

MORE TH>N<sup>®</sup> PET SAVER INSURANCE

Everything explained



YOUR POLICY WORDING  
(Please keep this safe)

# CONTENTS

	PAGE
WELCOME . . . . .	3
YOUR PET SAVER INSURANCE POLICY SUMMARY . . . . .	4
YOUR PET SAVER INSURANCE POLICY WORDING . . . . .	9
DEFINITIONS . . . . .	10
BENEFITS . . . . .	11
EXCLUSIONS . . . . .	12
CONDITIONS . . . . .	15
HOW TO CLAIM . . . . .	18
HOW WE USE YOUR INFORMATION . . . . .	21
COMPLAINTS PROCEDURE . . . . .	23
IMPORTANT TELEPHONE NUMBERS . . . . .	28

# WELCOME TO MORE TH>N PET SAVER INSURANCE

Thank you for taking out a policy with MORE TH>N and for choosing us for your pet insurance.

Our Pet Saver Insurance helps to take away some of the worry you'll feel if your pet is sick or injured. For example, it gives you up to £3,000 of vet fees cover for 12 months from the first clinical signs of illness or injury.

Of course, helping to take care of vet fees is a very important part of our insurance, but it gives you peace of mind in other ways too. For example, we'll help to meet kennel or cattery fees if you have to go into hospital and can't look after your pets and if your pet goes missing we'll pay towards advertising and reward costs.

And let's not forget vetfone – another significant benefit of our Pet Saver Insurance. This freephone 24-hour pet helpline is manned by qualified RCVS (Royal College of Veterinary Surgeons) vet nurses, who have lots of hands-on experience with animals. They are there ready with advice, day or night, if you are worried about your pet's health.

Of course, we hope your pet continues to be fit and well so that you don't ever need to make a claim. But if you do, you can rest assured that you'll enjoy excellent service from our team of claims specialists.

The purpose of this booklet is to help you understand your Pet Saver Insurance policy. Legally we need to make sure you're aware that the information you've given us is part of your insurance contract with us.

Your Policy and Schedule are evidence of that contract, so please read them carefully to ensure that your cover is exactly what you need, and keep them in a safe place.

The first few pages give you a summary of the main policy benefits and terms and conditions, but it is important you take the time to read the full details about your policy included in this booklet.

# POLICY SUMMARY

MORE TH>N Pet Saver Insurance is underwritten by Royal & Sun Alliance Insurance plc. It is an annual contract that provides cover for the cost of the major risks of owning a dog or cat including the cost of veterinary treatment. It may be renewed each year subject to the terms and conditions then applicable.

The following tables provide only a summary of the main policy benefits, and the terms and conditions. For full details of these and all the terms and conditions you should read the Policy Wording. When you receive your policy documents, you will have 14 days to decide if you wish to cancel the policy – see "Your Right to Cancel the Policy" for more information.

Table 1

## PET SAVER INSURANCE

The following will automatically be included in your policy.

Features and Benefits	Significant Exclusions or Limitations	Limit	Policy Reference
<b>VETERINARY FEES</b>			
<p>Covers treatment by a vet for 12 months from the first clinical signs of an illness or injury, including physiotherapy, homeopathic and herbal medicines for each illness or injury.</p> <p>To claim the cost of veterinary treatment up to £3,000 or treatment that lasts up to 12 months you may need to renew your insurance.</p> <p>Veterinary treatment which includes complementary therapy referred by a vet to a member of organisations listed in your policy wording.</p>	<p>The policy excludes:</p> <ul style="list-style-type: none"> <li>Any fees for illness that first occurred before cover started</li> <li>Any fees for an illness that starts or starts showing clinical signs within the first 14 days of cover</li> <li>Any illness your pet should be vaccinated for but isn't</li> <li>Fees for dental treatment unless caused by an accident</li> <li>Costs of vaccinations, spaying and castration or any treatment for pregnancy, whelping or kitting</li> <li>The cost of out of hours treatment unless your vet believes the treatment could not wait until normal surgery hours</li> <li>The cost of food including food prescribed by a veterinary surgeon.</li> </ul> <p>Limitation You should contact us if your pet is referred to a specialist vet and the cost is likely to be more than £1,000.</p>	<p>£3,000 for each separate illness and injury with an inner limit of £500 for complementary therapy.</p>	<p>Exclusions</p> <p>Conditions</p>

Table 1 – continued

## PET SAVER INSURANCE

The following will automatically be included in your policy.

