



*Your Perfect Pet Policy Wording and Policy Document*

## **Pet Insurance Policy**

Cats and Dogs Only

**ESSENTIAL &  
ESSENTIAL EXTRA COVER**

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## Welcome

*Thank you for choosing Perfect Pet.*

Perfect Pet's aim is to remove the worry and provide peace of mind when **Your** pet needs it. **We** offer a range of covers that allows **You** the flexibility to choose the right cover for **You** and **Your** pet.

This **Policy** summary, **Policy** document and the **Schedule** should be read together as one document. Please keep these documents together in a safe place.

It is important **You** read them carefully to make sure they meet **Your** needs. Please also check **Your Schedule** carefully to make sure the information **You** have given **Us** is correct.

**You** must therefore tell **Us** if this information is wrong, or if it changes. **You** have responsibility to take reasonable care not to make a misrepresentation, should **You** be careless in answering the questions required to obtain a quotation and subsequently take out cover, or deliberately or recklessly make a misrepresentation then it may be that this affects **Our** decision to pay a claim.

If any of the information **We** have recorded is incorrect, or if **You** have any questions about this **Insurance Policy**, please contact Perfect Pet.

## Product Summary

This section is a policy summary only. It does not contain the full terms and conditions of the contract.

This **Policy** summary brings some important points to **Your** attention. It does not contain the full terms and conditions of this Insurance. Full terms and conditions and an explanation of any defined terms used in this **Policy** summary, can be found in the **Policy** document ([page 9](#) of this document). This is a summary of all cover provided.

### Your responsibility to review

Please review **Your** cover before the end of the cancellation period and on an ongoing basis to ensure that it is, and remains, adequate and suitable for **Your** needs.

### Who provides this policy?

This **Insurance** is underwritten by Building Block Insurance PCC Limited, the head office of which is located in Malta. The **Policy** is administered by the **Administrator** who acts as an agent of the **Insurer** for the distribution of the **Policy**, collection and refunds of premiums. Claims under the **Policy** are handled by the **Claims Handler**.

### Am I eligible for cover?

**You** are eligible for cover if **Your** pet:

- Is a cat or a dog; and
- is not named on the excluded breeds list detailed under condition 14 of the general exclusions in **Your Policy** document ([page 17](#) of this document); and
- is a minimum of four weeks old; and
- resides with **You** in the United Kingdom.

### What can I be covered for?

This **Policy** covers all sections detailed in the table below. There are two levels of cover that **You** can choose from and the **Benefit Limits** detailed in the table below are those paid per **Condition** within a period of 12 months from the date **You** first became aware that **Your** pet was unwell. This means that to ensure **You** receive 12 months of cover for that **Condition** it will involve renewing **Your Policy**. Any future claims for the same **Condition** will not be covered after 12 months have expired.

This also includes any **Complementary Treatment** recommended by **Your Vet** while **Your** pet remains insured with **Us**.

The table below shows the **Benefit Limits** applicable to **Your** chosen product option which is also detailed within **Your Policy Schedule**.

Cats & Dogs Only	Vet Fees	Third Party Liability	Death from Illness or Accidental Injury	Holiday Cover	Holiday Cancellation	Theft and Straying	Advertising and Reward	Emergency Boarding	Accidental Damage
<b>Essential</b>	£1000*	£1m	£250	£250	£250	£250	£250	£250	N/A
<b>Essential Extra</b>	£2500*	£1.5m	£500	£500	£500	£500	£500	£500	N/A

\* **Inclusive of £1000 limit for Complementary Treatment**

## Benefits

The **Benefit Limit We** will pay is shown in **Your Schedule**.

## What is not insured?

- 1 More than the **Benefit Limit** as shown on the **Schedule**.
- 2 Any amount shown as the **Excess** on the **Schedule**.
- 3 The **Co-Payment** for dogs over 8 years of age and cats over 10 years of age.
- 4 Any claim made within, or relating to, the **Waiting Period**.
- 5 Any claim for **Illness** or **Accidental Injury** that relates to a **Pre-existing Condition**.
- 6 Dental or gum **Treatment** that is not due to an **Accidental Injury**.
- 7 Any claim for elective procedures which are preventive and not treating an **Illness** or **Accidental Injury**.
- 8 Stem cell or gene therapy.
- 9 Routine examinations which include vaccinations, grooming, spaying or neutering or breeding, treatment for pregnancy and giving birth.
- 10 **Illnesses** that **Your** pet should be vaccinated against - see general condition 3 in **Your Policy** document (**page 16** of this document).
- 11 Cost of food, which includes any food prescribed by **Your Vet**, or vitamins and mineral supplements.
- 12 If in the opinion of a **Vet Your** pet is overweight and this results in **Your** pet needing **Treatment**.
- 13 If **Treatment** costs are not supported by an original invoice from **Your Vet**.
- 14 Out of hours **Vet Fees**, except where **Your Vet** considers this to be essential for **Your** pet's health.
- 15 If the cost relates to having **Your** pet put to sleep, the cost of cremation or disposing of **Your** pet's remains.
- 16 If the costs relate to charges made by **Your Vet** to provide or fill out a prescription.
- 17 If the costs incurred are after the **Policy** end date as shown on **Your Schedule**.
- 18 If the claim is as a result of an **Associated Condition** and the maximum **Benefit Limit** has already been reached for that **Illness**.

## When the Policy and cover ends

This **Policy** will end automatically at the earliest of the following events:

- The **Period of Insurance** of **Your Policy** has completed.
- **You** don't pay for **Your Policy**.
- **You** or **We** cancel the **Policy**.
- Claim payments have been made up to the **Benefit Limits**.

