



Policy Wording

Basic | Senior



This booklet contains your
Insurance Terms and Conditions.

Effective from January 2026

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

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

Petcover EU Agentur GmbH

Klostertal 60
2770 Gutenstein

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

Petcover EU Agentur GmbH

Ared Strasse 16-18, 2544
Leobersdorf, Austria

Telephone 0800 8503505 | **Email** info.de@petcovergroup.com | **Website** petcovergroup.com/de

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

Hello and thank you for choosing Petcover

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

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

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

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

The Petcover Team

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Insurance terms and conditions

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

Demands and needs – who is this product suitable for?

This product meets the demands and needs of a person who wants cover for the value of their horse if stolen or goes missing and in the event of death following an **Injury** or **Illness** with the option to add additional cover if required.

Important information

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

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

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

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

Information you have given us

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

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

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

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

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

We will contact You in writing if we:

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

Your duty to disclose to us

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

Your horse's health:

You must tell Us:

- If **Your horse** has shown any signs of **Illness** or **Injury** or been unwell.
- If **Your horse** has been seen by a **Vet** for any reason other than **Routine or Preventative Treatment** and/or neutering.
- If **Your horse** has any issues that **You** have discussed with a **Vet** regarding **Your horse's** health, whether or not any **Treatment** resulted from such discussion.
- If **Your vet** or **Veterinary Practice** has advised that **Your horse's** weight is over the normal limits.

Your circumstances:

You must tell Us if:

- **You** become aware that any details shown on **Your Certificate of Insurance** are incorrect.
- **Your** address or the address at which **Your horse** is kept has changed.
- **You** no longer own any of the horses shown on **Your Certificate of Insurance**.
- There have been any break-ins or attempted break-ins at the premises where **Your horse** is kept in the last **Twelve (12) months**.

These lists are not exhaustive.

Who does the duty apply to?

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

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

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

Premium payment

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

If the first or one-time premium is not paid within fourteen (14) days of the conclusion of the insurance contract and the request to pay the premium, the **Insurer** is entitled to withdraw from the contract as long as the payment has not been made. It is considered a withdrawal if the claim to the premium is not legally asserted within three (3) months of the due date. If the first or one-time premium is not paid at the time the insured event occurs and after the deadline, the **Insurer** is released from the obligation to pay unless **You** were unable to make the timely payment through no fault of **Your** own.

If **You** do not pay a follow-up premium on time, the **Insurer** can set a written payment deadline of at least two (2) weeks for **You** at **Your** expense and they must notify **You** of the legal consequences: If the insured event occurs after the deadline has expired and **You** are at

the time of the event in arrears with the payment of the subsequent premium, the **Insurer** is released from the obligation to provide benefits, unless **You** were unable to make the timely payment through no fault of **Your** own. After the expiry of the period, the **Insurer** can terminate the insurance relationship without giving notice if **You** are in arrears with the payment. The notice of termination can already be linked to the determination of the payment deadline so that it becomes effective when the deadline expires if **You** are in arrears with the payment at this time. **We** will expressly draw **Your** attention to this with the cancellation. The effects of the termination cease to apply if **You** make up for the payment within one (1) month after the termination or, if the termination was linked to the deadline, within one (1) month after the expiry of the payment period, unless the insured event has already occurred.

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

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

Your declaration of withdrawal should be sent to: **Petcover EU Agentur GmbH**, Ared Strasse 16-18, 2544 Leobersdorf, Austria, by email to: info.de@petcovergroup.com

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

Information about Your right of withdrawal according to § 8 FernFinG

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

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

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

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

Renewing this Insurance

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

Occasionally, we may under certain circumstances not be able to

offer to renew **Your** policy. If this happens, we will write to you at least one (1) month before the expiry of **Your** policy to allow enough time for you to make alternative insurance arrangements.

Cancelling

How You can cancel Your Policy

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

How We can cancel Your Policy

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

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

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

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

Definitions

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

Accident	means a sudden, unexpected, unusual, specific event, which occurs fortuitously at an identifiable time and place and is unforeseen or unintended. All accidents consequent upon or attributable to one source or original cause are treated by Us as one accident. This does not include any physical damage or trauma that is of a gradual nature or that happens over a period of time.
Agreed countries	means any country which is a member of the European Union at the commencement of the Policy , including all Schengen states.
Alternative or complementary treatment	means the cost of any examination, consultation, advice, test and prescribed medication for the following procedures where they treat an Illness or Injury. This includes any Veterinary treatment specifically needed to carry out the procedure. The Treatment must have been preceded by an examination and diagnosis by an authorised veterinarian. • Acupuncture or Homeopathy carried out by a Member of a Veterinary Practice. • Herbal medicine prescribed by a Member of a Veterinary Practice. • Chiropractic manipulation carried out by a Member of a Veterinary Practice. • Hydrotherapy carried out by a Member of a Veterinary Practice in a pool/water treadmill owned by the Veterinary Practice. • Osteopathy carried out by a Member of a Veterinary Practice. • Specialist Farriery (corrective, remedial, therapeutic, and/or surgical) carried out by a farrier registered with the relevant body.
Behaviour modification programme	means a programme written by an animal behaviourist who is a Member of a Veterinary Practice detailing specific techniques to be used and action to be taken with the aim of permanently changing Your horse's behaviour.
Behavioural Illness	means any change to Your horse's normal behaviour, resulting from a mental or emotional disorder diagnosed by a Vet .
Bilateral Condition	means any Condition affecting body parts of which the horse has at least two, including, but not limited to eyes, ears, patella's (knees). When applying an exclusion, Bilateral Conditions are considered as one Condition .
Certificate of insurance	means the relevant certificate of insurance We issue including on renewal or variation of the Policy containing details of the cover provided under the Policy , including any exclusions and other specific insurance details that the Insurer has applied to Your cover.
Class of use	means the purpose for which Your horse is used and for which it is insured. The activities Your horse is covered for are shown on Your Certificate of Insurance .
Clinical sign(s)	mean changes in Your horse's normal healthy state, its bodily functions or behaviour.
Condition	means any Condition that causes discomfort, dysfunction, distress, including Injuries and Illnesses , disabilities, disorders, Clinical sign(s) , syndromes, infections, isolated symptoms, deviant behaviour, and atypical variations of structure and function and/or death to the horse afflicted.
Elective surgery or treatment	means a Treatment that is, but not limited to, spaying or castration; micro-chipping; grooming and de-matting, cosmetic or aesthetic procedures or surgery, or elective surgery including but not limited to prescription diet foods, and any Treatment not related to an Injury , Illness , or trauma. Elective surgery or treatment that is beneficial to the horse but is not essential for Your horse's survival or does not form part of a Treatment for an Injury or Illness , or any Treatment , diagnostic or procedure You request, which the Vet confirms is not necessary to treat an Injury or Illness .
Equine passport	is a horse passport that is uniform within Europe. The Equine passport has to be issued by Your breeder association, which is registered in Germany or the Austrian Equestrian Federation (OEPS).
Excess	means the amount(s) shown on Your Certificate of insurance that You must pay for each unrelated Condition claim made under Your Policy per Period of insurance .
Family	means Your spouse, life partner, partner, parents, sons and/or daughters, grandparents, brothers, sisters, grandsons and/or granddaughters including Family of step relationships.
Home	means the place in Germany and where You usually live.
Illness(es)	means any change(s) to a normal healthy state, sickness, disease, defects and abnormalities, including defects and abnormalities Your horse was born with or were passed on by its parents.
Illness which starts in the first twenty-one (21) days of cover	means an Illness that: • showed Clinical sign(s), • is the same as, or has the same Clinical sign(s) or diagnosis as an Illness that showed Clinical sign(s), • is caused by, relates to, or results from, a Clinical sign(s) that first occurred, In the first twenty-one (21) days of: • Your horse's first Period of insurance, or • the cover being added to Your insurance. No matter where the Illness or Clinical sign(s) occur or happen in, or on, Your horse's body, the twenty-one (21) day Waiting period will cease at 00.01 on the twenty-second (22nd) day of cover.