Features and Benefits	Significant Exclusions or Limitations	Limit	Policy Reference
<b>YOUR PET'S PURCHASE PRICE</b>			
<p>If your pet dies or is put to sleep as a result of an illness or injury.</p> <p>If your pet is stolen or strays and cannot be found within 30 days.</p>	<p>The policy excludes:</p> <ul style="list-style-type: none"> <li>• Death resulting from illness or natural causes once your pet reaches their 9th birthday</li> <li>• Death resulting from any illness or injury that first occurred before cover started</li> <li>• Death resulting from any illness that starts or starts showing clinical signs within the first 14 days of cover.</li> </ul>	£500	Exclusions
<b>ADVERTISING &amp; REWARD COSTS</b>			
Covers the cost of advertising for a lost pet, including any reward paid for their safe return.	Excludes any costs if your pet goes missing within the first 14 days of cover.	£500	Exclusions
<b>LICENSED KENNEL OR CATTERY FEES</b>			
If you have to go into hospital due to illness or injury, we'll pay for costs after the first 4 days of your stay.	Excludes stays in hospital for any medical condition you know about before the cover starts.	£500	Exclusions
<b>THIRD PARTY LIABILITY PROTECTION – DOGS ONLY</b>			
If your dog kills or injures someone or damages their property and you are found legally responsible.	<ul style="list-style-type: none"> <li>• Any claim that is covered by any other insurance</li> <li>• Costs for criminal proceedings against you</li> <li>• If the claimant is a member of your family/household or looking after your pet</li> <li>• Any claim resulting from your occupation, profession or business.</li> </ul>	£1,000,000	Exclusions

Table 2

## WHAT YOU PAY TOWARDS THE COST OF A CLAIM (EXCESS)

For claims under the Veterinary Fees you must pay an amount towards the cost of any treatment your pet receives during the period of 12 months for each separate illness, injury or clinical sign.

AGE AT THE START OF THE PERIOD OF 12 MONTHS		WHAT YOU PAY
<b>Dogs</b>	Under 9 years	£90 + 10% of the rest of the cost of the veterinary treatment/complementary therapy
	9 years and over	£90 + 20% of the rest of the cost of the veterinary treatment/complementary therapy
<b>Cats</b>	Under 9 years	£75 + 10% of the rest of the cost of the veterinary treatment/complementary therapy
	9 years and over	£75 + 20% of the rest of the cost of the veterinary treatment/complementary therapy

The rest of the cost of veterinary treatment/complementary therapy means the amount left from the amount covered by this insurance after the £90 for dogs and £75 for cats, is deducted.

For claims under the Third Party Liability (dogs only) section you must pay £200 of any claim for damage to or loss of property which includes pets and livestock.

We have the right to change the excess. The amount of excess you pay will also be shown on your Policy Schedule.

Table 3

## GENERAL CONITIONS AND EXCLUSIONS

Cover	Policy Reference
• The maximum amount payable for each benefit is shown on your Policy Schedule.	Schedule
• You must pay the excess on any claim made for veterinary fees as indicated on your Policy Wording.	Excess for Veterinary Treatment Fee Claims
• The policy excludes claims when your pet is under 8 weeks old.	Exclusions

## IMPORTANT INFORMATION

### YOUR RIGHT TO CANCEL THE POLICY

If having examined your policy you decide not to proceed with the insurance, you will have 14 days to cancel it starting on the day you receive the policy documentation. To cancel please write to the address or call the number shown in your policy documentation. On receipt of your notice, we will refund any premiums already paid, except when you have already made a claim under your policy.

### CLAIMS

Should you wish to claim under your Pet Saver Insurance policy you should call the Claims Helpline on 0800 300 889 as soon as possible. You must give us any information or help that we may reasonably ask for. You must not settle, reject, negotiate or agree to pay any claim without our prior agreement.

Full details of how to claim are included in the Policy Wording.

### COMPLAINTS

We aim to give customers a high standard of service at all times. If you are unhappy with the service provided for any reason or have cause for complaint you should initially contact MORE TH>N at the address shown on your quotation or schedule, as appropriate. We will tell you what we will do to resolve your concerns and how long it will take.

In the unlikely event that you remain dissatisfied and wish to make a complaint, please contact the Customer Relations Unit at the address below.

If they cannot resolve the matter to your satisfaction, you will be provided with our final response so that you can, if you wish refer the matter to the Financial Ombudsman Service at the address below. If you do make a complaint, your right to legal action against us is not affected.

#### MORE TH>N PET SAVER INSURANCE

MORE TH>N  
Customer Relations Team  
Bowling Mill  
Dean Clough Industrial park  
Halifax  
HX3 5WA

#### FINANCIAL OMBUDSMAN SERVICE

Insurance Division  
The Financial Ombudsman Service  
South Quay Plaza  
183 Marsh Wall  
London  
E14 9SR

### COMPENSATION

 Check with us what protection the Financial Services Compensation Scheme offers you  
[www.fscs.org.uk](http://www.fscs.org.uk)

Royal & Sun Alliance Insurance plc is a member of the Financial Services Compensation Scheme (FSCS). This provides compensation in case any member goes out of business or into liquidation and is unable to meet any valid claims against its policies. You may be entitled to compensation if we cannot meet our obligations, depending on the circumstances of the claim. Further information about the compensation scheme can be obtained from the FSCS.

# OTHER IMPORTANT INFORMATION

## PREMIUMS AND PAYMENTS

Premiums are inclusive of Insurance Premium Tax at the current rate where applicable.

You may pay for your policy either annually or by monthly instalments. Annual premiums may be paid by direct debit, credit card or debit card. Monthly instalments can only be paid by direct debit.

## RENEWING YOUR POLICY

At least 21 days before each policy renewal date we will tell you the premium, and terms and conditions that will apply for the following year. If you wish to change the cover or to cancel it then please tell us before the renewal date.

If you pay by direct debit we will continue collecting premiums unless you notify us that you wish to cancel the policy. This will also apply to payments by credit/debit card if you have previously given us permission. For other payments by credit/debit card you must submit a further payment if you wish to renew the policy.

