require fully itemised invoices for any costs arising from advertising and reward cover.

Loss from theft, fire or weather perils

Cover for loss from theft, fire or weather perils applies in Austria only.

*This section is an **Optional extra benefit** and only applies if it is shown as covered on **Your Certificate of insurance**.*

What We will pay

The price **You** paid for **Your pet**, up to the **Maximum benefit**, if it is stolen due to forced or violent entry or dies or is proven missing as a result of fire, wind, storm, lightning or flood during the **Period of Insurance** and is not recovered or does not return.

If **You** have no formal proof of how much **You** paid for **Your pet**, **We** will pay the **Market Value** or purchase price, whichever is less. If **You** did not pay for **Your pet**, **We** will pay the **Market Value**.

What You pay

The **Excess** shown on **Your Certificate of insurance**.

What We will not pay

1. Any amount which exceeds the **Maximum benefit** for the relevant cover, or which will result in the **Maximum benefit** being exceeded.
2. Any amount if **You** or the person looking after **Your pet** has freely parted with it, even if tricked into doing so, unless anyone was looking after or transporting **Your pet** in return for money, goods or services.
3. Any amount if a claim has not been submitted within one (1) year of **Your pet** going missing (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG: please read point 7) under "How to claim" on page 17 of this insurance brochure.
4. Any amount in the event of escape or mysterious disappearance (unless by a weather peril).
5. Theft from an unattended vehicle or from an unattended stand at a show or exhibition.
6. Theft or loss from an alcohol licensed premises.
7. Theft or loss from an address **Your pet** has been living at for longer than thirty (30) days which is not the address on **Your Certificate of insurance**.

Special Conditions for loss from theft, fire or weather perils

1. **You** must immediately take all reasonable steps to find or recover **Your pet**.
2. **You** must take the following steps:
 - within twenty-four (24) hours of **You** discovering **Your pet** is stolen, **You** must tell the appropriate authority and obtain written confirmation of **Your** report. Depending on where **You** live the appropriate authority may be **Your** local council or the police.
 - tell all the **Vets** and local rescue centres within a reasonable distance of the area where **Your pet** was last seen, within five (5) days of **Your pet** going missing.
 - if **Your pet** is microchipped, **You** must notify Petcard (www.tasso.net) and **Your Vet** to advise that **Your pet** was stolen or is missing.
 - if **Your pet** has not been found within ninety (90) days, please fill in a claim form and return it to **Us** as soon as possible.

3. If **Your pet** was lost or stolen while being transported by a shipping agent or aircraft, **You** must immediately report the loss to the operator and obtain written confirmation of **Your** report.
4. If the loss or theft happened during **Your Journey**, please also send **Us** the booking invoice for **Your Journey** or any other official documentation to show the dates of **Your Journey**.
5. Settlement for loss of **Your pet** by theft will not be made until ninety (90) days after the reported incident and then only in the event that **Your pet** is not recovered.
6. To claim for theft the following security requirements must be in place if **Your pet** is kept outside:
 - single pet or collection of pets insured, valued up to 1.500 €: All openings to the enclosures must be protected by closed shackled high tensile steel padlocks.
 - single pet or collection of pets insured, valued between 1.500 € and 10.000 €: All openings to the enclosures must be protected by closed shackled high tensile steel padlocks. Enclosures must be constructed to a standard suitable to prevent theft or escape of **Your pets**. Security lighting must be operational continuously covering the enclosure. Enclosure must be recorded continuously by CCTV including day and night vision and the CCTV must be powered by wires connected to a mains power system. **We** will require a copy of this in the event of a claim.
 - single pet or collection of pets insured, valued over 10.000 €: Please refer to **Your Certificate of insurance** for security requirements which will apply.
7. To submit a claim for theft or straying **You** must have advertised the loss of **Your pet** for at least ninety (90) days and when **You** claim **You** must provide **Us** with evidence showing the advertising took place, the pet's purchase receipt from where **You** bought **Your pet**, where applicable. **We** will not pay for this information.
8. If the claim is paid the purchase receipt will not be returned to you.
9. If **Your pet** is found or returns, **You** must repay the full amount **We** have paid you.
10. Outside pet housing and/or enclosures must be constructed and maintained to a standard that will withstand normal weather perils. If there is a disagreement between **You** and **Us** in respect of normal weather perils, the details will be referred to an independent specialist/loss adjuster mutually agreed upon. Both **You** and **We** agree to accept the third party's decision.
11. **You** must maintain all CCTV systems, fire extinguishers, smoke alarms, electrical wiring and appliances, security lights and locks in accordance with the manufacturers recommendations, where applicable, and secure the premises where **Your pet** is kept when they are unoccupied and during the hours of darkness. All security systems must be fully operational at all times and activated when premises are unoccupied.
12. In the event of death by a weather peril, a death certificate issued by a **Vet** will be required.
13. In the event of death by fire, a death certificate by a **Vet** or verification by an independent third party, e.g. fire officer is required.
14. If there have been any break-ins or attempted break-ins at the premises where **Your pet** is kept within the **Twelve (12) Months** prior to the commencement of **Your Policy**, **You** must have notified **Us** before **Your** cover commences.