Injury/Injuries	means a physical Injury or a trauma caused immediately, solely and directly from an Accident . This does not include any physical Injury or trauma that happens over a period of time or is of a gradual nature.
Insurer(s)	means Fortegra Belgium Insurance Company NV, an insurance company authorised under code 3251 and regulated by the National Bank of Belgium, registered in the Crossroads Bank of Enterprises under company number 1007742896 (RPR Brussels). Registered office: Bastion Tower, Place du Champ de Mars 5, 1050 Brussels, Belgium.
Loan/Lease agreement	means an agreement where a person other than the owner of the Horse is responsible for the Horse's stable, grazing, health and general care.
Journey	means travel from Your Home within Germany or any of the Agreed countries undertaken during the Period of insurance for a maximum of ninety (90) days for all Journeys in the Period of insurance . This includes the duration of Your holiday or business trip and any travel in and between Germany and an agreed country and return Journeys to Your Home .
Market value	means the price generally paid for an animal of the same age, breed, pedigree, sex and breeding ability at the time You took ownership of Your horse as determined by Us .
Maximum benefit(s)	means the most We will pay for the relevant level of cover You have chosen during the Period of insurance as set out in the Certificate of insurance , subject to exclusions of the Policy and subject to the Policy aggregate less the agreed Excess .
Member of a Veterinary Practice	means any person legally employed by a Veterinary Practice under a contract of employment, other than a Vet who may be the Insured.
Optional extra benefit(s)	• means a benefit that You can elect to include in addition to the basic insurance. There are various Optional Extra Benefits in Our horse plans: • Veterinary Fees – Economy and Superior • Disposal • Permanent loss of use • Horse trailer or Horse drawn vehicle • Saddlery & Tack For optional extra benefits to be included You must select the option and pay an additional premium. Every optional extra benefit will be shown on Your Certificate of insurance. Please note, not all optional benefits may be available on all offered plans.
Our vet	means any Vet appointed or engaged by Us to carry out Treatment to Your horse or discuss Your horse's Treatment with Your Vet .
Period of insurance	means the time during which the Insurer provides cover as shown on Your Certificate of insurance . It does not refer to any prior Period of insurance if the Policy is a renewal of a previous Policy or any future Period of insurance for any Policy You may enter into with the Insurer upon renewal. Each Period of insurance is treated as separate. This is normally Twelve (12) months but may be less if Your horse has been added to Your Insurance or it has been cancelled.
Personal circumstances	means circumstances about you, Your Family or Your horse which You have limited or no control over. Examples of Personal circumstances are (but not limited to) a lack of transport, Your horse's size or behaviour, Your Home environment, You or Your Family's working hours, Your child-care arrangements, Your Family's other commitments etc.
Petcover EU Agentur GmbH	Petcover EU Agentur GmbH is registered in Germany in the commercial register under the number FN 514361p and in GISA as an insurance agent under number 32484052.
Policy	means this document, the Certificate of insurance and any other documents We issue to You which are expressed to form part of the insurance terms and conditions, which set out the cover the Insurer provides during the Period of insurance . For the sake of clarity, it does not include any prior Policy that this is a renewal of or any future Policy that is a renewal of the Policy .
Policy aggregate	means the total amount payable for all Veterinary Fees and Alternative or complementary treatment for Injuries and/or Illnesses occurring during any one Period of insurance as specified in the Certificate of insurance .
Pre-existing Condition(s)	means any Condition(s) or symptom(s), sign(s) or Clinical sign(s) of that Condition, Injury or Illness occurring or existing in any form that: • has happened or first showed Clinical sign(s); • has the same diagnosis or Clinical sign(s) as an Injury, Illness or Clinical sign(s) Your horse had; or, • is caused by, relates to, or results from an Injury, Illness or Clinical sign(s) Your horse had occurring or existing: • Before Your horse's cover started, or prior to the Policy commencement date • During the twenty-one (21) day Waiting period; or • Before the cover was added to Your insurance. This applies no matter where the Injury, Illness or Clinical sign(s) occurred or happen in, or on, Your horse's body. This is regardless of whether or not We place any exclusion(s) for the Injury/Illness. When referring to Pre-existing Condition(s) and Conditions affecting a part of Your horse's body of which it has two, it will be deemed to be a Bilateral Condition, and both will be excluded from cover.
Replacement value	means the price generally paid for new Saddlery and Tack of the same brand, make, age, type and Condition , as the Saddlery & Tack that has been stolen or destroyed.

Riding	means Riding , driving, leading, mounting, dismounting or handling Your horse .
Routine or preventative treatment	means care or Treatment such as check-ups and procedures that are designed to prevent future Illnesses from occurring rather than treating existing Illnesses . These include but are not limited to annual physical examinations and check-ups, vaccinations, worm prevention medication, flea and other internal/external parasite prevention, maintaining a healthy diet.
Saddlery & tack	means saddles, bridles, leathers, irons, harness and riding tack normally used on Your horse while it is being used for the activities set out on the Certificate of insurance , (clothing or personal effects are not included).
Sum Insured	means the amount You have chosen, and We have accepted as the most We will pay.
Therapist	means a certified clinical animal behaviourist who is a Member of a Veterinary Practice .
Treatment	means Veterinary treatment or Alternative or complementary treatment .
Treatment of a Behavioural Illness	means the Treatment by a Therapist of a change(s) to Your horse's normal behaviour that is caused by a mental or emotional disorder which could not have been prevented by training and/or spaying/castration.
Twelve (12) Months	means a consecutive period of three hundred and sixty-five (365) days.
Vet(s)	means a veterinarian, specialist veterinarian, Veterinary Practice , clinic, hospital or centre including referral hospitals, • who/which in Germany is registered with the Österreichische Tierärztekammer. • who/which in an agreed country is registered in the country where he/she practices. • who/which is other than the one that is the insured.
Veterinary fee(s)	means the amount Vets in general or referral practices usually charge.
Veterinary practice	means any Veterinary Practice or clinic that is registered with the Österreichische Tierärztekammer.
Veterinary treatment	means the cost of the following when required to treat an Illness or Injury : • any examination, consultation, advice, tests, X-rays, diagnostic procedure, surgery and nursing carried out by a Vet, a veterinary nurse or another Member of a Veterinary Practice under the supervision of a Vet, and • any medication prescribed by a Vet, and • physiotherapy and Treatment of a Behavioural Illness.
Waiting period	means a period of time starting from the commencement date of the Policy during which an Injury or Illness or Condition , which first occurs or shows Clinical sign(s) , will be excluded from cover unless otherwise stated on Your Certificate of insurance . The following Waiting periods apply to Your Policy . • Twenty-one (21) day Waiting period - a period of twenty-one (21) days starting from the commencement date of the Policy (excluding renewals) as shown on Your Certificate of insurance of the initial Period of insurance, during which an Illness that first occurs or shows Clinical sign(s) will be excluded from cover unless otherwise stated on Your Certificate of insurance. The twenty-one (21) day Waiting period will cease at 00.01 on the twenty-second (22nd) day of cover.
We, us, our	means Petcover EU Agentur GmbH acting on behalf of the Insurers . Petcover EU Agentur GmbH is registered in Germany in the commercial register under number FN 514361p and under GISA number 32484052 as an insurance agent.
You, Your	means the person(s) named on the Certificate of insurance as the Policy holder.
Your horse	means the horse or pony mentioned by name on the Certificate of insurance .
Your vet	means the Vet You employ to carry out Your horse's Treatment .

General Conditions

Conditions of the Policy

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

Caring for Your horse

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

- **You** must provide **Routine or preventative treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**. If there is a disagreement between **You** and **Us** as to what reasonable **Routine or preventative treatments** are, the details will be referred to an independent national welfare body or an independent **Vet** mutually agreed upon.
- **You** must arrange and pay for **Your horse** to have a yearly dental examination and to receive any oral **Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**. Any **Treatment** recommended as a result of the dental examination must be carried out as soon as possible. If **You** do not comply with this obligation, then **We** may refuse any claims which relate to dental or reduce the amount **We** pay under the claim.
- **You** must keep **Your horse** vaccinated against tetanus and equine influenza. If not, the **Policy** will not cover any costs relating to these **Illness(es)**. If **You** do not keep **Your horse** vaccinated, **We** may refuse or reduce the amount **We** pay under the claim that results from any of the above **Illnesses**.
- **You** must arrange for a **Vet** to examine and treat **Your horse** as soon as possible after it shows **Clinical sign(s)** of an **Injury** or **Illness**.
- **You** must follow the advice and recommendations of the treating **Vet** so as not to prolong or aggravate the **Illness** or **Injury**. If **You** do not follow the **Vet's** advice, **We** may refuse or reduce the amount **We** pay relating to that **Injury** or **Illness**. And if **We** decide, **You** must also have **Your horse** examined by **Our vet**.
- **You** must follow a veterinary recommended worming programme for **Your horse** and **You** must keep a record of the dates **Your horse** was worm egg counted and/or wormed and the wormer used. The **Policy** will not cover any costs that result from **You** not following the worming programme.
- **You** must make sure anyone **Riding Your horse** has the experience to ride it and is able to ride it. They must only use **Your horse** for the activities listed in the **Class of use** **You** have chosen, which are shown on **Your Certificate of insurance**.

Precautions

Throughout the **Period of insurance** **You** must take all reasonable steps to:

- maintain **Your horse's** health.
- supply a secure and safe environment for **Your horse** to prevent **Injury, Illness**, theft or straying.
- manage **Your horse** to prevent **Injury** to a person or another animal and damage or destruction to any property.