You will have 14 days to cancel the policy after the renewal date and will receive a refund of the premium paid for cover after the renewal date, as described in "Your Right to Cancel the Policy".

## TERMINATION OF THE CONTRACT

You may cancel the policy at any time by writing to us at least 14 days before the next premium is due.

We may cancel the policy at any time, by giving you at least 7 days notice at your last known address. You may be entitled to a proportional refund of any premiums paid, provided you have not made a claim in the current period of insurance.

## THE LAW AND LANGUAGE APPLICABLE TO THE POLICY

Both you and we may choose the law which applies to this contract. However, unless you and we agree otherwise, the law which applies is the law applicable in the part of the United Kingdom, Channel Islands or Isle of Man in which you live. Full details are provided in your Policy Wording.

The language used in this policy and any communications relating to it will be English.

## RSA

MORE TH>N Pet Saver Insurance is underwritten by Royal & Sun Alliance Insurance plc, which is authorised and regulated by the Financial Services Authority as an insurance company and to undertake insurance mediation under Registration No. 202323. You can check this on the FSA's Register by visiting the FSA's website [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting the FSA on 0845 606 1234.

MORE TH>N<sup>®</sup> PET SAVER INSURANCE

# POLICY WORDING

Please read all sections of this Policy carefully and check the details on your Policy Schedule are correct. If you decide you don't want the protection offered by MORE TH>N Pet Saver Insurance please send this Policy and your Policy Schedule back to us within 14 days for cancellation.

MORE TH>N Pet Saver Insurance aims to help you give your pet the very best of care by offering a friendly and efficient service. We are pleased to confirm that your pet is insured in accordance with the details on the Policy Schedule for the following Benefits. This is subject to the terms & conditions set out in this Policy and receipt of premium. We want you to understand how the following Benefits can help you and your pet and how the Policy works for you both. This Policy and your Policy Schedule should be read as one document.

Please read all sections carefully and if you have any questions at all, feel free to contact us. We will be happy to help you.

## DEFINITION OF TERMS USED IN THIS POLICY

This part of the policy sets out the words which have a special meaning. Each word is listed together with its meaning and is shown in bold throughout the policy.

**You, Your** – The policyholder named on the Policy Schedule

**Pet** – Your cat or dog named in the Policy Schedule

**Policy Year** – 12 months from the Cover from date or Renewal Date stated on the Policy Schedule.

**Endorsement** – Any alteration made to the policy, which has been agreed by us in writing

**Excess** – The first part of any claim which you must pay in each policy year (applies to benefits A & G only).

**We, Us, Our** – Royal & Sun Alliance Insurance plc.

**Illness** – Any changes to your pet's normal healthy state.

**Policy Start Date** – The Cover from date stated on the Policy Schedule.

**Veterinary Surgeon** – A current, qualified member of the Royal College of Veterinary Surgeons or, for veterinary treatment outside the UK the Isle of Man or the Channel Islands a person registered to practice Veterinary Surgery in the country veterinary treatment is received.

**Veterinary Treatment** – Any examination, consultation, advice, tests, x-rays, surgery, medication, nursing, care, acupuncture, physiotherapy, homeopathic and herbal medicine provided by a Veterinary Surgeon or an employee of a Veterinary practice under a Veterinary Surgeon's instruction.

### **Complementary Therapy**

Physiotherapy, osteopathy hydrotherapy or chiropractic care carried out, following referral from a **veterinary surgeon**, by a member of the following organisation:

- Association of Chartered Physiotherapists in Animal Therapy
- National Association of Veterinary Physiotherapists
- McTimoney Chiropractic Association
- Canine Hydrotherapy Association.

Physiotherapy, osteopathy or chiropractic care carried out, following referral from a **veterinary surgeon**, by the following organisation:

- International Association of Animal Therapists

### **Hydrotherapy**

Swimming and water treadmill sessions immediately before and after surgery to promote muscle, tendon and cartilage regeneration.

**Period of 12 Months** – 365 days starting from, and including, the date an injury happened or the clinical signs of an illness were first noticed.

## BENEFITS

**You** may claim up to the maximum amount shown on the Policy Schedule for:

- A. **Your pet's veterinary treatment** up to the limit shown on **your** policy schedule, including up to £500 for **complementary therapy** fees for each separate **illness** or injury received during a period of 12 months starting from the date during the **policy year** an injury happens or the clinical signs of an **illness** are first noticed.
- B. The price **you** paid for **your pet** if **your pet** dies as a result of an injury at any age.
- C. The price **you** paid for **your pet** if before the age of 9 years **your pet** has to be put to sleep or dies due to an **illness**.
- D. The price **you** paid for **your pet** if **your pet** is stolen or strays and **you** are unable to find it after 30 days.
- E. The cost of advertising to help find **your pet** if **your pet** is stolen or strays, including any reward (subject to **our** prior agreement) that **you** pay for **your pet's** safe return.
- F. Licensed kennel or cattery fees for **your pet** if **you** are ill or injured and have to go into hospital except for the first 4 days of **your** hospital stay.
- G. Third Party Liability for dogs only. Under benefit G Third Party Liability only '**you**' and '**your**' mean the policyholder and anyone looking after **your pet** with **your** permission.