There are other actions **You** can take, which although are not requirements of this insurance, may help to improve the chances of **Your pet** returning **Home**. This includes notifying all **Vets**, local rescue centres, distributing flyers and searching the local area. **We** are happy to share useful tips with **You** if **You** contact **Us**.

Loss from not returning whilst flying

Cover for loss from not returning whilst flying applies in Austria only.

*This section is an **Optional extra benefit** only available to birds of prey and only applies if it is shown as covered on **Your Certificate of insurance**.*

What We will pay

The price **You** paid for **Your pet**, up to the **Maximum benefit** as agreed and stated in **Your Certificate of insurance**, if it is proven missing whilst flying during the **Period of Insurance** and is not recovered or does not return.

If **You** have no formal proof of how much **You** paid for **Your pet**, **We** will pay the **Market Value** or purchase price, whichever is less. If **You** did not pay for **Your pet**, **We** will pay the **Market Value**.

What You pay

The **Excess** shown on **Your Certificate of insurance**.

What We will not pay

1. Any amount which exceeds the **Maximum benefit** for the relevant cover, or which will result in the **Maximum benefit** being exceeded.
2. Any amount in the event of escape or mysterious disappearances.
3. Any amount if a claim has not been submitted within one (1) year of **Your pet** going missing (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG: please read point 7) under "How to claim" on page 17 of this insurance brochure.
4. Any amount if the loss happened prior to the **Period of Insurance**.
5. Any amount due to a loss which is excluded on **Your Certificate of insurance** or generally not covered within these insurance terms and conditions.
6. Any amount if **Your** bird is not flown with telemetry tracking equipment.

Special Conditions for loss from not returning whilst flying

1. **Your pet** must be flown with telemetry tracking equipment.
2. Settlement for loss of **Your pet** will not be made until ninety (90) days after the reported incident and then only in the event that **Your pet** is not recovered.
3. Any loss must be notified to **Us** as soon as it occurs.
4. **You** must immediately take all reasonable steps to find or recover **Your pet**.
5. **You** must take the following steps:
 - tell all the **Vets** and local rescue centres within a reasonable distance of the area where **Your pet** was last seen, within five (5) days of **Your pet** going missing.
 - if **Your pet** has not been found within ninety (90) days, please fill in a claim form and return it to **Us** as soon as possible.
6. To submit a claim for theft or loss **You** must have advertised the loss of **Your pet** for at least ninety (90) days and when **You** claim **You** must provide **Us** with evidence showing the advertising took place, the pet's purchase receipt from where **You** bought **Your pet**, where applicable. **We** will not pay for this information.
7. If the claim is paid the purchase receipt will not be returned to

you.

8. If **Your pet** is found or returns, **You** must repay the full amount **We** have paid you.

There are other actions **You** can take, which although are not requirements of this insurance, may help to improve the chances of **Your pet** returning **Home**. This includes notifying all **Vets**, local rescue centres, distributing flyers and searching the local area. **We** are happy to share useful tips with **You** if **You** contact **Us**.

Claiming

Making a claim

It's distressing when a much-loved pet suffers an **Injury** or **Illness** so **We** do all **We** can to make the claims process as quick and easy as possible. There's lots of useful information on **Our Website** petcovergroup.com/at to assist **You** with making a claim.

We guarantee to handle **Your** claim fairly and promptly. We will provide a claims handling service for as long as **You** remain a client of **Petcover EU Agentur GmbH**, and **We** will assist **You** in the pursuance and settlement of **Your** claim.

Claim payments will be made directly into **Your** bank account. If another method of payment is required, any costs incurred for administration will be deducted from the claim settlement.