Class of use

- **You** must always, insure **Your horse** in the **Class of use** which covers all the activities that **Your horse** is used for. The activities **Your horse** is covered for are stated on **Your Certificate of Insurance**. **Your Policy** does not cover any **Illness, Injury** or

incident which:

- Happens when **Your horse** is being used for an activity which is not covered by **Your Policy**, or
- Is in any way related to **Your horse** carrying out an activity that is not covered by **Your Policy**. For example (but not limited to) - the horse goes out hunting and is found to be lame the following morning. If the **Policy** does not cover hunting, **We** will not consider any costs for the lameness.
- If an activity is listed on **Your Certificate of insurance**, **Your Policy** provides cover when **Your horse** is being transported by vehicle or warmed up/cooled down for the purpose of that activity. For example (but not limited to), if cross-country is listed, **Your Policy** provides cover when **You** are transporting **Your horse** by vehicle and warming it up/cooling it down for the purpose of cross-country. **Your Policy** does not cover any **Illness, Injury** or incident which arises from the transportation or warming up/cooling down of **Your horse** for an activity which is not listed on **Your Certificate of insurance**. The only exception to this is if **Your horse** needs to be transported to a **Veterinary practice**; **Your Policy** will cover **Your horse** during transportation for this reason.
- **You** can reduce the **Class of use** at renewal only.
- **You** can increase the **Class of use** at any time.

Insure at the right value

You must at all times insure **Your horse** for its current **Market value**. It is **Your** responsibility to ensure the **Sum Insured** **You** have chosen, and **We** have agreed, for **Your horse** is kept up to date on **Your Policy**. **You** must review the **Sum Insured** on a regular basis to ensure it accurately reflects the **Market value** of **Your horse** as this can change over time. In the event of **Your horse's** death **We** will pay the **Market value** or **Sum Insured** whichever is less. If the **Market value** at the time of death is lower than the **Sum Insured** shown on **Your Certificate of insurance**:

- **We** will only pay the **Market value**, and
- **We** will not provide any refund of premium for the difference between the **Sum Insured** and the amount **We** pay.

If Your horse is on loan to You:

- Once **Your** application is finalised, **We** will write to the owner of the horse. **We** will confirm the cover in place and advise any claim settlement for Death, Theft or Straying or Permanent Loss of Use will be paid directly to **You** and not the horse's legal owner, regardless of any arrangements stated in the **Loan/Lease agreement**.
- If **You** submit a claim for Death, Theft or Straying or Permanent Loss of Use, **We** will write to the owner of the horse to advise the claim has been submitted.

Ownership

You must be the owner of **Your horse** or the person named in a **Loan/Lease agreement** if the horse is on loan to **You**. **Your** cover will stop immediately if the **Loan/Lease agreement** or ownership is transferred to another person or organisation.

Claims pre-authorisation

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

Providing claim information

When **You** make a claim **You** agree to give **Us** any information **We** may reasonably ask for (this is **Your** responsibility, the violation of which can lead to the **Insurer** being exempt from benefits in accordance with Section 6 (3) of the VersVG - see point 8) on page 20 of this insurance document). If **You** incur any charge for this, **You** must pay the charge.

Legal rights against others

If there is any other insurance under which **You** are entitled to make a claim, **You** must report the incident to that insurance company and tell **Us** their name and address and **Your Policy** and claim number with them (this is **Your** responsibility, the violation of which can lead to the **Insurer** being exempt from benefits in accordance with Section 6 (3) of the VersVG - see point 8) on page 20 of this insurance document). To the extent permitted by law, **We** will only pay **Our** share of the claim.

Providing Your vet information

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

Second opinion

If **We** consider the **Veterinary treatment** or **Alternative or complementary treatment** **Your horse** receives may not be required, may be excessive, or for an excessive cost, when compared with the **Treatment** normally recommended to treat the same **Illness** or **Injury** by general or referral practices, **We** reserve the right to request a second opinion from **Our vet**. If **Our vet** does not agree that the **Veterinary treatment** or **Alternative or complementary treatment** provided is required **We** may decide to pay only the cost of the **Veterinary treatment** or **Alternative or complementary treatment** that was necessary to treat the **Injury** or **Illness**, as advised by **Our vet** from whom **We** have requested the second opinion.

Permission for Your vet or Therapist to provide information

You agree that any **Vet** or **Therapist** has **Your** permission to release any information **We** ask for about **Your horse**. If the **Vet** or **Therapist** makes a charge for this, **You** must pay the charge.

Claims settlement deductions

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

Renewing Your Policy

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

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

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

If **You** need to contact **Us** to discuss **Your** renewal before the expiry of **Your** existing insurance, **Our** contact details can be found on page 22.

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

Changes at renewal

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

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

- Change the premium, **Excesses** and insurance terms and conditions.
- Place exclusions because of **Your horse's** claims and veterinary history.

Changes during the Period of insurance

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

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

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

Pre-existing conditions

Any injury or illness which occurred before **Your** pet's cover started or before death from illness is added to the policy is a pre-existing condition and something which will never be covered by **Your** insurance. This is regardless of whether we place an exclusion for the injury/illness or not.

Illnesses in the Waiting period

Any **Illness** which starts in the first twenty-one (21) days of cover (**Waiting period**) or after death from **Illness** is added to the **Policy**. The twenty-one (21) day **Waiting period** will cease at 00.01 on the twenty-second (22nd) day of cover starting or after death from **Illness** is added to the **Policy**. **Your Policy** does not cover any claim relating to any of these **Injuries** or **Illnesses** which started or showed **Clinical sign(s)** within the **Waiting period**. If, at a later time any of these **Injuries** or **Illnesses** which started or showed **Clinical sign(s)** within the **Waiting period** represents again with the same diagnosis, **We** will also not cover any costs to treat that **Injury** or **Illness**. This is regardless of whether **Your vet** confirms the past and current **Injuries** or **Illnesses** are, or are not, linked.

Exclusions

In addition to the exclusions set out in these insurance terms and conditions, the policy does not cover any amount that results from an injury, illness or incident which is shown as excluded on **Your** certificate of insurance. Exclusions can be added on **Your** policy at the start of **Your** first period of insurance based on **Your** answers to **Our** questions and any supplementary information provided. We can also place exclusions during the period of insurance but we can only do this if we find out that when we asked during **Your** application, you did not tell us about something or you provided us with inaccurate information (regardless of whether or not you thought it was accurate at the time). In these cases, the exclusion(s) will be placed back to the start of **Your** first policy.

Your policy does not cover any claim that results from an injury, illness or incident which falls under any exclusion placed on **Your** policy. An exclusion can be temporary or permanent. If the exclusion is temporary, upon request we will tell you under what circumstances we will reconsider the exclusion and what information you will need to provide. you must pay for the cost of this information. Please contact us if you wish to discuss any exclusions on **Your** policy.

Policy limits

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

Travel cover

Some cover under **Your Policy** provides cover whilst **Your horse** is on a **Journey**. This type of cover is limited to the **Agreed countries** for a maximum of ninety (90) days in each **Period of insurance**. While **Your horse** is outside of Germany **You** must follow the conditions of the **Agreed countries**.

You must not take **Your horse** outside of Germany if a **Vet** has advised against it. If **You** do, **Your horse** will not be covered when outside of Germany.

You agree to pay translation costs for any claim documentation not written in German or English.

Jurisdiction

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

Your residence

- **Your horse** must live in Germany.
- If **Your** address, or the address of **Your horse**, changes **You** must advise **Us** as soon as possible as this may affect the insurance cover provided.

False information

If **You** have provided false information or make a false or exaggerated claim, or any claim involving **Your** dishonesty, **We** may have the right to withdraw from the **Policy** or cancel the **Policy** following which **We** will not make any further payments and **We** may retain **Your** premium.

Update information previously provided

Throughout **Your Period of insurance** **You** need to tell **Us** about certain information. The things **You** need to tell **Us** about are detailed in **Your Certificate of insurance** and in the **Your** duty to disclose to us` in the insurance terms and conditions. It's important **You** check any new documents **We** send to understand the information **We** need. If **You** do not provide **Us** with the full and/or accurate information, it can result in a claim not being paid or affect the cover **We** provide.

Fraudulent claims

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

Lost horses

If **Your horse** is lost or missing when **You** first take the **Policy**, the cover under the **Policy** will not start until **You** are reunited with **Your horse** and any incident, **Injury** or **Illness** which occurs before **You** are reunited will not be covered by the **Policy**.

You work in a Veterinary Practice

If **You** are a **Vet**, **You** can treat **Your** own horse but another **Vet** must be present during any procedure and countersign the claim form. If **You** are a veterinary nurse, **You** cannot complete the **Veterinary Practice** part of **Your** own claim form.

Transferring Insurance

This insurance is not transferrable.