If **your** dog kills or injures someone, or damages their property and **you** are found to be legally responsible, **you** may claim:

- the amount of any compensation and costs awarded against **you** by a Court
- with **our** written agreement, costs and expenses in defending any claim against **you** and costs and expenses in representing **you** at any inquest or fatal accident enquiry. Please note that **you** must not admit responsibility, negotiate or make any payment without **our** written consent as this could invalidate **your** claim.

## EXCLUSIONS

You will not be able to claim for the following:

A. **Veterinary treatment/complementary therapy fees** or the price you paid for your pet if your pet dies as a result of:

1. an injury that happened or an **illness** that first showed clinical signs before the **policy start date**; or,
2. an injury or **illness** that is the same as, or has the same diagnosis or clinical signs as an injury, **illness** or clinical sign your pet had before the **policy start date**; or,
3. an injury or **illness** that is caused by, relates to or results from an injury, **illness** or clinical sign your pet had before the **policy start date**,

no matter where the injury, **illness** or clinical signs are noticed or happen in or on your pet's body.

**Veterinary treatment/complementary therapy fees** or the price you paid for your pet if your pet dies as a result of:

1. an **illness** that first showed clinical signs within 14 days of the **policy start date**; or,
2. an **illness** which is the same as, or has the same diagnosis or clinical signs as an **illness** that first showed clinical signs within 14 days of the **policy start date**; or,
3. an injury or **illness** that is caused by, relates to or results from a clinical sign that was first noticed, or an **illness** that first showed clinical signs, within 14 days of the **policy start date**,

no matter where the **illness** or clinical signs are noticed or happen in, or on your pet's body.

The cost of any **veterinary treatment/complementary therapy** your pet receives after the **Period of 12 months** has finished.

The cost of any **veterinary treatment/complementary therapy** resulting from an injury or **illness** if the clinical signs or diagnosis are the same as the clinical signs or diagnosis of an injury or **illness** we have already paid the cost of **veterinary treatment/complementary therapy** for a **Period of 12 months**.

- The cost of any medication or materials supplied to be used after the **Period of 12 months** has finished.
- The cost of any treatment outside normal surgery hours except for treatment that a **Veterinary Surgeon** considers cannot wait until normal surgery hours.

Advertising or reward costs, or the price you paid for your pet, if your pet is stolen or strays before the **policy start date** or during the first 14 days after the **policy start date**.

Kennel or cattery fees if you go into hospital due to a medical problem which you knew about before the **policy start date**.

B. Any routine dental treatment. Dental and gum disorders unless they are caused by an injury. Any other disorders that result from a dental or gum disorder unless the dental or gum disorder is caused by an injury.

Vaccinations, worming, killing or controlling fleas, spaying, castration, grooming and de-matting.

Any problems resulting from pregnancy, giving birth or rearing puppies or kittens.

Any behavioural problem, mental or emotional disorder.

The cost of food including food prescribed by a **Veterinary Surgeon**.

Any cost relating to transplant surgery, including any post-operative care.

Home visits, including those necessitated by **your** personal circumstances unless **your Veterinary Surgeon** states that moving **your pet** would endanger their health.

Putting **your pet** to sleep (euthanasia), or disposal, cremation and post-mortems.

The cost of hiring a swimming pool, hydrotherapy pool, any other pool or hydrotherapy equipment.

C. Any claim arising when **your pet** is:

- less than eight weeks old
- a guard or security dog
- used for breeding purposes
- used in connection with any profession, occupation or business except shepherding
- used for racing or fighting
- a wolf or wolf hybrid.

Any claim due to any **illness** or injury, or any claim due to death, loss or damage which happens outside Great Britain, Northern Ireland, the Isle of Man or the Channel Islands,

Any claim arising where **your pet** is or should be registered under the Dangerous Dogs Act 1991 and the Dangerous Dogs (Northern Ireland) Order 1991 or any subsequent amendments.

Any claim arising as a direct or indirect result of nuclear waste or radiation.

Any claim caused by, resulting from or connected in any way to war, invasion, riot, revolution or any similar event.

Any claim caused by, resulting from or connected in any way to:

- any act of force or violence; including biological, chemical and/or nuclear force or contamination; or, the threat of biological, chemical and/or nuclear force or contamination, by anyone:
  - acting alone; or,
  - acting for any organisation(s) or government(s); or,
  - connected with any organisation(s) or government(s),
  - carried out:
    - for political, religious, ideological or similar reasons; or,
    - to influence any government(s); or,
    - to put any section of the public in fear.

D. Under Benefit G – Third Party Liability which applies to dogs only:

Any claim in connection with any incident which occurred before the **policy start date**.

## > EXCLUSIONS >

Any claim in connection with any incident for which a Court finds **you** have no legal responsibility.

Any claim if **you** admit responsibility or offer to pay or pay a settlement for a claim against **you**.

Any claim if the person claiming against **you** for injury or property damage is a member of **your** family or **your** household, **your** employee, someone looking after **your pet** on **your** behalf or a member of their family, their household or their employee.

Costs arising from criminal proceedings against **you**.

If the incident occurred in connection with **your** profession, occupation or business.