How to claim

1. Notify **Us** of a potential claim as soon as possible by:
 - downloading and completing a claim form from **Our Website**: petcovergroup.com/at; or completing the claim form online, upload the relevant documentation and submit, or
 - contact **Us** by telephone if **You** would like **Us** to send **You** a claim form.
2. Claims for **Veterinary fees** only may be lodged with **Your Vet** (if mutually agreed by **Your Vet**) and **We** will pay the veterinary practice directly. **You** will need to pay **Your Vet** the applicable **Excess(es)** and any non-claimable items.
3. **You** must notify **Us** about claims for **Veterinary fees** and **Alternative or complementary treatment** no later than one (1) year after the **Treatment** date (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG; please read point 6) under "How to claim" on page 17 of this insurance brochure.
4. We will not guarantee on the phone if **We** will pay a claim. **You** must send **Us** a claim form that has been fully completed and **We** will then inform **You** of **Our** decision in writing
5. For claims for advertising and reward, **You** must phone **Us** on 0800 400 720 and talk to **Our** claims team for the approval of any reward before **You** advertise it.
6. **Exemption from performance by the Insurer in accordance with section 6 (3) of the VersVG**: If the exemption from performance has been agreed in the event that an obligation is violated that has to be met by the **Insurer** after **The insured** event occurs, the agreed legal consequence does not occur if the **Injury** does not occur intentionally or is based on gross negligence. If the obligation is not violated with the intention of influencing the **Insurer's** obligation to provide benefits or impairing the establishment of such circumstances that are visibly significant for the **Insurer's** obligation to provide benefits, the **Insurer** remains obliged to provide benefits insofar as the violation does not affect the determination of **The insured** event or has an impact on the determination or the extent of the benefit incurred by the **Insurer**.

Supporting documents required when claiming

For Veterinary fees & alternative or complimentary treatment

Please send **Us**:

- The fully completed claim form.
- The full itemised invoices from the veterinary practice which show what **You** are claiming for. If necessary, **We** may request the original invoice.
- **Your pet's** full clinical history. When **You** make the first claim for **Your pet**, **We** will obtain its full clinical history.
- The full clinical history is a record of all visits **Your pet** has made to a **Vet** and this information will be obtained from each veterinary practice **Your pet** has attended.
- Claims for certain **Conditions** may also require additional information about **Your pet's** full clinical history. We will advise **You** if **We** need this once **We** receive **Your** claim form.
- For **Veterinary fees**, if the claim is for **Treatment** in an agreed country, **You** need to provide the booking invoice for **Your Journey** or any other official documents which show the dates of **Your Journey**.

For advertising and reward

You must phone **Us** on 0800 400 720 and talk to **Our** claims team for the approval of any reward before **You** advertise it. Please send **Us**:

- The fully completed claim form.
- The invoices and receipts to show the costs involved, including a receipt for any reward paid. If necessary, **We** may request the original invoices.
- If the loss or theft happened during **Your Journey**, the booking invoice or another official document to show the dates of **Your Journey**.
- If applicable the police or operator's report.

For death from Illness or Injury

Please send **Us**:

- The fully completed claim form.
- The post-mortem or death certificate from **Your Vet** (see Death from **Illness** or **Injury**, **Conditions** 1.).
- The purchase receipt from when **You** bought **Your pet**.
- A copy of EG-certificate, if applicable.

For loss from theft, fire or weather perils

In the event of theft, **You** should immediately notify the local police of the circumstances surrounding **Your** loss. In the event of the loss or death of **Your pet** from fire or weather perils, **We** may require an independent third party to substantiate the death (i.e. the attending fire officer). Please send **Us**:

- The fully completed claim form.
- Evidence of the advertising carried out to try and find **Your pet**.
- The purchase receipt from when **You** bought **Your pet**.
- A copy of EG-certificate, if applicable.

For loss from not returning whilst flying

Please send **Us**:

- The fully completed claim form.
- The purchase receipt from when **You** bought **Your pet**.
- A copy of EG-certificate, if applicable.

Making a complaint

Our aim is to ensure that all aspects of **Your** insurance are dealt with promptly, efficiently and fairly. At all times **We** are committed to providing You with the highest standard of service.

If **You** wish to make a complaint, **You** can do so at any time by sending the matter in the first instance to **Us**.