## How do I make a claim?

In order to make a claim please download the claim form at [www.PerfectPetInsurance.co.uk/claimform](http://www.PerfectPetInsurance.co.uk/claimform) alternatively please contact **Us** at [info@PerfectPetInsurance.co.uk](mailto:info@PerfectPetInsurance.co.uk) where **We** will be happy to email or post the claim form to **You**.

**Your Vet** will need to complete the medical information about **Your** pet and both **You** and **Your Vet** will need to sign the form. In order to prevent delays, when making a claim please attach the full **Vet** history with the claim form.

**We** may refer **Your** pet's case history to a **Vet** that **We** choose, **We** may also request for **You** to arrange for **Your** pet to be examined by this **Vet**.

For ease of use and to speed up the claims process **You** are able to upload a copy of the claim form and the full **Vet** history at [www.PerfectPetInsurance.co.uk/claimform](http://www.PerfectPetInsurance.co.uk/claimform) alternatively **You** can post the forms to:

**Perfect Pet Insurance,**  
13 Harforde Court,  
John Tate Road,  
Hertford,  
Herts,  
SG13 7NW

## Cancelling your policy

**You** can cancel **Your Policy** within 14 days from the day of the conclusion of the contract or the day **You** receive the **Policy** terms and conditions whichever is the later.

**We** will refund any **Premium** **You** have paid unless **You** have made a claim and settlement terms are subsequently agreed.

After 14 days, provided that no claim has been made, **You** may cancel this **Policy** and receive a pro rata refund of the **Premium** paid for each unexpired month of cover, calculated from the date the cancellation request is received by **Us**.

**We** may cancel this **Policy** by giving **You** 30 days' notice in writing where there is a valid reason for doing so. Valid reasons may include but are not limited to:

- If **We** suspect fraudulent activity.
- If **You** are not complying with the terms and conditions of the **Policy** in a material way.
- If **You** use threatening or abusive behaviour towards **Our** staff or suppliers.

A cancellation letter will be sent to **You** and:

- any **Premium** **You** have paid for the period after the cancellation will be refunded to **You**; and
- **We** will pay any valid claim occurring before the cancellation date.

If **You** choose to cancel **Your** insurance, simply notify **Us** at [info@PerfectPetInsurance.co.uk](mailto:info@PerfectPetInsurance.co.uk).

## Financial Services Compensation Scheme

If the **Insurer** is unable to meet its liabilities, **You** may be entitled to compensation from the **Financial Services Compensation Scheme (FSCS)**.

Further information about compensation scheme arrangements is available at [www.fscs.org.uk](http://www.fscs.org.uk), by emailing [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk) or by phoning the FSCS on **0800 678 1100** or **0207 741 4100**.

## Making a Complaint

If **Your** complaint is about the sale or administration of this **Policy**, please contact:

**Perfect Pet Insurance,**

13 Harforde Court,  
John Tate Road,  
Hertford,  
Herts,  
SG13 7NW

Telephone: **01992 667330**

Email: [complaints@PerfectPetInsurance.co.uk](mailto:complaints@PerfectPetInsurance.co.uk)

If **Your** complaint is about a claim please contact:

**Perfect Insurance Management Limited,**

13 Harforde Court,  
John Tate Road,  
Hertford,  
Herts,  
SG13 7NW

Telephone: **01992 667330**

Email: [info@PerfectPetInsurance.co.uk](mailto:info@PerfectPetInsurance.co.uk)

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If **You** remain dissatisfied after following the above complaints procedures in full in relation to matters concerning the **Policy** sale process or any other aspect of service that **You** have received **You** can ask the **Financial Ombudsman** to review **Your** case. Their address is:

**The Financial Ombudsman Service**

Exchange Tower  
London E14 9SR

Telephone: **0800 0234567** or **0300 1239123**

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

Using this complaints procedure or referral to the **Financial Ombudsman Service** does not affect **Your** legal rights.

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If **You** complaint is about the **Policy** please contact:

**Complaints Manager**

Building Block Insurance PCC Limited  
1 Princess Elizabeth Street  
Ta'Xbiex  
Malta  
XBX 1102

Telephone: **0800 912 1464**

Email: [complaints@buildingblockpcc.com](mailto:complaints@buildingblockpcc.com)

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If **You** remain dissatisfied after following the above complaints procedures in full in relation to matters concerning the **Policy** **You** can ask the **Consumer Complaints Manager** to review **Your** case. Their contact details are:

**Consumer Complaints Manager**

Malta Financial Services Authority,  
Notabilie Road,  
Attard,  
BKR3000,  
Malta

Telephone: **+356 21441155** (overseas call charges apply).

Email: [consumerinfo@mfsa.com.mt](mailto:consumerinfo@mfsa.com.mt)

Web: [www.mymoneybox.mfsa.com.mt](http://www.mymoneybox.mfsa.com.mt)



## POLICY DOCUMENT

### Policy Definitions

Please see below some definitions of words and terms which are used in **Your Policy** wording.

If **We** explain what a word means, that word has the same meaning wherever it appears in **Your Policy** or **Schedule**. These words are highlighted in bold throughout **Your Policy**.