Any claim that is covered by any other insurance except where the limit of cover under the other insurance is exceeded by the compensation and costs a court awards.

The Third Party **excess** which you must pay is the first £200 of any claim for damage to or loss of property which includes pets and livestock.

## CONDITIONS

These are the conditions of the insurance **you** will need to meet as **your** part of this contract. If **you** do not, a claim may be rejected or payment could be reduced. In some circumstances **your** policy may be invalid.

### ABOUT YOUR PET

- A. **You** must be the owner of the insured **pet** and it must live with **you** at **your** home address. If **you** are no longer the owner or **your pet** stops living **you** at **your** home address **you** must tell us.
- B. **You** and **your** family must at all times provide **your pet** with proper care and attention.
- C. Dogs must be vaccinated/boosted against distemper, hepatitis, leptospirosis and parvovirus, and cats against infectious enteritis, cat flu and feline leukaemia.
- D. If **your Veterinary Surgeon** wants to refer **your pet** to another **Veterinary Surgeon** for treatment costing more than £1,000 **you** should tell **us** before the referral happens or before **your pet** receives the **veterinary treatment**, except for treatment that a **Veterinary Surgeon** considers should be done immediately on the same day, in which case **you** should tell **us** as soon as **you** can.

### YOUR RESPONSIBILITIES

- E. **You** must always give true and complete information about **your pet**.

Using the contact details provided with **your** policy schedule **you** must tell **us** within 30 days as soon as **you** know about any of the following changes:

- **you** are no longer the owner of the **pet**
- **your pet** stops living with **you** at **your** home
- **your pet** is going to be used for racing
- **your pet** has had complaints made about its behaviour
- **your pet** has been the cause of an accident or legal action
- **your pet** is going to be trained to attack
- **your pet** is going to be used for security purposes or as a guard dog
- **your pet** is neutered or spayed.

**We** may reassess your cover and premiums when **we** are told about changes in **your** circumstances. If **you** do not tell **us** about changes or give **us** incorrect information, the wrong terms may be quoted, a claim may be rejected or payment could be reduced. In some circumstances **your** policy may be invalid, and **you** may not be entitled to a refund of premium.

- F. If **you** make a claim and **you** have cover under another insurance policy for similar loss, damage or liability **we** will only pay **our** share of the claim (except Benefit G – Third Party Liability).
- G. **You** must provide **us** with all the information and assistance **we** require from **you** to enable **us** to deal properly with any claim.

## > POLICY TERMS & CONDITIONS

### FRAUD

H. If dishonesty, exaggeration or false documentation is used by **you** and **your family** or anyone acting on behalf of **you** or **your family** to obtain or support:

- a claims payment under **your** policy; or
- cover for which **you** do not qualify; or
- cover at a reduced premium;

all benefits under this policy will be lost, the policy may be invalid, **you** may not be entitled to a refund of premium and legal action may be taken against **you**.

### MAXIMUM POLICY TIME AND BENEFITS

I. The maximum benefit applicable to:

- **veterinary treatment/complementary therapy** fees for each **illness** or injury; or;
- the price **you** paid for **your pet** if **your pet** dies as a result of any **illness** or injury, is the maximum benefit that applies on the date the injury happened or the date the clinical signs or the **illness** were first noticed.

The maximum benefit and **Period of 12 months** will always start or be calculated from the date:

- the injury first happened or the clinical signs or **illness** were first noticed; or,
- an **illness** with the same diagnosis or clinical signs as the **illness** or clinical signs that **you** have claimed the cost of treatment for was first noticed,

no matter how many times the same injury, **illness** or clinical signs are noticed, or happen in, or on **your pet's** body.

If a number of injuries, **illnesses** or clinical signs are:

- diagnosed as one injury or **illness**; or,
- they are caused by, relate to or result from another injury, **illness**, or clinical sign,

one maximum benefit or **Period of 12 months** will apply to the treatment received for all the injuries, **illnesses** or clinical signs.

The maximum benefit or **Period of 12 months** will start or be calculated from the first date:

- any of the clinical signs or any of the **illnesses** were noticed; or,
- any of the injuries happened.

After **you** have claimed the maximum benefit or **you** have claimed for the **Period of 12 months** for an **illness**, injury or clinical signs, **we** will not pay the cost of any more treatment for:

- the same **illness** or injury; or,
- the same clinical signs; or,
- an **illness** or injury with the same diagnosis or clinical signs as the **illness** or clinical signs **you** have claimed the maximum benefit for; or,
- an injury or **illness** that is caused by, relates to or results from an injury, **illness** or clinical sign that **you** have claimed the maximum benefit or **12 month period** for,

no matter where the clinical signs, **illness** or injury are noticed or happen in or on **your pet's** body.

- J. If **we** increase the maximum benefits, the new higher maximum benefits for **veterinary treatment/complementary therapy** apply to all new **illnesses** and injuries which first show clinical signs after the "Renewal Date" printed on the Policy Schedule when the increased benefits come into force.
- K. The maximum benefit for Third Party Liability claims is restricted to that in force on the date the incident happened.
- L. The maximum benefits applicable if **your pet** is stolen or strays are restricted to those in force on the date of loss.
- M. The maximum benefit for **your pet's** kennel/cattery fees if **you** go into hospital is restricted to that in force on the first date **you** were admitted to hospital for that condition.