Your Age when cover starts

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

General exclusions

We will not pay any benefit under the **Policy** for any costs or expenses incurred by **You** that are caused by, arise out of, or are in any way related to or connected with:

Your Certificate of insurance

A **Condition**, **Injury** or **Illness** specifically excluded on **Your Certificate of insurance**.

Your horse's age

Any horse that is less than thirty (30) days old or older than thirty (30) years.

Laws and regulations

- **You** breaking the Austrian laws or regulations, including those relating to animal health or importation regulations.
- **Your horse** being confiscated or destroyed by any government or public or local authority or any person or body having the jurisdiction to do so, including because it was worrying livestock.
- Any government or public or local authority or any person or body having the jurisdiction to do so having put restrictions on **Your horse**.
- Legal expenses, fines and penalties connected with or resulting from a criminal court case or federal law.
- Any costs caused because the local government body or municipality has put restrictions on **Your horse**.
- Any benefit to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

Radiation

Radiation, nuclear explosion, nuclear fallout or contamination by radioactivity.

Transmission of disease

A disease transmitted from animals to humans.

War, acts of terrorism, riot, revolution or any similar event

An act of force or violence for political, religious or ideological reasons, war, acts of terrorism, riot, revolution or any similar event, including any chemical or biological terrorism.

When Your horse is on a Journey in an agreed country

The following exclusions apply:

- **You** not following the conditions of international horse travel.
- Any **Journey** **You** take **Your horse** on against a **Vet's** advice.
- Any animal less than twelve (12) weeks old.
- A foreign government or public authority putting restrictions on **Your horse**.
- **Your horse** living permanently outside of Germany.
- An **Illness** that **Your horse** contracted while outside of Germany or the **Agreed countries** that it would not normally have contracted in Germany or the **Agreed countries**.

Routine or preventative treatment

Cost of **Routine or preventative treatment** or care such as check-ups and procedures that are designed to prevent future **Illnesses** from occurring rather than treating existing **Illnesses**. These include but are not limited to annual physical examinations and or check-ups, vaccinations, worm prevention medication, flea

and other internal/external parasite prevention.

Care and negligence

Cost of treating any **Injury** or **Illness** or other bodily **Injury** or **Illness** caused by, arising out of, or in any way connected with a malicious act, deliberate **Injury** or bodily **Injury** or gross negligence caused by **You** or a member of **Your** immediate **Family** or anyone living with **You** or acting with **Your** express or implied consent.

Pandemic disease

Any pandemic disease that causes widespread **Illness**, death or destruction affecting horses or ponies.

Pre-existing Conditions

We will not provide any cover for a **Pre-existing Condition**.

Vaccinations

Any horse not vaccinated against tetanus and equine influenza or any other disease that there is a known vaccine and **Vets** recommend vaccination. If not, the **Policy** will not cover any costs relating to these **Illness(es)**.

Reasonable precautions

You must take all reasonable precautions to protect **Your horse** and to ensure not to prolong or aggravate an **Injury** or **Illness**.

Your legal liability

Your legal liability for payment of compensation in respect of:

- death, bodily **Injury** or **Illness**, and/or
- physical loss or damage to property.

Cover

At Petcover, **We** are proud of the insurance cover the **Insurer** provides for horses. In return for the payment of **Your** premium, **We** will provide cover in the following sections if they are shown on **Your Certificate of insurance**. The cover applies within Germany during the **Period of insurance**.

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

If **You** take out **Your Policy** for a new horse and **Your horse** is outside Germany, **Your Policy** will start when **Your horse** enters Germany.

Theft or straying

What We will pay

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

- The **Sum Insured** or the **Market value** of **Your horse** whichever is less, if it is not found or does not return.
- The cost of advertising to try and find **Your horse** and the reward **You** have offered when **Your horse** is found.
- The amount **Your horse's Market value** has reduced by, if the people who stole it castrate it.

What We will not pay

- More than the **Sum Insured** or the **Market value** of **Your horse** whichever is less.
- Any amount if **You** do not have death as shown as covered on the **Certificate of insurance**.
- More than 300 € for the cost of advertising and the reward **You**

have paid.

- Any amount if **You** or the person looking after **Your horse** has freely parted with it, even if tricked into doing so, unless the person was looking after or transporting **Your horse** in return for money, goods or services.
- Any amount for the death of an unborn foal, embryo or foetus.
- Any amount if the theft or loss of **Your horse** involves **Your** employee's dishonesty.
- Any amount arising from unexplained disappearance, escape or voluntary parting of possession or title to **Your horse** as a result of **You** being induced by fraud, trickery or similar false pretences.
- Any reward paid to a member of **Your** immediate **Family**, any person living with **You** or employed by **You** or the person who has **Your horse** on loan.
- Any other financial loss, legal compensation, costs or expenses as a result of the theft or straying of **Your horse**.
- If a claim has not been submitted within **Twelve (12) months** of **Your horse** going missing, this will not be covered by the **Policy**.
- **We** will not make any claims payment until **We** have received the following:
 - Evidence of **Your** legal ownership of the horse (passport or purchase receipt showing **You** as owner).
 - If the horse was on loan or leased, a copy of the **Loan/Lease Agreement**, signed by both parties and either **Your Equine Passport** or purchase receipt showing the owners name.

Special Conditions that apply to theft and straying

- To submit a claim under this section **Your horse** must have been missing for 90 days and **You** must have advertised the loss of **Your horse** and when **You** claim **You** must provide evidence showing the advertising took place.
- **You** must notify the police as soon as **You** discover **Your horse** has been stolen or gone missing.
- If **Your horse** is found or returns, **You** must repay the amount **We** have paid **You** for **Your horse's Market value**.
- If **We** pay a claim under theft or straying, **Your Policy** is cancelled from the day after **Your horse** went missing.

Death from Injury or Illness

This section is applicable to the Basic plan only.

What We will pay

The **Sum Insured** or the **Market value** of **Your horse**, whichever is the lesser, following death or euthanasia by a **Vet** as a result of:

- An **Injury** or **Illness** that happens or first shows **Clinical signs**, during the **Period of insurance**;
- Surgery to treat an **Illness** or **Injury** that happens or first shows **Clinical signs** during the **Period of insurance**; or
- Medication to prevent an **Illness** or to treat an **Injury** or **Illness** that happens or first shows **Clinical signs** during the **Period of insurance**.

What You pay

The **Excess** as shown on **Your Certificate of insurance** for each incident.

What We will not pay

- More than the **Sum Insured** or the **Market value**, whichever is less.
- Any amount if the death or euthanasia of **Your horse** happens more than **Twelve (12) months** after the date the **Injury** happened, or the first **Clinical signs** of the **Illness** were noticed

that led to the death or euthanasia.

- Any amount if the death of **Your horse** results from a **Pre-existing Condition**.
- Any amount if the death of **Your horse** results from an **Illness** which starts in the first twenty-one (21) days of cover. This means an **Illness** that showed **Clinical signs** in the first twenty-one (21) days of **Your horse's** first **Period of insurance** or the first twenty-one (21) days of the date the section was added to **Your** insurance.
- An **Illness** that has the same diagnosis or **Clinical signs**, as an **Illness** that showed **Clinical signs** in the first twenty-one (21) days of the date the section was added to **Your** insurance.
- An **Illness** that is caused by, relates to, or results from, a **Clinical sign** that was noticed in the first twenty-one (21) days of **Your horse's** first **Period of insurance** or the first twenty-one (21) days of the date the section was added to **Your** insurance.
- Any amount if **Your vet** or **Our vet** believes the **Illness**, or **Injury** **Your horse** is suffering from can be treated.
- Any amount if the euthanasia of **Your horse** is carried out before **You** tell **Us** about **Your** or **Your Vet's** decision for euthanasia, unless **Your vet** believes **Your horse** was in so much pain that it needed immediate euthanasia and there was not time for **You** to tell **Us**. Before **Your horse** is euthanised **We** recommend that **You** ask **Your vet** if **Your horse's Condition** meets the current Austrian Animal Welfare Act for the destruction of horses to understand if **You** are able to submit a claim under this insurance.
- Any amount if the death or euthanasia of **Your horse** results from; an **Illness** or **Injury** that happened; or, an **Illness** or **Injury** which is the same as, or has that same diagnosis or **Clinical signs** as an **Illness** or **Injury** that happened; or an **Illness** or **Injury** that is caused by, relates to or results from an **Illness** or **Injury** that happened before:
 - **Your horse's** cover started; or,
 - the date this section was added to **Your** insurance, no matter where the **Injury** happened in or on **Your horse's** body.
- Any amount if **Your horse** is euthanised and its **Condition** does not meet the current Austrian Animal Welfare Act for the destruction of horses.
- Any amount if you, an immediate **Family** member, anyone living with you, anyone working for **You** or anyone looking after **Your horse** deliberately caused the death or euthanasia of **Your horse**.
- Any amount if the death or euthanasia of **Your horse** results from medication unless it is given by a **Vet** or under the direction of a **Vet**.
- Any amount if the death or euthanasia of **Your horse** results from a vice or from **Your horse's** behaviour.
- Any amount for a mare's unborn foal, embryo or foetus.
- Any other financial loss, legal compensation, costs or expenses as a result of the death or euthanasia of **Your horse**.
- The cost of a post-mortem examination and/or report.
- The cost of having **Your horse** euthanised, cremated, buried or any other form of disposal.
- Any amount if the death or euthanasia of **Your horse** results from an **Injury** or an **Illness** while taking part in or is related in any way to an activity not shown or covered on **Your Certificate of insurance**.
- If a claim has not been submitted within **Twelve (12) months** after the death of **Your horse**, this will not be covered by the **Policy**.
- If **You** start the cover after **Your horse's** 20th birthday **Your** cover will be **Injury** only under the death from **Injury** (Senior Plan A or B).
- If **You** start the "death from **Injury** or **Illness**" cover before **Your horse's** 20th birthday, at the renewal following **Your horse's** 20th birthday, this coverage will automatically change to the "Death from **Injury** (Senior Plan A or B)" which is **Injury** only and all cover for **Illness** will stop.
- Any amount if the death of **Your horse** results from an **Illness** if

Your horse is on the death from **Injury** (Senior Plans A or B).