ACCIDENTAL INJURY:	A sudden and unforeseen event causing immediate physical damage to one or more parts of <b>Your</b> pet's body, whether diagnosed or not.
ADMINISTRATOR:	The <b>Administrator</b> of the <b>Your Policy</b> is Perfect Insurance Management Ltd (FCA reference 758259) trading as Perfect Pet, an appointed representative of Alpha Underwriting Limited who are authorised and regulated by the Financial Conduct Authority having firm reference no. 504604.
ASSOCIATED CONDITION:	An Associated <b>Condition</b> is one that falls into any of the below categories: <ul style="list-style-type: none"> <li>■ Bilateral <b>Conditions</b> are any <b>Illness</b> or <b>Accidental Injury</b> that affects bilateral body parts of which <b>Your</b> pet has two, such as but not limited to, ears, eyes, cruciate ligaments, hips and patellae.</li> <li>■ Recurring <b>Conditions</b> that are related to or caused by a previous <b>Illness</b> or <b>Accidental Injury</b> that may return or <b>Your</b> pet may become prone to, regardless of the number of times the <b>Illness</b> returns.</li> <li>■ Related <b>Conditions</b> that are related to or caused by a previous <b>Illness</b> or <b>Accidental Injury</b> shall be treated as the same <b>Illness</b> and will be subject to one <b>Benefit Limit</b> being applied to that <b>Illness</b> irrespective of where the clinical signs are noticed in or on <b>Your</b> pet's body and whether diagnosed or not unless <b>Your Vet</b> confirms these are unrelated. <b>We</b> may seek confirmation of this from a <b>Vet</b> appointed by <b>Us</b>.</li> </ul>
BENEFIT LIMIT:	The maximum amount that can be claimed under <b>Your Policy</b> .
CLAIMS HANDLER:	Perfect Insurance Management Limited acting as the <b>Claims Handler</b> of <b>Your Policy</b> .
COMPLEMENTARY TREATMENT:	Means physiotherapy, hydrotherapy, osteopathy, chiropractic manipulation, acupuncture, laser therapy, homeopathy or herbal medicines.
CONDITION:	AN <b>Illness</b> OR <b>Accidental Injury</b> SUFFERED BY <b>YOUR</b> PET.
CO-PAYMENT:	<b>Your</b> contribution of 15% of the remaining amount of a claim after deducting the standard <b>Excess</b> . This is payable by <b>You</b> for each new <b>Condition</b> if <b>Your</b> dog is aged 8 years and over or <b>Your</b> cat is aged 10 years or over at the time of <b>Your</b> claim.
EXCESS:	The amount payable by <b>You</b> towards each and every claim for each <b>Illness</b> or <b>Accidental Injury</b> within each <b>Period of Insurance</b> as set out in <b>Your Schedule</b> .
ILLNESS:	Any change to <b>Your</b> pet's normal healthy state, including disease, infection and sickness which is not caused by an <b>Accidental Injury</b> . This includes symptoms whether diagnosed or not.

INSURER:	Building Block Insurance PCC Limited ('BBI') with registered office at 1 Princess Elizabeth Street, Ta' Xbiex XBX 1102, Malta. BBI is licensed and regulated by the Malta Financial Services Authority and is an authorised EEA insurer. <b>You</b> can check <b>Our</b> details by referring to the Financial Conduct Authority's Financial Services Register. <b>Our</b> reference number is 616033.
MARKET VALUE:	The cost for an animal of the same age, breed, pedigree and sex at the time <b>You</b> took ownership of <b>Your</b> pet.
PERIOD OF INSURANCE:	The time for which <b>We</b> provide cover as specified in <b>Your Schedule</b> .
PRE-EXISTING CONDITION:	Any diagnosed or undiagnosed <b>Condition</b> which has occurred or existed, or has shown signs or symptoms of existing in any form before the <b>Policy Start Date</b> or within the <b>Waiting Period</b> in the first <b>Period of Insurance</b> . This also includes any diagnosis or any clinical signs caused by or resulting from an <b>Accidental Injury</b> or <b>Illness</b> <b>Your</b> pet had on an <b>Associated Condition</b> before the <b>Policy Start Date</b> or within the <b>Waiting Period</b> in the first <b>Period of Insurance</b> .
POLICY:	The contract of insurance between <b>You</b> and <b>Us</b> .
PREMIUM:	The amount paid, or to be paid, in monthly instalments by <b>You</b> as shown on the <b>Schedule</b> .
SCHEDULE:	The document providing details of the cover <b>You</b> have selected.
START DATE:	The date when <b>Your Policy</b> comes into effect, as stated in <b>Your Policy Schedule</b> .
TERRITORIAL LIMITS:	The United Kingdom.
TREATMENT:	Includes any consultation, examination, advice, tests, x-rays, slides, ultrasound and MRI, medication, surgery or nursing care that has taken place and been provided by a veterinary practice or qualified practitioner recommended by a <b>Vet</b> .
VET:	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 <b>Treatment</b> is received.
VET FEES:	The fees charged by <b>Your Vet</b> for the treatment of an <b>Illness</b> or <b>Accidental Injury</b> .
WAITING PERIOD:	A period of: <ul style="list-style-type: none"> <li>■ 14 days from the <b>Policy Start Date</b> for an <b>Illness</b> that occurs or shows clinical signs or symptoms; or</li> <li>■ 5 days from the <b>Policy Start Date</b> for <b>Accidental Injury</b>.</li> <li>■ 14 days from the <b>Policy Start Date</b> for all other cover types</li> </ul>
WE, US, OUR:	Building Block Insurance PCC Limited acting as <b>Insurer</b> , Perfect Insurance Management Ltd t/a Perfect Pet acting as the <b>Administrator</b> and <b>Claims Handler</b> .
YOU, YOUR:	The person named on the <b>Schedule</b> .

## Eligibility

You are eligible for cover if **Your** pet:

- Is a cat or a dog; and
- is not named on the excluded breeds list detailed under condition 14 of the general exclusions in **Your Policy** document (page 15 of this document); and
- is a minimum of four weeks old; and
- resides with **You** in the United Kingdom.

## Veterinary Fees

### What is insured?

This section covers **Treatment** by a **Vet** for **Illness** or **Accidental Injury**. This also includes any **Complementary Treatment** recommended by **Your Vet** while **Your** pet remains insured with **Us**.