The address is:

Petcover EU Agentur GmbH

Ared Strasse 16-18, 2544 Leobersdorf, Austria

Phone 0800 400 720

Email info.at@petcovergroup.com

Website petcovergroup.com/at

As a consumer, **You** have the option of contacting the Insurance Ombudsman at: HYPERLINK "<https://www.versicherungsombudsmann.de/das-schlichtungsverfahren/schlichtungsantrag/>" Request for conciliation – Insurance Ombudsman if no agreement can be reached, without prejudice to Your right to pursue legal remedies. For further information, please refer to the Insurance Ombudsman website at HYPERLINK "<https://www.versicherungsombudsmann.de/>" Versicherungsombudsmann – Außergerichtliche Streitbeilegung, unabhängig und kostenfrei

You also have the right to send **Your** complaint to the Federal Financial Supervisory Authority (BaFin). Further information on the complaints handling process can be found at https://www.bafin.de/DE/Verbraucher/BeschwerdenStreitschlichtung/beschwerdenstreitschlichtung_node.html

Alternatively, You may wish to contact the Insurance Ombudsman in Belgium using the following details:

A.S.B.L. OMBUDSMAN DES ASSURANCES

Square de Meeûs 35,

1000 Bruxelles

Téléphone : +32 (2) 547 58 71

Fax : +32 (2) 547 59 75

info@ombudsman.as

Please note:

Submitting a complaint does not prevent You from always calling the ordinary courts.

Data privacy notice – Petcover EU Agentur GmbH

Your information has been, or will be, collected or received by **Petcover EU Agentur GmbH**. **We** will manage personal data in accordance with data protection law and data protection principles. **We** require personal data in order to provide good-quality insurance and ancillary services and will collect the personal data required to do this. This may be personal information such as name, address, contact details, identification details, financial information and risk details.

The full data privacy notice can be found at petcovergroup.com/at.

A paper copy of the data privacy notice can be obtained by contacting **Us** by email info.at@petcovergroup.com or at this address:

Petcover EU Agentur GmbH

Ared Strasse 16-18, 2533 Leobersdorf Austria

Data privacy notice – Fortegra Belgium Insurance Company NV

All personal information that You provide to **Petcover EU Agentur GmbH** in connection with the provision of this contract will be stored in a secure and prudent manner and treated as confidential, and in accordance with the Regulation 2016/679 of 27 April 2016 ("General Data Protection Regulation" or "GDPR") and the Act of 30 July 2018 on the protection of natural persons with regard to the processing of personal data, as amended from time to time and other applicable data protection requirements for the processing and storage of personal data.

The information will only be stored for as long as it is necessary to process **Your** inquiry or perform the service in question, or longer if **Petcover EU Agentur GmbH** or the **Insurer** are obliged to do so by law or regulation. **You** have the right to demand access to registered personal data, as well as for correction and deletion in accordance with the law. Due to security-related reasons, **We** will primarily respond to **Your** request using **Your** address. The processing of requests regarding Your personal data will be handled by **Petcover EU Agentur GmbH**.

See privacy policies on <https://fortegra.eu/privacy-notice> and petcovergroup.com/at.

A paper copy of the data privacy notices can be obtained by contacting Us by email info.at@petcovergroup.com or at this address: **Petcover EU Agentur GmbH** Ared Strasse 16-18, 2544 Leobersdorf, Austria

Contact us

If **You** need any help with **Your Policy** at any point, please contact **Us**. **We** are open Monday to Friday from 9am to 5pm.

Phone 0800 400 720

Email info.at@petcovergroup.com

Post **Petcover EU Agentur GmbH**

Ared Strasse 16-18, 2533 Leobersdorf Austria

Website petcovergroup.com/at

This insurance is issued by **Petcover EU Agentur GmbH** trading as Petcover Austria in accordance with the authorisation granted to them under the binding authority agreement with Fortegra Belgium Insurance Company NV.

Petcover EU Agentur GmbH is registered in Austria under number FN514361p. **Petcover EU Agentur GmbH** is authorised and regulated by the Austrian Financial Market Authority (FMA).

Details of the Insurer

This insurance is underwritten by Fortegra Belgium Insurance Company NV.

Fortegra Belgium Insurance Company NV is an insurance company authorised under code 3251 and regulated by the National Bank of Belgium, registered in the Crossroads Bank of Enterprises under company number 1007742896 (RPR Brussels). Registered office: Bastion Tower, Place du Champ de Mars 5, 1050 Brussels, Belgium.



Petcover EU Agentur GmbH

Ared Strasse 16-18, 2533 Leobersdorf Austria

Telephone 0800 400 720 | **Email** info.at@petcovergroup.com | **Website** petcovergroup.com/at

Petcover EU Agentur GmbH, Ared Strasse 16-18, 2544 Leobersdorf, Österreich, GISA number: 32484052, works as an insurance agent of Fortegra Belgium Insurance Company NV, with its registered office at Bastion Tower, Place du Champ de Mars 5, 1050 Brussels, Belgium. Petcover EU Agentur GmbH is entitled to receive premiums for the insurance company or amounts intended for the customer from the insurance company.