Death from Injury

This section is applicable to Senior plan A and B only.

What We will pay

The **Sum Insured** or the **Market value** of **Your horse**, whichever is the lesser, following death or euthanasia by a **Vet** as a result of:

- An **Injury** or **Illness** that happens or first shows **Clinical signs**, during the **Period of insurance**;
- Surgery to treat an **Illness** or **Injury** that happens or first shows **Clinical signs** during the **Period of insurance**; or
- Medication to prevent an **Illness** or to treat an **Injury** or **Illness** that happens or first shows **Clinical signs** during the **Period of Insurance**.

What You pay

The **Excess** as shown on **Your Certificate of insurance** for each incident.

What We will not pay

- More than the 2.000 € or the **Market value** of **Your horse**, whichever is less.
- Any amount if the death or euthanasia of **Your horse** happens more than **Twelve (12) months** after the date the **Injury** that caused the death or euthanasia.
- Any amount if the death of **Your horse** results from a **Pre-existing Condition**.
- Any amount if **Your vet** or **Our vet** believes the **Injury** **Your horse** is suffering from can be treated.
- Any amount if the euthanasia of **Your horse** is carried out before **You** tell **Us** about **Your** or **Your Vet's** decision for euthanasia, unless **Your vet** believes **Your horse** was in so much pain that it needed immediate euthanasia and there was not time for **You** to tell **Us**. Before **Your horse** is euthanised **We** recommend that **You** ask **Your vet** if **Your horse's Condition** meets current Austrian Animal Welfare Act for the destruction of horses to understand if **You** are able to submit a claim under this insurance.
- Any amount if the death or euthanasia of **Your horse** results from; an **Injury** that happened; or, an **Injury** which is the same as, or has that same diagnosis or **Clinical signs** as an **Injury** that happened; or an **Injury** that is caused by, relates to or results from an **Injury** that happened before:
 - **Your horse's** cover started; or,
 - The date this section was added to **Your** insurance, no matter where the **Injury** happened in or on **Your horse's** body.
- Any amount if **Your horse** is euthanized and its **Condition** does not meet the current Austrian Animal Welfare Act for the destruction of horses.
- Any amount if you, an immediate **Family** member, anyone living with you, anyone working for **You** or anyone looking after **Your horse** deliberately caused the death or euthanasia of **Your horse**.
- Any amount if the death or euthanasia of **Your horse** results from medication unless it is given by a **Vet** or under the direction of a **Vet**.
- Any amount if the death or euthanasia of **Your horse** results from a vice or from **Your horse's** behaviour.
- Any amount for a mare's unborn foal, embryo or foetus.
- Any other financial loss, legal compensation, costs or expenses as a result of the death or euthanasia of **Your horse**.
- The cost of a post-mortem examination and/or report.
- The cost of having **Your horse** euthanised, cremated, buried or any other form of disposal.

- Any amount if the death or euthanasia of **Your horse** results from an **Injury** while taking part in or is related in any way to an activity not shown or covered on **Your Certificate of insurance**.
- If a claim has not been submitted within **Twelve (12) months** after the death of **Your horse**, this will not be covered by the **Policy**.

Special Conditions that apply to death

(This section is applicable to Basic, Senior A and B plans)

You must tell **Us** as soon as possible if **Your horse** shows any **Clinical signs** of an **Injury** or an **Illness**.

- If **You** or **Your vet** decides on euthanasia of **Your horse**, **You** must tell **Us** immediately.
- If **Your vet** and **Our vet** do not agree that the **Illness** or **Injury** **Your horse** is suffering from can be treated or that it is humane to keep **Your horse** alive, **We** may employ another specialist **Vet**, who **You** agree **We** can employ. The specialist **Vet** will examine **Your horse** and all parties will accept this **Vet's** opinion.
- You** must immediately arrange for a **Vet** to examine and treat **Your horse** if it shows **Clinical signs** of an **Injury** or an **Illness**. And, if **We** decide, **You** must arrange for **Your horse** to go to another **Vet** that we have chosen.
- For **Injuries**, the period of **Twelve (12) months** will start from the date the **Injury** first happened.
- For **Illness(es)**, the period of **Twelve (12) months** will start from the date the **Illness** or **Clinical signs** were first noticed. If **Your horse** has suffered the same **Clinical signs** or has been diagnosed with the same **Illness** in the past, the **Twelve (12) months** cover will start from the very first time **Your horse** suffered from the **Clinical signs/Illness**. This applies in all cases regardless of whether:
 - The **Clinical signs/Illness** presents in the same or different part of the body, and/or
 - Your vet** confirms the past and current **Illness(es)** are, or are not, linked.
- Cover is for an **Injury** or **Illness** for **Twelve (12) months** providing you renew the **Policy** and continue to pay the premium and after that time all cover for the **Injury/Illness** will stop. If **Your horse** is covered under the veteran plan **Your** cover is limited to **Injury** only.
- You** must take proper care of **Your horse** and take all reasonable steps to maintain **Your horse's** health. **You** must arrange, at **Your** own expense, for **Your horse** to have any **Treatment** normally recommended by a **Vet** to prevent **Injury** or **Illness**.
- If **We** pay a claim under Death, **Your Policy** is cancelled from the day after **Your horse's** death.
- Following the death or euthanasia of **Your horse** **You** must arrange and pay for a post-mortem examination and/or report.
- We** will not make any claims payment until **We** have received the following:
 - Evidence of **Your** legal ownership of the horse (passport or purchase receipt showing **You** as owner).
 - If the horse was on loan or leased, a copy of the **Loan/Lease agreement**, signed by both parties and either **Your Equine Passport** or purchase receipt showing the owner's name.

Loss of irrecoverable entry fees

This cover is applicable to the Basic plan only.

What We will pay

If, during the **Period of insurance**, **Your horse** dies before a show or event or **You** are in hospital on the day of a show or event **We** will pay the cost of any entry fees **You** cannot recover.

What We will not pay

- More than 500 € for any entry fee **You** are unable to recover.
- Any amount if **You** are in hospital if it is not the result of an **Injury** or **Illness**.
- Any amount if **You** do not have death by **Injury** or **Illness**, shown as covered on **Your Certificate of insurance** horse details.
- Any amount if **We** have not paid a claim for the death or destruction of **Your horse** under death by **Injury** or **Illness**.

Special Conditions that apply to loss of irrecoverable entry fees

- If cover starts before **Your horse's** 20th birthday at the renewal following **Your horse's** 20th birthday, this coverage will automatically change to one of the Senior Plans which does not cover loss of irrecoverable entry fees.

Disposal

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

What We will pay

The cost to remove and dispose of **Your horse's** body following death or euthanasia as a result of an **Injury** that happens or an **Illness** that first shows **Clinical signs** during the **Period of insurance**.

What We will not pay

- More than the **Maximum benefit** shown on **Your Certificate of Insurance**.
- Any amount if **You** do not have Death shown as covered on the **Certificate of insurance**.
- Any amount if death or euthanasia of **Your horse** is not covered under Death.
- If a claim has not been submitted within **Twelve (12) months** after the death of **Your horse**, this will not be covered by the **Policy**.

Veterinary fees

Veterinary fees for Injury or Illness (Basic Plan)

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

What We will pay

The cost of **Veterinary treatment** and if instructed by a **Vet** following examination, the cost of **Alternative or complimentary treatment** **Your horse** receives to treat an **Injury** that happens or an **Illness** that first shows **Clinical signs** during the **Period of insurance**.