## YOUR PREMIUM PAYMENTS

- N. This Policy is an annual contract. The premium is payable annually by Direct Debit, Credit Card, Debit Card, or **you** may pay the full annual premium by monthly Direct Debit instalments.
- O. If **you** are paying by monthly instalments under a linked loan agreement, or **you** are paying annually and **we** do not receive **your** payment **your** cover will end on the date the payment was due.
- P. If **you** pay by monthly instalments and **you** cancel this insurance because **your pet** has died, has been stolen or strays and **you** make a claim for this **we** will not deduct outstanding instalments for the remainder of the current **Policy Year** from any claim payment.
- Q. If **you** pay by monthly instalments and **you** cancel this insurance for any other reason (other than those stated in P above) and **you** make a claim, **we** will deduct outstanding instalments for the remainder of the current **Policy Year** from any claim payment.
- R. If **you** pay the full annual premium and **you** cancel this insurance and **you** have not made a claim **we** will refund the proportion of premium already paid for the remainder of the current **Policy Year**.
- S. If **you** pay the full annual premium and **you** cancel this insurance because **your pet** has died, has been stolen or strays, and **you** make a claim for this **we** will refund the proportion of premium already paid for the remainder of the current **Policy Year**.
- T. If **you** pay the full annual premium and **you** cancel this insurance for any other reason (other than those stated in S above) and **you** make a claim, **we** will not refund the proportion of premium already paid for the remainder of the current **Policy Year**.
- U. If you need to cancel **your** Policy, simply write to **us** and **your** bank, at least 14 days before the next premium is due.
- V. **We** are entitled to cancel **your** Policy at any time. **We** would send **you** at least seven days' notice and **you** would be entitled to a proportional refund of any unexpired premium, providing no claims had been made for the relevant **Policy Year**.
- W. At the end of each **policy year** **we** reserve the right to amend the premium and/or policy benefits, terms and conditions.

## HOW TO CLAIM

Our aim is to provide a fast and efficient claims service to ensure payment to **you** of any valid claim as quickly as possible. To help **us** achieve this please read this section carefully, note the information **we** require for each type of claim and send **your** claim to **us** promptly. To request a Claim Form, please phone **us** on 0800 300 889 or visit [www.morethan.com](http://www.morethan.com), then click the 'Pet Insurance' tab, followed by the 'Make a Claim' tab, to download a claim form.

Or alternatively, write to **us** at MORE TH>N Pet Insurance, 35 Friday Street, Henley-on-Thames, Oxon RG9 1RX.

Always quote the Policy Number that is printed on **your** Policy Schedule.

Please state if it is a Third Party Claim Form that **you** need.

### FOR VETERINARY TREATMENT

1. At **your** own expense, the Claim Form must be fully completed by yourself and **your** **Veterinary Surgeon** and returned to **us** within 30 days of start of first treatment with the invoices for the treatment **you** are claiming. If **your** **pet** develops an ongoing illness or injury please submit the first claim within 30 days of start of first treatment and then submit ongoing claims every 3-6 months.

To enable **us** to process **your** claim **you** agree that any **Veterinary Surgeon** who has treated **your** **pet** has **your** permission to provide **us**, at **your** own expense, with any information and assistance **we** may reasonably require about **your** **pet's** medical history. **You** agree to be responsible for payment of any charge the **Veterinary Surgeon** makes for the information.

### FOLLOWING THE DEATH OF YOUR PET

2. At **your** own expense, the Claim Form must be fully completed by **you** and **your** **Veterinary Surgeon**, and returned to **us** within 30 days, with **your** receipts(s). **Your** **Veterinary Surgeon** must state the date and the cause of death or reason for having **your** **pet** put to sleep.
3. To claim the price **you** paid for **your** **pet**, please send **your** **pet's** original pedigree certificate and purchase price receipt with the completed Claim Form. For non-pedigree **pets** please send the purchase receipt signed by the breeder or the person from whom **you** bought **your** **pet**, together with her/his name and full address. For rescue **pets** please send the paperwork **you** were given by the rescue centre showing the price/donation **you** paid.

In the absence of the full supporting papers **we** will pay a fair price, based on the breed/type and year of birth at the time **you** got **your** **pet**.

**We** understand the sentimental value of **your** **pet's** original papers and wish to assure **you** they will be returned to **you**.

### IF YOUR PET IS STOLEN OR GOES MISSING

4. Immediately **you** become aware **you** should report the loss or theft of **your** **pet** to the Police.

**You** will be expected to show that **you** have taken all reasonable steps to find **your** **pet**, such as contacting local rescue centres, dog wardens, local vets' practices, and so on.

5. Write and tell **us** details of the steps **you** have taken to try to find **your** **pet**. To claim advertising expenses please attach full supporting receipts, together with a copy of the advertisement. To offer a reward, please telephone **us** first for approval of the amount before **you** offer or advertise.

If **you** pay an agreed reward, **you** will need to obtain a signed statement and receipt from the person who returns **your pet** confirming her/his name and address and the circumstances in which (s)he found **your pet**.