There are two levels of cover that **You** can choose from and the **Benefits Limits** for **Your** chosen level of cover are detailed in **Your Schedule**.

**You** are able to claim for up to the **Benefit Limit** on each section during each **Period of Insurance**.

### Example

*You have had your Essential Extra policy for three months when you notice your 10 year old pet is suffering from an illness. You subsequently incur vet's fees of £1,200. Upon approval of your claim, we will pay you £1,200 less your excess amount as shown on your schedule less 15% of the remaining bill.*

*You will remain covered for up to a further £800 in relation to that illness plus you will be able to claim again for up to £2,000 relating to a different condition for the remaining nine months left on your policy.*

*Once you renew your policy, the first condition will only be covered for the first three months of your policy (meaning you have had 12 months cover for that one condition). If you have had more than one claim, you will be covered for each condition for 12 months from when you first noticed the illness.*

### What is not insured?

- 1 More than the **Benefit Limit** as shown on the **Schedule**.
- 2 Any amount shown as the **Excess** on the **Schedule**.
- 3 The **Co-Payment** for dogs over 8 years of age and cats over 10 years of age.
- 4 Any claim made within, or relating to, the **Waiting Period**.
- 5 Any claim for **Illness** or **Accidental Injury** that relates to a **Pre-existing Condition**.
- 6 Dental or gum **Treatment** that is not due to an **Accidental Injury**.
- 7 Any claim for elective procedures which are preventive and not treating an **Illness** or **Accidental Injury**.
- 8 Stem cell or gene therapy.
- 9 Routine examinations which include vaccinations, grooming, spaying or neutering or **Treatment** for breeding, pregnancy and giving birth.
- 10 **Illnesses** that **Your** pet should be vaccinated against - see general condition 3 (Page 14 of this document).

- 11 Cost of food, which includes any food prescribed by **Your Vet**, or vitamins and mineral supplements.
- 12 If in the opinion of a **Vet Your** pet is overweight and this results in **Your** pet needing **Treatment**.
- 13 If **Treatment** costs are not supported by an original invoice from **Your Vet**.
- 14 Out of hours **Vet Fees**, except where **Your Vet** considers this to be essential for **Your** pet's health.
- 15 If the cost relates to having **Your** pet put to sleep, the cost of cremation or disposing of **Your** pet's remains.
- 16 If the costs relate to charges made by **Your Vet** to provide or fill out a prescription.
- 17 If the costs incurred are after the **Policy** end date as shown on **Your Schedule**.
- 18 If the claim is as a result of an **Associated Condition** and the maximum **Benefit Limit** has already been reached for that **Condition**.

## Third Party Liability

### What is insured?

This **Policy** will cover damages and legal costs where **You** are found liable if **Your** dog causes death, injury or property damage. **We** will also pay if someone **You** have asked, who is not a member of **Your** family and **You** are not paying, is looking after **Your** dog when the death, injury or property damage occurs. The limit **We** will pay is shown in **Your Schedule**.

### What is not insured?

- 1 Any claim if **Your** pet is not a dog.
- 2 More than the **Benefit Limit** as shown on the **Schedule**.
- 3 Any amount shown as the **Excess** on the **Schedule**.
- 4 Any claim made within, or relating to, the **Waiting Period**.
- 5 If the claimant is a member of **Your** family or household.
- 6 Costs for criminal proceedings against **You**.
- 7 Claims relating to **Yours**, **Your** family's or anyone looking after **Your** dog with **Your** permissions – occupation, profession or business.
- 8 Liability accepted by **You** or **Your** family unless the liability would exist without that agreement.
- 9 Liability which is covered by any other policy.

### Conditions

- **You** must not settle, reject or negotiate or offer to pay any claim **You** have made or intend to make under this **Policy** without **Our** written permission.
- **You** agree that **We** can take over the defence or settlement of any claim, and start legal action to get compensation from anyone else or to get back from anyone else any payments that have already been made.
- **You** must help **Us** to take legal action against anyone or help **Us** defend any legal action should **We** ask **You** to.
- **You** must provide us with full details of the other insurance policy. **We** will only pay **Our** share of the claim.

## Death from Illness/Accidental Injury

### What is insured?

We will pay the purchase price or donation price of **Your** pet if they die or are put to sleep by **Your Vet** during the **Period of Insurance** as a result of an **Illness** or **Accidental Injury**. If **You** are unable to provide a receipt of how much **You** paid, We will pay the **Market Value** or the purchase price whichever is lowest.

### What is not insured?

- 1 More than the **Benefit Limit** as shown on the **Schedule**.
- 2 Death as a result of a **Pre-existing Condition**.
- 3 Death through Illness if **Your** dog is over 8 years of age and cat is over 10 years of age.
- 4 The death of **Your** pet during the **Waiting Period**.
- 5 Death from breeding, pregnancy or giving birth.
- 6 Death as a result of a preventative, elective or routine treatment.
- 7 Where no payment was made for **Your** pet.

### Conditions

- **You** must provide a certificate from **Your Vet** stating the date and cause of death.
- If **Your** pet is a pedigree **You** must provide us with, at **Your** expense, the original Breed Club registration document, pedigree certificate and **You** must provide the original receipt.

## Holiday Cover

### What is insured?

This section covers **You** for emergency **Vet Treatment** for **Your** pet whilst on holiday.