What You pay

For each **Illness** or **Injury** that is not related to any other **Illness** or **Injury**, for each claim **You** must pay the **Excess** amount shown on **Your Certificate of insurance** towards the cost of **Veterinary treatment**.

What We will not pay

- More than the **Maximum benefit** shown on **Your Certificate of insurance** for each unrelated **Injury** or **Illness**.
- The cost of any **Veterinary treatment** **Your horse** receives after **Twelve (12) months** from the date the **Injury** happened, or the

Illness first showed **Clinical signs**.

- The cost of any **Treatment** for an **Illness** which starts in the first twenty-one (21) days of cover.
This means:
 - An **Illness** that showed **Clinical signs** in the first twenty-one (21) days of **Your horse's** first **Period of insurance** or the first twenty-one (21) days of the date the section was added to **Your** insurance.
 - An **Illness** that has the same diagnosis or **Clinical signs**, as an **Illness** that showed **Clinical signs** in the first twenty-one (21) days of the date the section was added to **Your** insurance.
 - An **Illness** that is caused by, relates to, or results from, a **Clinical Sign** that was noticed in the first twenty-one (21) days of **Your horse's** first **Period of insurance** or the first twenty-one (21) days of the date the section was added to **Your** insurance.
- The cost of any **Veterinary treatment** for a **Pre-existing Condition**.
- The cost of any medicines or materials prescribed or supplied to be used after **Twelve (12) months** from the date the **Injury** happened, or the **Illness** first showed **Clinical signs**.
- The cost of any **Veterinary treatment** a **Vet** normally recommends preventing **Injury** or **Illness**.
- Extra costs for treating **Your horse** outside usual **Veterinary Practice** hours, unless the **Vet** confirms an emergency consultation is essential, regardless of **Your Personal circumstances**.
- The cost of **Treatment**, which is not **Veterinary treatment** that **You** could carry out yourself, unless the **Vet** confirms that a **Vet** or a **Member of a Veterinary Practice** must carry this out, regardless of **Your Personal circumstances**. This includes controlled exercise and the use of horse-walkers.
- The cost of buying or hiring equipment or machinery.
- The cost of transplant surgery, including pre- and post-operative care, other than stem cell therapy.
- The cost of any **Elective treatment**, diagnostic or procedure that **You** choose to have carried out that is not required to treat an **Injury** or **Illness**, including any complications that arise from this **Treatment**.
- The cost of any **Veterinary treatment** that results from a vice or from **Your horse's** behaviour.
- The cost of vaccinations, castration, removing wolf teeth, other than the cost of treating any complications caused by these procedures.
- The cost of any **Treatment** for abortion, pregnancy, and foaling, unless needed due to a complication of pregnancy or giving birth.
- The cost of any **Veterinary treatment** for any **Injury** or **Illness** deliberately caused by **You** or a member of **Your** immediate **Family**, or anyone living with **You** or employed by you.
- Any amount if the **Veterinary treatment** results from an **Injury** or an **Illness** while taking part in or is related in any way to an activity not shown or covered on **Your Certificate of insurance**.
- The cost of euthanasia, cremation, burial, or disposal of **Your horse**.
- The cost of a post-mortem examination and or report.
- The cost of dental **Treatment** unless **Your horse** had a dental examination (see general condition "Caring for **Your horse**") carried out by a **Vet** or a qualified equine dentist in the **Twelve (12) months** before the **Clinical signs** of the **Injury** or **Illness** were first noted.
- The cost of livery, stabling, grazing, feeding; or any changes in the way **You** look after **Your horse** or any amount **You** normally pay for shoeing and/or the care of **Your horse's** feet.
- Any costs for transporting/travelling to or from a place of **Treatment** either for **Your horse** or **Your Vet**.

- The cost of any **Veterinary treatment** that results from an **Injury** or an **Illness** while taking part in an activity not shown as covered on **Your Certificate of insurance**.
- The cost of any **Veterinary treatment** that **Your vet** and **Our vet** do not agree if **We** have advised that this agreement is required.
- If a claim has not been submitted within **Twelve (12) months** of **Your horse** receiving **Veterinary treatment**, this will not be covered by the **Policy**.
- The cost of any **Veterinary treatment** for an **Illness** if **Your horse** is aged 20 years or over, unless coverage started before **Your horse's** 20th birthday.

Veterinary fees for Injury (Senior B Plan)

*This section is only applicable if shown as cover on **Your Certificate of insurance**.*

What We will pay

The cost of **Veterinary treatment** and if instructed by a **Vet** following examination, the cost of **Alternative or complimentary treatment** **Your horse** receives to treat an **Injury** that first shows **Clinical signs** during the **Period of insurance**.

What You pay

For each **Injury** that is not related to any other **Injury**, for each claim **You** must pay the **Excess** as shown on **Your Certificate of insurance** towards the cost of **Veterinary treatment**.

What We will not pay

- More than the **Maximum benefit** shown on **Your Certificate of Insurance** for each unrelated **Injury**.
- The cost of any **Veterinary treatment** **Your horse** receives after **Twelve (12) months** from the date the **Injury** happened.
- The cost of any **Veterinary treatment** for a **Pre-existing Condition**.
- The cost of any medicines or materials prescribed or supplied to be used after **Twelve (12) months** from the date the **Injury** happened.
- The cost of acupuncture, chiropractic, manipulation, feed supplements, herbal medicine, Homeopathy, nutraceuticals, osteopathy, physiotherapy, hydrotherapy, specialist farriery or any other **Alternative or complementary treatment**. This includes any **Veterinary treatment** specifically needed to carry out the particular **Alternative or complementary treatment**.
- The cost of any **Veterinary treatment** a **Vet** normally recommends preventing **Injury**.
- The cost of any **Veterinary treatment** **You** choose to have carried out that is not required to treat an **Injury**, including any complications that arise from this **Treatment**.
- The cost of any **Veterinary treatment** that results from a vice or from **Your horse's** behaviour.
- The cost of vaccinations, castration, removing wolf teeth, other than the cost of treating any complications caused by these procedures.
- The cost of any **Treatment** for abortion, pregnancy, and foaling, unless needed due to a complication or pregnancy or giving birth.
- Extra costs for treating **Your horse** outside usual **Veterinary practice** hours, unless the **Vet** confirms an emergency consultation is essential, regardless of **Your** personal circumstances.
- The cost of **Treatment**, which is not **Veterinary treatment** that **You** could carry out yourself, unless the **Vet** confirms that a **Vet** or a **Member of a Veterinary Practice** must carry this out, regardless of **Your Personal circumstances**. This includes controlled exercise and the use of horse-walkers.
- The cost of buying or hiring equipment or machinery.

- The cost of transplant surgery, including pre- and post-operative care, other than stem cell therapy.
- The cost of any **Elective treatment**, diagnostic or procedure that you choose to have carried out that is not required to treat an **Injury**, including any complications that arise from this **Treatment**.
- The cost of dental **Treatment** unless **Your horse** had a dental examination carried out by a **Vet** or a qualified equine dentist in the **Twelve (12) months** before the **Clinical signs** of the **Injury** were first noted.
- The cost of any **Veterinary treatment** for any **Injury** deliberately caused by **You** or a member of **Your** immediate **Family**, or anyone living with **You** or employed by you.
- The cost of euthanasia, cremation, burial or disposal of **Your horse**.
- The cost of a post-mortem examination and or report.
- The cost of livery, stabling, grazing, feeding; or any changes in the way **You** look after **Your horse** or any amount **You** normally pay for shoeing and/or the care of **Your horse's** feet.
- Any costs for transporting/travelling to or from a place of **Treatment** either for **Your horse** or **Your Vet**. Please refer to section hospitalisation and transportation where details of cover can be found if shown as covered on **Your Certificate of insurance**.
- The cost of any **Veterinary treatment** that results from an **Injury** while taking part in an activity not shown as covered on **Your Certificate of insurance**.
- The cost of any **Veterinary treatment** that **Your vet** and **Our vet** do not agree if **We** have advised that this agreement is required.
- If a claim has not been submitted within **Twelve (12) months** of **Your horse** receiving **Veterinary treatment**, this will not be covered by the **Policy**.