6. If **your pet** is not found within 30 days, **you** may claim the price **you** paid for **your pet** by sending the original pedigree certificate and purchase price receipt. For non -pedigree **pets** please send the purchase price receipt signed by the breeder or the person from whom **you** bought **your pet**, together with her/his name and full address. For rescue **pets** please send the paperwork **you** were given by the rescue centre showing the price/donation **you** paid.

In the absence of the full supporting papers **we** will pay a fair price based on the breed/type and year of birth of **your pet**.

(If **we** pay a claim for the price **you** paid for **your pet** and **your pet** is later found, **you** agree to return the payment and **we** will be happy to reinstate **your pet's** Policy to provide continued protection.)

### FOR KENNELS/CATTERY OR BOARDING FEES IF YOU ARE HOSPITALISED

7. Write to **us** and tell **us** the illness or injury that caused **you** to go into hospital and the date of the first symptoms and send **us** an In -patient Certificate or letter from **your** Doctor or Consultant telling **us** the dates **you** were in hospital. **You** will have to pay any charge made for this. Please also send **us** a receipt from the kennels/cattery showing dates of **your pet's** stay and the daily fee charged.

### FOR THIRD PARTY LIABILITY CLAIMS

8. Please notify **us** immediately if **your pet** is involved in an incident which may give rise to a Third Party claim. **We** will send **you** a Claim Form to be completed and returned with full details. **You** should follow the procedures below:
  - A. If **you** receive any correspondence, writ, summons or any other legal document from or on behalf of the Third Party **you** must not answer any of these but they should be forwarded to **us** immediately.
  - B. **You** must not admit responsibility, negotiate or make any payment without **our** written consent.
  - C. If **you** have any legal rights against any other person in respect of **your** claim, **we** may take action against them at **our** expense, in **your** name.
  - D. **You** must provide **us**, at **your** own expense, with any information and assistance **we** may reasonably require about any claim. **You** must help **us** to take legal action against anyone or help **us** defend any legal action if **we** ask **you** to.
  - E. All communications and enquiries about a Third Party claim or possible Third Party claim should be in writing.

### PAYMENT OF CLAIMS SETTLEMENT

9. Any payment due under the terms and conditions of the Policy will be sent to **you** by cheque.

## > GUIDANCE WHEN MAKING CLAIM

### EXCESS FOR VETERINARY TREATMENT CLAIMS

This section applies to claims under Benefit A only.

You must pay an amount towards the cost of **veterinary treatment/complementary therapy** your pet receives during the **period of 12 months** for each separate **illness**, injury or clinical sign.

Cats

Age at the start of the **period of 12 months**

Under 9 years £75 + 10% of the rest of the cost of **veterinary treatment/complementary therapy**.

9 years or over £75 + 20% of the rest of the cost of **veterinary treatment/complementary therapy**.

Dogs

Age at the start of the **period of 12 months**

Under 9 years £90 + 10% of the rest of the cost of the **veterinary treatment/complementary therapy**.

9 years or over £90 + 20% of the rest of the cost of **veterinary treatment/complementary therapy**.

The rest of the cost of **veterinary treatment/complementary therapy** means the amount left from the amount covered by this insurance after the £90 for dogs or £75 for cats is deducted.

We have the right to change the **excess**.

### THE LAW APPLICABLE TO THIS POLICY

Under the laws of the United Kingdom (England, Scotland, Wales and Northern Ireland) both you and we may choose the law which applies to this contract, to the extent permitted by those laws. Unless you and we agree otherwise, we have agreed with you that the law which applies to this contract is the law which applies to the part of the United Kingdom in which you live, or, if you live in the Channel Islands or the Isle of Man, the law of whichever of those two places in which you live.

We and you have agreed that any legal proceedings between you and us in connection with this contract will only take place in the courts of the part of the United Kingdom in which you live, or, if you live in either the Channel Islands or the Isle of Man, the courts of whichever of those two places in which you live.

# HOW WE USE YOUR INFORMATION

Please read the following carefully as it contains important information relating to the details that you have given us. You should show this notice to any other party related to this insurance.

## WHO WE ARE

MORE TH>N is a trading style of Royal & Sun Alliance Insurance plc.

You are giving your information to Royal & Sun Alliance Insurance plc, which is a member of the RSA Group of companies (the Group). In this information statement, 'we' 'us' and 'our' refers to the Group unless otherwise stated.

## HOW YOUR INFORMATION WILL BE USED AND WHO WE SHARE IT WITH

Your information comprises of all the details we hold about you and your transactions and includes information obtained from third parties.

If you contact us electronically, we may collect your electronic information identifier e.g. Internet Protocol (IP) address or telephone number supplied by your service provider.

We may use and share your information with other members of the Group to help us and them:

- Assess financial and insurance risks;
- Recover debt;
- Prevent and detect crime;
- Develop our services, systems and relationships with you;
- Understand our customers' requirements;
- Develop and test products and services.

We do not disclose your information to anyone outside the Group except:

- Where we have your permission; or
- Where we are required or permitted to do so by law; or
- To fraud prevention agencies and other companies that provide a service to us, our partners or you; or
- Where we may transfer rights and obligations under this agreement.

We may transfer your information to other countries on the basis that anyone we pass it to, provides an adequate level of protection. In such cases, the Group will ensure it is kept securely and used only for the purpose for which you provided it. Details of the companies and countries involved can be provided on request.