### What is not insured?

- 1 More than the **Benefit Limit** as shown on the **Schedule**.
- 2 Any amount shown as the **Excess** on the **Schedule**.
- 3 The **Co-Payment** for dogs over 8 years of age and cats over 10 years of age.
- 4 Any claim made within, or relating to, the **Waiting Period**.
- 5 Any claim relating to a **Pre-existing Condition**.
- 6 Dental or gum **Treatment** that is not due to an **Accidental Injury**.
- 7 Any claim for elective procedures which are preventive and not treating an **Illness** or **Accidental Injury**.
- 8 Stem cell or gene therapy.
- 9 Routine examinations which include vaccinations, grooming, spaying or neutering or **Treatment** for breeding, pregnancy and giving birth.
- 10 **Illnesses** that **Your** pet should be vaccinated for.
- 11 Cost of food, which includes any food prescribed by **Your Vet** or vitamins and mineral supplements.
- 12 Cover in countries that are outside of the Government's pet travel scheme.
- 13 Any holiday that exceeds 30 days or more than 3 holidays during the **Period of Insurance**.

## Conditions

- You must provide an original receipt for the cost of treatment with the name and address of the treating **Vet** surgery.

## Holiday Cancellation

### What is insured?

This section covers **You** for the costs associated with the cancellation of **Your** pre-booked holiday of longer than three nights should **Your** pet need emergency life-saving treatment within seven days of **Your** holiday departure.

### What is not insured?

- 1 More than the **Benefit Limit** as shown on the **Schedule**.
- 2 Any claim made within, or relating to the **Waiting Period**.
- 3 Any costs associated with the cancellation of **Your** holiday if **Your** pet's **Treatment** in non-life saving.
- 4 Any costs associated with the cancellation of **Your** holiday if the holiday was booked less than 28 days before departure.
- 5 Holidays of three nights or less.

## Conditions

- You must supply the booking and cancellation invoice. The cancellation invoice must show the travel dates, the cost of **Your** holiday and confirmation that the holiday was paid in full.

## Theft or Straying

### What is insured?

This section covers you in the event that **Your** pet is lost or stolen. If **You** are unable to provide a receipt of how much **You** paid, **We** will pay the **Market Value** or the purchase price whichever is lowest. If no payment was made for **Your** pet **We** will pay **You** the **Market Value** or the amount **You** disclosed in **Your** application, whichever is the lowest.

### What is not insured?

- 1 More than the **Benefit Limit** as shown on the **Schedule**.
- 2 Any claim made within, or relating to, the **Waiting Period**.
- 3 Any claim unless **Your** pet has been missing for 45 days or more.

## Conditions

- If **Your** pet returns home or **Your** pet is found after **We** have made a payment for theft or straying, **You** must return the monies to **Us** within 30 days of **Your** pet returning home.
- **You** must report the loss to the police, a dog warden if **Your** pet is a dog and **Your** local rescue centre if **Your** pet is a cat.
- Please supply the crime reference number for **Your** missing pet.

- If **Your** pet is a pedigree **You** must provide us, at **Your** expense, with the original Breed Club registration document, pedigree certificate, and original receipt.

## Advertising and Reward

### What is insured?

This section covers **Your** advertising and reward costs should **Your** pet be lost or stolen.

### What is not insured?

- 1 More than the **Benefit Limit** as shown on the **Schedule**.
- 2 Any claim made within, or relating to, the **Waiting Period**.
- 3 Claims for rewards from family members, household members, employees or anyone looking after **Your** pet at the time **Your** pet went missing.

### Conditions

- All advertising costs must have an original receipt.
- **You** must supply the name and address of the person the reward is payable to.

## Emergency Boarding (Kennel/Cattery) Fees

### What is insured?

This section covers **You** should **You** need to board **Your** pet in the event that **You** need to stay in hospital for more than 4 consecutive days.

### What is not insured?

- 1 More than the **Benefit Limit** as shown on the **Schedule**.
- 2 Any claim made within, or relating to, the **Waiting Period**.
- 3 Any stay in hospital that was expected or foreseen before **Your Policy Start Date** or renewal.
- 4 Any claims should the boarding kennels/cattery or pet minding business be unlicensed.
- 5 Where **Your** stay in hospital is for convalescent or nursing home care.
- 6 Where **Your** stay in hospital is as a result of alcoholism, drug abuse, attempted suicide or self-inflicted injuries.

### Conditions

- **You** will need to provide original receipts for the boarding kennel or cattery which state the name of **Your** pet, the name and address of the policy holder, the dates that **Your** pet was boarded and the daily rate.
- **You** will also need to provide evidence of **Your** stay in hospital by providing a medical certificate from the hospital which shows **Your** name and address, the dates **You** were in hospital for and the reason.

## General Conditions

The following conditions apply to the whole of this **Policy**. Any other claims conditions and procedures are shown in the section to which they apply.

- 1 **You** must tell us immediately of any changes in **Your** circumstances that may affect **Your** pet insurance and the cover provided;
- 2 **You** must agree that **Your** current or previous **Vet** may release information or records regarding the medical history, including test results for any pet insured with **Us**.
- 3 **You** must ensure that **Your** pet is vaccinated and vaccinations should be kept up to date. **Your** dog should be vaccinated against distemper, hepatitis, leptospirosis, kennel cough and parvovirus; **Your** cat should be vaccinated against infectious enteritis, cat flu and feline leukemia. If **Your** pet is not vaccinated, **We** will not pay any claims that result from any of the above **Illnesses**, unless the vaccination has failed.
- 4 **You** must also provide proper care and attention to **Your** pet at all times and take all reasonable precautions to prevent accidents, injury or damage, as well as arranging and paying for **Treatment** for **Your** pet as recommended by **Your Vet** to reduce the likelihood of **Illness** or **Accidental Injury**.
- 5 **You** must comply with all laws that relate specifically to **Your** pet - such as - Section 27 of the Road Traffic Act 1988, which states that a dog that is on a designated road must be on a collar and lead and under control.
- 6 **You** must ensure that **Your** dog is under control at all times, and due care should be maintained to prevent **Your** dog from escaping and causing **Accidental Injury** to **Your** dog or any other persons or animals.
- 7 If **You** deliberately or recklessly mislead **Us** or conceal information that **We** consider important to the **Policy** at **Your Policy Start Date** or renewal, **We** may cancel **Your Policy** and retain any **Premiums** paid.
- 8 At the end of each **Period of Insurance**, **We** may alter the terms and conditions of **Your Policy**. **We** may take into consideration the following, but not limited to: pet's age, medical history, **Excess**, policy benefits, and **Premium**.
- 9 If **We** are unable to collect any **Premium** when due, **We** will try to contact **You** in order to collect the **Premium**. If **We** cannot collect the outstanding **Premium** within 14 days of the **Premium** due date, **Your Policy** will be cancelled with effect from the **Premium** due date. Any claims that occur during this period will not be paid.