Special Conditions that apply to all Veterinary Fees

- More than the **Maximum benefit** shown on **Your Certificate of Insurance**
- **You** must tell **Us** as soon as possible if **Your horse** shows any **Clinical signs** of an **Injury** or an **Illness**.
- **You** must immediately arrange, at **Your** own expense, for a **Vet** to examine and treat **Your horse** if it shows **Clinical signs** of an **Injury** or an **Illness**, and, if **We** decide, **We** will refer the case history to a **Vet** that **We** have chosen. If **We** request, **You** must arrange for **Your horse** to go to another **Vet** that **We** have chosen.
- If **You** decide to take **Your horse** to a different **Vet** for a second opinion because **You** are unhappy with the diagnosis or **Treatment** provided, **You** must tell **Us** before **You** arrange an appointment with them. If **You** do not, **We** will not pay any costs relating to the second opinion. If **We** request, **You** must arrange for **Your horse** to go to a **Vet** that **We** have chosen. If **We** decide that the diagnosis or **Treatment** currently being provided is correct, **We** will not cover any costs relating to the second opinion.
- **We** may decide that **We** need **Our vet** to agree **Your horse's Veterinary treatment** with **Your vet** before it is carried out. **We** will advise **You** if this agreement is required.
- If **We** receive a request to pay the claim payment direct to a **Veterinary Practice** or referral centre, **We** have the right to decline this request.
- If **Your vet** and **Our vet** do not agree on the **Veterinary treatment** for **Your horse**, **We** may employ another specialist **Vet**, who **You** agree **We** can employ. The specialist **Vet** will examine **Your horse** and all parties will accept this **Vet's** opinion of the **Veterinary treatment** **Your horse** needs.
- It is **Your** responsibility to ensure the **Veterinary Practice** is paid within the required time frame. If an additional charge is added to the cost of **Treatment** due to the late payment of fees, **We** will deduct this charge from the claim settlement. If the **Veterinary Practice** or **Therapist** provides a discount for paying the cost of **Treatment** within a certain time frame, **You** must provide payment within this time frame. If **You** do not, **We** will deduct the

discount, which would have been provided, from the claim settlement.

- For **Injuries**, the period of **Twelve (12) months** and the **Maximum benefit** will start from the date the **Injury** happened. If **Your horse** has more than one **Injury**, they are considered one **Injury** if:
 - Diagnosed as the same **Injury**, or
 - They happen at the same time, or
 - Are caused by, or relate to, one another,
 One period of **Twelve (12) months** and one **Maximum benefit** will apply to the **Treatment** for all **Injuries**.
- For **Illness(es)**, the period of **Twelve (12) months** and the **Maximum benefit** will start from the date the **Illness** or **Clinical signs** were first noticed. If **Your horse** has suffered the same **Clinical signs** or has been diagnosed with the same **Illness** in the past, the **Twelve (12) months** cover and the **Maximum benefit** will start from the very first time **Your horse** suffered from the **Clinical signs/Illness**. This applies in all cases regardless of whether:
 - The **Clinical signs/Illness** presents in the same or different part of the body, and/or
 - **Your vet** confirms the past and current **Illness(es)** are, or are not, linked.
- After **We** have paid the cost of **Treatment** for **Twelve (12) months** (or the **Maximum benefit**) **We** will not pay for any more **Treatment** for that **Injury** or **Illness**, or anything which is caused by or related to it. **We** will also no longer cover any **Illness** or **Injury** which has the same diagnosis. This applies in all cases regardless of whether:
 - The **Injury** or **Illness** presents in the same or different part of the body, and/or
 - **Your vet** confirms the past and current **Illness(es)** are, or are not, linked.
- If **Your horse** suffered from an **Illness** and it has the same diagnosis as an **Illness** which happened
 - Before **Your Policy** started, or
 - In the first twenty-one (21) days of **Your horse's** first **Period of Insurance**
- The **Illness** will not be covered by the **Policy**. This applies in all cases regardless of whether:
 - The **Illness** presents in the same or different part of the body, and/or
 - **Your vet** confirms the past and current **Illness(es)** are, or are not, linked.
- Cover is for an **Injury** or **Illness** for **Twelve (12) months** providing you renew the **Policy** and continue to pay the premium and after that time all cover for the **Injury/Illness** will stop. If **Your horse** is covered under the veteran plan **Your** cover is limited to **Injury** only.
- For the purposes of this section, the following will be treated as one claim:
 - All **Injuries** sustained in or arising out of the same **Accident**;
 - Lameness of more than one limb;
 - Any subsequent **Injury** or **Illness** arising as a complication or consequence of the original **Injury, Illness** or **Clinical sign(s)** or arising as a consequence of **Veterinary treatment** for the original **Injury** or **Illness**.
- If a number of **Injuries, Illness(es),** or **Clinical signs** are diagnosed as one **Injury** or **Illness**, or it is found that they are caused by, or relate to another **Injury** or **Illness**, the period of **Twelve (12) months** will start from the date in the **Period of insurance** that the first **Injury** happened or the first **Clinical signs** of any of the **Illness(es)** were noticed.
- To claim for items which have not been purchased from the **Veterinary Practice**, the **Vet** must confirm the items are required

to treat an **Injury** or **Illness** and the quantities needed.

- If **You** start the cover after **Your horse's** 20th birthday **Your** cover will be **Injury** only under the Senior plan A or B.
- If **You** start the cover for **Veterinary Fees** before **Your horse's** 20th birthday at the renewal following **Your horse's** 20th birthday, this coverage will automatically change to the Senior plan A or B which is **Injury** only and all cover for **Illness** will stop.

Permanent loss of use

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

What We will pay

Up to 100 % or 60 % of the **Sum Insured** or the **Market value** (whichever is less) of **Your horse** if an **Injury** happens or an **Illness** first shows **Clinical signs**, during the **Period of insurance**, which results in **Your horse** never being able to take part in any one of the activities as set out on the **Certificate of insurance**. The percentage **We** will pay is shown on **Your Certificate of insurance**.

What You pay

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

What We will not pay

- More than the percentage of the **Sum Insured** or the **Market value** of **Your horse** whichever is less, as set out on the **Certificate of Insurance**.
- Any amount if the permanent loss of use happens more than **Twelve (12) months** after the date the **Injury** happened, or the **Illness** first showed **Clinical signs**.
- Any amount for permanent loss of use if **Your vet** and **Our vet** do not agree that **Your horse** will never be able to take part in any one of the activities set out on the **Certificate of insurance**.
- Any amount if the permanent loss of use is caused by a pre-existing **Condition**.
- Any amount if the permanent loss of use is caused by an **Illness** which starts in the first twenty-one (21) days.

This means:

- An **Illness** that showed **Clinical signs** in the first twenty-one (21) days of **Your horse's** first **Period of insurance** or the first twenty-one (21) days of the date the section was added to **Your** insurance.
- An **Illness** that has the same diagnosis or **Clinical signs**, as an **Illness** that showed **Clinical signs** in the first twenty-one (21) days of the date the section was added to **Your** insurance.
- An **Illness** that is caused by, relates to, or results from, a **Clinical Sign** that was noticed in the first twenty-one (21) days of **Your horse's** first **Period of insurance** or the first twenty-one (21) days of the date the section was added to **Your** insurance.
- Any amount for permanent loss of use if caused by an **Injury** or **Illness** which results from taking part in or is related in any way to an activity not shown or covered on **Your Certificate of insurance**.
- Any amount for permanent loss of use resulting from or connected with any activity **Your horse** has never taken part in or been trained to do.
- Any amount for permanent loss of use if **Your horse** cannot breed if this is caused by something that is not an **Illness** or **Injury**.
- Any amount for permanent loss of use if **Your horse** is under 2 years of age or 20 years old or over at the beginning of the **Period of insurance** as set out on **Your Certificate of insurance**.
- Any amount if the permanent loss of use for **Your horse** results

from a vice or it's behaviour.

- Any amount for permanent loss of use if **Your horse** is not allowed to take part in any competition/ show because of any blemish or scar or any regulations about horses that have had a hobbday operation or any other operation for a respiratory system disorder.
- Any amount for permanent loss of use unless the **Illness** or **Injury** prevents **Your horse** from physically taking part in an activity.
- If a claim has not been submitted within **Twelve (12) months** of **Your horse** receiving **Treatment**, this will not be covered by the **Policy**.

Special Conditions that apply to permanent loss of use

- **You** must immediately arrange, at **Your** expense, for a **Vet** to examine and treat **Your horse** if it shows **Clinical signs** of an **Injury** or an **Illness**, and, if **We** decide, **We** will refer the case history to a **Vet** that **We** have chosen. If **We** request, **You** must arrange for **Your horse** to go to another **Vet** that **We** have chosen.
- If it is **Your Vet's** opinion that **Your horse** will never take part in any one of the activities set out on the **Certificate of insurance** you must send **Us** a report from **Your vet** giving details of **Your horse's Illness** or **Injury** and the reasons for the opinion.
- **We** may decide that **We** need **Our vet** to agree with **Your vet** that **Your horse** will never be able to take part in any one of the activities set out on the **Certificate of insurance**.
- If **Your vet** and **Our vet** do not agree that **Your horse** will never take part in any one of the activities set out on the **Certificate of Insurance**, **We** may employ another specialist vet, who **You** agree we can employ. The specialist **Vet** will examine **Your horse** and all parties will accept this **Vet's** opinion.
- Cover is for an **Injury** or **Illness** for **Twelve (12) months** providing you renew the **Policy** and continue to pay the premium and after that time all cover for the **Injury/Illness** will stop.
- For **Injuries**, the period of **Twelve (12) months** will start from the date the **Injury** happened. If **Your horse** has more than one **Injury**, if they are:
 - Diagnosed as the same **Injury**, or
 - They happen at the same time, or
 - Are caused by, or relate to, one another.