We would like to keep you informed (by phone, post, email or text) of selected products and services available from us and our carefully chosen suppliers. If you would prefer not to receive this information from us and have not previously advised us of this, please let us know when you contact us.

From time to time we may change the way we use your information. Where we believe you may not reasonably expect such a change we shall write to you. If you do not object, you will consent to that change.

We will not keep your information for longer than is necessary.

## > HOW WE USE YOUR INFORMATION

### FRAUD PREVENTION AGENCIES

If false or inaccurate information is provided and fraud is identified or suspected, details may be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

We and other organisations may also access and use this information to prevent fraud and money laundering, for example when:

- checking details on applications for credit and credit-related or other facilities;
- recovering debt;
- checking details on proposals and claims for all types of insurance;
- checking details of job applicants and employees.

Please contact the Data Protection Liaison Officer at the address below if you want to receive details of the relevant fraud prevention agencies.

We and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

### HOW TO CONTACT US

On payment of a small fee, you are entitled to receive a copy of the information we hold about you. If you have any questions, or you would like to find out more about this notice you can write to: Data Protection Liaison Officer, Customer Relations Office, RSA, Bowling Mill, Dean Clough Industrial Estate, Halifax HX3 5WA.

## OUR COMMITMENT TO YOU

At MORE TH>N, we are committed to going the extra mile for our customers and wherever possible, exceeding their expectations. If you believe that we have not delivered the service you expected, or you are concerned about any aspect of our service, please let us know.

### HOW TO CONTACT US

To help you resolve your concerns quickly it is important that you speak to the right person. If therefore, your complaint relates to your policy then please call the Customer Service Line number shown in your policy documentation. If your complaint relates to a claim then please call the appropriate Claims Helpline number, also shown in your policy documentation.

We then promise to:

- Fully investigate your complaint
- Keep you informed of progress
- Do everything possible to resolve your complaint
- Learn from our mistakes
- Use the information from your complaint to proactively improve our service in the future.

We aim to resolve your concerns within 24 hours, as experience tells us that most difficulties can be sorted out within this time.

In the unlikely event that your concerns have not been resolved within this time, we will issue a letter acknowledging your complaint and explain the reasons why. We will continue to keep you informed of the further actions we will be taking to reach a suitable conclusion.

Once we have reviewed your complaint we will issue our business decision in writing. If upon receipt of this you remain dissatisfied, you can escalate your complaint to Customer Relations who will conduct a separate investigation and issue the company's final decision in writing. Customer Relations can be contacted by:

Post: MORE TH>N  
Customer Relations  
Bowling Mill  
Dean Clough Industrial park  
Halifax  
HX3 5WA

Email: [crt.halifax@uk.rsagroup.com](mailto:crt.halifax@uk.rsagroup.com)

## > COMPLAINTS PROCEDURE

### IF YOU ARE STILL NOT HAPPY

If **you** are still not satisfied after the review, or **you** have not received a written offer of resolution within 8 weeks of the date we received **your** complaint, Royal & Sun Alliance Insurance plc is regulated by the Financial Services Authority whose arbitration service is the Financial Ombudsman Service and **you** can refer your complaint to them. They can be contacted at:

Write: Financial Ombudsman Service,  
South Quay Plaza,  
183 Marsh Wall,  
London E14 9SR

Telephone: 0800 0234567 (Landline) 0300 1239123 (Mobile)

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

You must approach the Financial Ombudsman Service within 6 months of our final response to your complaint. We will remind you of the time limits in our final response. Your rights as a customer to take legal action remain unaffected by the existence or use of any complaint procedures referred to above. However, the Financial Ombudsman Service will not adjudicate on any case where litigation has commenced.

### THANK YOU FOR YOUR FEEDBACK

We value your feedback and at the heart of our brand we remain dedicated to treating our customers as individuals and giving them the best possible service at all times. If we have fallen short of this promise, we apologise and aim to do everything possible to put things right.







# USEFUL PHONE NUMBERS TO HELP YOU

Whatever the problem, whatever the question, we're here to help. For your convenience, we have a number of free helplines to deal with everything from claims to a change of address.

## CUSTOMER SERVICE LINE 0800 300 939

If your circumstances change and you need to update your cover or you have a query, just call the Customer Service Line.

Lines open Monday to Friday 8am - 6pm, Saturday 9am - 5pm.

## CLAIMS HELPLINE 0800 300 889

If you need to make a claim or enquire about an existing claim, just pick up the phone and call our Claims Helpline.

Lines open Monday to Friday 8am - 6pm, Saturday 9am - 5pm

## VETPHONE 0800 072 8190

We know how important your pet's health is to you – they're your friend, your companion and a big part of your family. That's why, as part of your policy, we provide vetfone – a FREEPHONE helpline that you can use as often as you need.

Lines open 24 hours a day, 365 days a year.

**MORE TH>N<sup>®</sup>**

PART OF THE RSA GROUP

MORE TH>N is a trading style of Royal & Sun Alliance Insurance plc (No. 93792). Registered in England and Wales at St. Mark's Court, Chart Way, Horsham, West Sussex, RH12 1XL. Authorised and regulated by the Financial Services Authority. Calls may be recorded and monitored.

R00728A (02-12)