## General Exclusions

The following exclusions apply to the whole of this **Policy**. Any other claims conditions and procedures are shown in the section to which they apply.

**We** will not pay claims for any of the following reasons;

- 1 If **We** are made aware of any **Pre-existing Conditions** at the time of claim, **We** are likely to void the **Policy**.
- 2 Malicious or wilful injury or gross negligence to **Your** pet which is caused by **You** or members of **Your** family.
- 3 Medication that is not prescribed by a **Vet**, or purchased using a prescription provided by **Your Vet**.
- 4 **Vet Fees** will only be paid if they are reasonable and essential for **Your** pet's health and well-being. **We** may limit this to a maximum mark-up of 100% for medication and dispensing fee's.
- 5 If **Your** pet is less than 4 weeks of age at **Your Policy Start Date**.
- 6 Any **Vet** bill that is over 90 days' old.



- 7 If **Your** pet suffers from a notifiable disease as named in the Animal Health Act 1981, such as rabies, bovine spongiform encephalopathy (BSE) avian influenza and glanders.
- 8 The destruction of **Your** pet, by order from any government, local authority or any person having jurisdiction in the matter - or for the protection of livestock.
- 9 The cost and compensation for euthanasia of **Your** pet under a court order of the Contagious Diseases Act.
- 10 As a result of restrictions put on **Your** pet by the Department for Environment, Food and Rural Affairs (DEFRA).
- 11 Legal expenses, fines and penalties connected with - or resulting from - a criminal court case or an Act of Parliament made in the United Kingdom.
- 12 Any loss, damage, liability, cost or expense of any kind caused directly or indirectly by war, invasion or revolution.
- 13 Any claim arising from radiation, nuclear explosion, or pollution of air, soil and water.
- 14 The following breeds will not be covered whether these are pedigree, or cross breeds and where **Your** pet should be registered under the Dangerous Dogs Act 1991 and the Dangerous Dogs (Northern Ireland) Order 1991 or any subsequent amendments:  
Akita, American Bandogge, American Pit Bull Terriers, Pit Bulls, Anatolian Shepherd Dog (Karabash), Boerboel, Bully Kutta, Caucasian Ovcharka, Cane Corso, Chow Chow, Dogo Argentinos, Fila Brasileiro, Gull Dong, Japanese Tosa, Canary Dogs or Perro de Presa Canario, Shar Pei, Wolves or wolf hybrids or any cross of these breeds.
- 15 The cover provided by this **Policy** only applies to incidents which occur within the Territorial Limits or countries within the Government's pet travel scheme and will not apply to any event arising in any countries outside of the Territorial Limits or the Government's pet travel scheme.
- 16 This **Policy** does not cover any loss, bodily injury, damage or any legal liability to pay compensation arising out of a decision of any court made in accordance with the laws of the United States of America or Canada.
- 17 The cost of any additional veterinary attention required, because **You** are unable to administer medication due to **Your** pet's behavior or **Your** personal circumstances.
- 18 The cost of any **Treatment** in connection with a retained testicle(s) if **Your** pet was over 12 weeks old at the **Policy Start Date**.
- 19 The cost of spaying or castration for the **Treatment** of behavioural illnesses.
- 20 The cost of any **Treatment** in connection with false pregnancy if **Your** pet has received **Treatment** for 2 or more episodes of false pregnancy.

## Policy Conditions

Applies to all sections of this **Policy**.

### Keeping to the terms of the Policy

We will only give **You** the cover described in the **Policy** and shown on **Your Schedule** if:

- **You** pay the **Premium** on the agreed date; and
- When making a claim **You** meet all of the conditions as far as they apply; and
- **You** have taken reasonable care to ensure that declarations made and information given to **Us** orally, electronically or in writing which form the basis of this **Policy**, are complete, accurate and true; and
- **You** tell **Us** immediately of any changes in **Your** circumstances that may affect **Your** pet insurance and the cover provided.

## Keeping your information up to date

**You** should review **Your** cover periodically to ensure it remains adequate and **You** must inform **Us** immediately in the event of any of the following as all or part of **Your** cover could become invalid:

- If **You** move address;
- If **You** are no longer the owner or keeper of the pet;
- If **Your** pet no longer lives with **You**;
- If **Your** pet is used for or in connection with a trade, profession or activity (including breeding) for monetary gain, security purposes as a guard dog, for any form of racing, or any pet trained to attack or hunt.
- If a complaint has been made about **Your** pet's behaviour;
- If **Your** pet has been the cause of an accident or legal action.

Failure to notify **Us** could make this **Policy** invalid, and may result in a change to the **Policy** terms.

## When the Policy and cover ends

This **Policy** will end automatically at the earliest of the following events:

- The **Period of Insurance** of **Your Policy** has ended.
- **You** don't pay for **Your Policy**.
- **You** or **We** cancel the **Policy**.
- Claim payments have been made up to the **Benefit Limits**.

## Cancelling Your Policy

**You** can cancel **Your Policy** within 14 days from the date of the conclusion of the contract, or the date **You** receive the **Policy** terms and conditions whichever is the later.

**We** will refund any **Premium You** have paid, unless **You** have made a claim and settlement terms are subsequently agreed.

After 14 days, as long as no claim has been made, **You** may cancel this **Policy** and receive a pro rata refund of the **Premium** paid for each unexpired full month of cover, calculated from the date the cancellation request is received by **Us**.

**We** may cancel this **Policy** by giving **You** 30 days' notice in writing, if there is a valid reason for doing so.

Valid reasons may include, but are not limited to:

- If **We** suspect fraudulent activity.
- If **You** are not complying with the terms and conditions of the **Policy** in a material way.
- If **You** use threatening or abusive behaviour towards **Our** staff or suppliers.

A cancellation letter will be sent to **You** and:

- Any **Premium You** have paid for the period after the cancellation will be refunded to **You**; and
- **We** will pay any valid claim occurring before the cancellation date.

If **You** choose to cancel **Your** insurance, simply notify **Us** at [info@PerfectPetInsurance.co.uk](mailto:info@PerfectPetInsurance.co.uk).

## Changes We can make to Your Policy

**We** can review the **Premium** at renewal this may increase, decrease or stay the same. The terms and conditions of the **Policy** maybe changed, **We** will always give **You** at least 30 days' notice of the change in writing and it will be sent to the address that **You** have told **Us** is **Your** home address.

The circumstances that may give rise to a change in **Premium** or to the terms and conditions of the **Policy** are:

- claims experience; or
- changes in legislation, taxation or interest rates; or
- to improve the clarity of **Your** terms and conditions.

If **You're** unhappy with any changes **We** make, **You** can cancel **Your Policy** in accordance with the general conditions.

## Fraud

If **You** - or anyone acting on **Your** behalf - make a claim which is at all false or fraudulent, or supports a claim with any false or fraudulent document, device or statement, then **We** will not be liable to pay the claim, **We** may recover any sums paid by **Us** to **You** in respect of the claim and **We** may, by notice to **You**, treat the **Policy** as terminated from the time of the fraudulent act.

If **You** fraudulently provide **Us** with false information, statements or documents, **We** may record this on anti-fraud databases and **We** may also notify other organisations.

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:

To assess financial and insurance risks; recover debt; prevent and detect crime; develop **Our** services, systems and relationships with **You**. **We** do not disclose Your information to anyone outside the Group except where:

- **We** have **Your** permission;
- **We** are required or permitted to do so by law;
- This is provided to fraud prevention agencies and other companies that provide a service to **Us**, **Our** partners or **You**;
- **We** may transfer rights and obligations under this agreement.

## Choice of law

All aspects of this **Policy** - including negotiation and performance - are subject to English law and the decisions of the English courts if **You** live in England or Wales; Scottish Law and the decisions of the Scottish Courts if **You** live in Scotland; and Northern Irish law and the decisions of the Northern Irish courts if **You** live in Northern Ireland.

## Rights of Parties

A person or company who is not a party to this **Policy** has no right under the Contracts (Rights of Third Parties) Act 1999 or any subsequent legislation to enforce any term of this **Policy** but this doesn't affect any right or remedy of a third party which exists, or is available, apart from such Act.

## Other insurance

If **You** claim under this **Policy** for something which is also covered by another insurance policy, **You** must provide **Us** with full details of the other insurance policy. **We** will only pay **Our** share of the claim.

## Renewal of Your Policy

**Your Policy** is an annual **Policy** and will automatically renew each year, unless **You** have informed us that **You** would like to cancel or **You** have opted out of automatic renewals. **We** will contact **You** within 21 days before **Your Policy** renews to inform **You** of any changes to **Your Policy** with details of **Your** next year's **Premium** and any applicable **Excesses**.

If **You** previously paid **Your Premium** by credit/debit card, the renewal **Premium** will be collected from the original credit/debit card. **We** will assume at renewal that **Your** details haven't changed and **You** have the consent of the credit/debit card holder, unless **You** inform **Us** otherwise. If **You** pay **Your Premium** by monthly direct debit then payments will continue following renewal.

## Data Protection

**We** use and collect **Your** personal data (such as **Your** name, address, date of birth) to arrange and administer **Your** insurance. **We** may also collect sensitive personal data (concerning **Your** physical and/or mental health) in the event of any claim. **Your** personal data is kept securely at all times and **We** do not keep **Your** information for any longer than **We** need to, after such time **Your** data will be securely destroyed.

**We** may share **Your** personal data with selected third parties such as other insurers and credit reference agencies in order to verify **Your** identity and the information **You** supply to **Us**. **We** may also be required to share **Your** data with regulatory bodies and law enforcement agencies in order to prevent fraudulent claims. **We** will not share or sell **Your** data to any third party for marketing purposes without **Your** consent.

**Your** personal data will not be transferred outside the European Economic Area unless that country has an adequate data protection regime which safeguards **Your** personal data.

**You** have the right to request the personal data **We** hold about **You**. To submit a subject access request please contact **Us** at [info@PerfectPetInsurance.co.uk](mailto:info@PerfectPetInsurance.co.uk). A fee of up to £10 may be payable by **You**.

**You** also have the right to ask **Us** to amend or delete personal data that is inaccurate. To submit such a request, please contact **Us**.

If **You** have any queries or concerns about **Our** use of **Your** personal data, or to exercise any of the rights set out above, please contact **Us** using the following details:

### Perfect Pet Insurance

13 Harforde Court,  
John Tate Road,  
Hertford,  
Herts,  
SG13 7NW

Telephone: **01992 667330**

Email: [info@PerfectPetInsurance.co.uk](mailto:info@PerfectPetInsurance.co.uk)

## Financial Services Compensation Scheme

If the **Insurer** is unable to meet its liabilities, **You** may be entitled to compensation from the Financial Services Compensation Scheme (FSCS). Further information about compensation scheme arrangements is available at [www.fscs.org.uk](http://www.fscs.org.uk) or **You** may email [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk) or phone the FSCS on **0800 678 1100** or **0207 741 4100**.

## Making a Claim

In order to make a claim please download the claim form at [www.PerfectPetInsurance.co.uk/claimform](http://www.PerfectPetInsurance.co.uk/claimform) alternatively please contact **Us** at [info@PerfectPetInsurance.co.uk](mailto:info@PerfectPetInsurance.co.uk) where **We** will be happy to email or post the claim form to **You**.

**Your Vet** will need to complete the medical information about **Your** pet and both **You** and **Your Vet** will need to sign the form. In order to prevent delays, when making a claim please attach the full **Vet** history with the claim form.

**We** may refer **Your** pet's case history to a **Vet** that **We** choose, **We** may also request for **You** to arrange for **Your** pet to be examined by this **Vet**.

For ease of use and to speed up the claims process **You** are able to upload a copy of the claim form and the full **Vet** history at [www.PerfectPetInsurance.co.uk/claimform](http://www.PerfectPetInsurance.co.uk/claimform) alternatively **You** can post the forms to:

### Perfect Pet Insurance

13 Harforde Court,  
John Tate Road,  
Hertford,  
Herts,  
SG13 7NW

Telephone: **01992 667330**

Email: [info@PerfectPetInsurance.co.uk](mailto:info@PerfectPetInsurance.co.uk)

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## Complaints

If **Your** complaint is about the sale or administration of this **Policy**, please contact:

### Perfect Pet Insurance,

13 Harforde Court,  
John Tate Road,  
Hertford,  
Herts,  
SG13 7NW

Telephone: **01992 667330**

Email: [complaints@PerfectPetInsurance.co.uk](mailto:complaints@PerfectPetInsurance.co.uk)

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If **Your** complaint is about a claim please contact:

### Perfect Pet Insurance,

13 Harforde Court,  
John Tate Road,  
Hertford,  
Herts,  
SG13 7NW

Telephone: **01992 667330**

Email: [info@PerfectPetInsurance.co.uk](mailto:info@PerfectPetInsurance.co.uk)

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If **You** remain dissatisfied after following the above complaints procedures in full in relation to matters concerning the **Policy** sale process or any other aspect of service that **You** have received **You** can ask the Financial Ombudsman to review **Your** case. Their address is:

**The Financial Ombudsman Service**

Exchange Tower  
London  
E14 9SR

Telephone: **0800 0234567** or **0300 1239123**

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

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Using this complaints procedure or referral to the Financial Ombudsman Service does not affect **Your** legal rights.

If **Your** complaint is about the **Policy** please contact:

**Complaints Manager**

Building Block Insurance PCC Limited  
1 Princess Elizabeth Street  
Ta'Xbiex  
Malta  
XBX 1102

Telephone: **0800 912 1464**

Email: [complaints@buildingblockpcc.com](mailto:complaints@buildingblockpcc.com)

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If **You** remain dissatisfied after following the above complaints procedures in full in relation to matters concerning the **Policy** **You** can ask the Consumer Complaints Manager to review **Your** case. Their contact details are:

**Consumer Complaints Manager**

Malta Financial Services Authority,  
Notabilie Road,  
Attard,  
BKR3000,  
Malta

Telephone: **+356 21441155** (overseas call charges apply).

Email: [consumerinfo@mfsa.com.mt](mailto:consumerinfo@mfsa.com.mt)

Web: [www.mymoneybox.mfsa.com.mt](http://www.mymoneybox.mfsa.com.mt)

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**Online Dispute Resolution Service**

The European Commission has an online dispute resolution for consumers who have a complaint about a product or service bought online. If **You** choose to submit **Your** complaint this way, it will be forwarded to an Alternative Dispute Resolution (ADR) entity which will handle the case entirely online and reach an outcome within 90 days. The web address for this Online Dispute Resolution Service is shown below.

**You** are required to quote **Our** email address - [info@PerfectPetInsurance.co.uk](mailto:info@PerfectPetInsurance.co.uk) - when submitting **Your** complaint to the ADR entity and please be aware that they will only be able to consider **Your** complaint after **You** have provided **Us** with the opportunity to consider and resolve the complaint.

Web: <https://webgate.ec.europa.eu/odr/main/index.cfm?event=main.home.show&lng=EN>

**Building Block Insurance PCC Limited**

1 Princess Elizabeth Street, Ta' Xbiex, Malta, XBX1102

Calling from the UK **0844 391 3371** Calling from outside the UK **(+44) 1476 581 276**

[www.buildingblockpcc.com](http://www.buildingblockpcc.com)

This Pet Insurance Policy is underwritten by Building Block Insurance PCC Limited ('BBI') and administered by its authorised representative Perfect Insurance Management Limited trading as Perfect Pet Insurance. FCA Registration: 758259 Building Block Insurance PCC Limited, is a registered company, with registration number C 63128.

Building Block Insurance PCC Limited is a cell company authorised under the Insurance Business Act, 1998 to carry on general insurance business and is regulated by the Malta Financial Services Authority. The non-cellular assets of the company may be used to meet losses incurred by the cells in excess of their assets. No recourse may be made by you however in connection with any losses relating to this Policy against the cellular assets of any protected cell of BBI.