The **Twelve (12) months** of cover will start from the date the first **Injury** happened.

- For **Illness(es)**, the period of **Twelve (12) months** will start from the date the **Illness** or **Clinical signs** were first noticed. If **Your** horse has suffered the same **Clinical signs** or has been diagnosed with the same **Illness** in the past, the **Twelve (12) months** cover will start from the very first time **Your horse** suffered from the **Clinical signs/Illness**. This applies in all cases regardless of whether:
 - The **Clinical signs/Illness** presents in the same or different part of the body, and/or
 - **Your vet** confirms the past and current **Illness(es)** are, or are not, linked.
- If a number of **Injuries**, **Illness(es)**, or **Clinical signs** are diagnosed as one **Injury** or **Illness**, or it is found that they are caused by, or relate to another **Injury** or **Illness**, the period of **Twelve (12) months** will start from the date in the **Period of insurance** that the first **Injury** happened or the first **Clinical signs** of any of the **Illness(es)** were noticed.
- Once **We** have agreed the settlement of **Your** claim, **You** must agree to have the loss of use inserted **Your horse's** passport. **We** will not make any claim payment until **We** have received confirmation the entry in the **Equine Passport** has been done. Any cost relating to the insertion into the passport is **Your** cost. If

you have decided to euthanise **Your horse**, **We** will not make any claim payment until **We** have veterinary confirmation that the horse has been euthanised.

- If **Your horse** is covered for 100% of the **Sum Insured** or the **Market value** of **Your horse** whichever is the less, and **We** pay a claim for it, **Your horse** will continue to belong to you. **We** will reduce the amount **We** pay **You** by what **Your horse** is worth at the date of payment.
- **You** must tell **Us** as soon as possible if **Your horse** shows **Clinical Signs** of an **Injury** or an **Illness**, that may lead to a loss of use claim.
- If **We** pay a claim under permanent loss of use, **Your Policy** is cancelled from the date of settlement of the claim.
- **We** will not make any claims payment until **We** have received the following;
 - **Vet** certificate verifying that the horse has an **Injury** or **Illness** that has rendered it permanently incapable of ever being able to take part in any one of the activities set out on the **Certificate of insurance**.
 - Evidence of **Your** legal ownership of the horse (passport or purchase receipt for the horse showing the owner's name).
 - If **Your horse** was on loan or leased, a copy of the **Loan/Lease Agreement**, signed by both parties and either **Your Equine Passport** or purchase of receipt showing the owner's name.
- **We** will remove permanent loss of use cover from **Your Policy** at the renewal following **Your horse's** 20th birthday and from this time all cover under this benefit will stop.

Saddlery and tack

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

What We will pay

If **Your Saddlery & tack** is stolen, damaged or destroyed during the **Period of insurance**, **We** will pay;

- The cost of repairing the **Saddlery & tack** if it is damaged to bring it back to the same condition it was in before it was damaged; or,
- The **Replacement value** or the **Sum Insured**, whichever is less, of the **Saddlery & tack** if the cost of repair is more than it was worth, or it is stolen or destroyed.

What You pay

The **Excess** as shown on **Your Certificate of insurance** for each incident where **Saddlery & tack** is stolen, damaged or destroyed.

What We will not pay

- More than the **Sum Insured** (to a maximum of 12.000 €) for each incident.
- More than 500 € for any saddle or item of tack **You** do not have formal proof of purchase for, that shows the make, model and the date of purchase or a saddlers valuation which shows the make, model and value of the item and the date the valuation was carried out. The saddler's valuation must have been carried out and submitted to **Us** before the item is stolen, damaged or destroyed.
- Any amount for clothing or personal effects.
- Any amount for stolen **Saddlery & tack** unless there is proven forcible or violent entry to the premises or vehicle where the **Saddlery & tack** was kept.
- Any amount for **Saddlery & tack** **You** do not own, unless **You** are responsible for the **Saddlery & tack** due to the contract **You** have entered into.
- Any amount if the **Saddlery & tack** is damaged or destroyed by

wear and tear or the actions of moths, insects, vermin, pest or any other cause that happens slowly.

- Any amount if the **Saddlery & tack** is damaged when it is being cleaned, dyed, repaired or restored.
- Any amount if **Your Saddlery & tack** is being used by a riding establishment or by someone for professional lessons if they are not a member of **Your** immediate **Family** or the person who has **Your horse** on loan.
- Any amount to have the **Saddlery & tack** adjusted to fit **Your** horse.
- Any amount if the **Saddlery & tack** is stolen or damaged as a result of any business activity, **Your** profession, **Your** occupation or while **You** are working for someone, whether **You** are paid or not.
- More than the **Saddlery & tack** was worth at the time it was stolen, damaged or destroyed.
- If a claim has not been submitted within **Twelve (12) months** of the loss or damage, this will not be covered by the **Policy**.

Special Conditions that apply to Saddlery & tack

- When **Saddlery & tack** is left unattended, it must be kept in;
 - The locked boot or covered luggage area of a locked vehicle; or,
 - The house, flat, or other domestic building that **You** live in that has been locked with a 5-lever mortice deadlock, or equivalent locks on all doors; or,
 - A building or part of a building that **You** do not live in that has been locked with a 5-lever mortice deadlock, or equivalent locks on all doors and has steel bars or a steel grid on all windows. If the **Saddlery & tack** is left unattended and it is stolen, or damaged during attempted theft, the claim will only be considered if the above security was in place at the time.
- If **You** have not insured all the **Saddlery & tack** **You** own for its full value, **We** will only pay a percentage of **Your** claim. The percentage **We** will pay will be based upon how much of the full value the amount **You** have insured **Your Saddlery & tack** for represents.
- **You** must notify the police as soon as **You** discover any of **Your Saddlery & tack** has been stolen or deliberately damaged and obtain a police reference number.
- If **Your Saddlery & tack** is found, **You** must immediately advise us and if **We** have paid **Your** claim **You** must repay the full amount **We** have paid you.
- Where the item is damaged beyond repair the salvage value will be deducted from the amount, **We** pay you.

Horse trailers and horse drawn vehicles

*This section is an **Optional extra benefit** or standalone product and only applies if shown as covered on **Your Certificate of insurance**. We do not cover legal liability in respect to the use of a Horse Trailer or Horse drawn vehicle.*

What We will pay

If **Your horse** Trailer or Horse drawn vehicle is stolen, damaged or destroyed during the **Period of insurance**, **We** will pay:

- The cost of repairing **Your horse** Trailer or Horse drawn vehicle if it is damaged to bring it back to the same **Condition** it was in before it was damaged; or,
- The **Sum Insured** of **Your horse** Trailer or Horse drawn vehicle or the Market Value whichever is the lesser if the cost of repair is more than it was worth, or it is stolen or destroyed.

What You will pay

The **Excess** as shown on **Your Certificate of insurance** for each incident.

What We will not pay

- More than the **Sum Insured** (to a maximum of 21.000 €) or the Market Value whichever is the lesser, for each incident.
- More than **Your horse** Trailer or Horse drawn vehicle was worth at the time it was stolen, damaged or destroyed.
- Any amount if **Your horse** Trailer or Horse drawn vehicle is damaged or destroyed by wear and tear or the actions of moths, insects, vermin, pest, mildew, mechanical or electrical breakdown, or any other cause that happens slowly.
- Any amount if **Your horse** Trailer or Horse drawn vehicle is damaged or destroyed when it is being cleaned, repaired, or restored.
- Any extra costs if replacement parts or accessories are not available.
- Any amount for tyres that are damaged by punctures, cuts, bursts, or braking.
- Any amount if **Your horse** drawn vehicle is damaged while it is being used for training, or taking part in, competitions or trials or cross-country events.
- Any amount if **Your horse** Trailer or Horse drawn vehicle is stolen or damaged or destroyed while the thief is trying to steal it, if **You** have not fitted a wheel clamp, tow hitch lock or put it in a building that is properly locked.
- Any other financial loss, legal compensation, costs or expenses.
- **Your** legal liability for payment of compensation in respect of:
 - Death, bodily Injury or Illness;
 - Physical loss of or damage to property.

Special Conditions that apply to this section

- If **You** have not insured **Your horse** Trailer or Horse drawn vehicle for its full Market Value **We** will only pay a percentage of **Your** claim. The percentage **We** will pay will be based upon how much of the full Market Value the amount **You** have insured **Your horse** Trailer or Horse drawn vehicle for represents.
- If **Your horse** Trailer or Horse drawn vehicle is found, **You** must repay the full amount **We** have paid **You**.
- **We** will not make any claims payment until **We** have received the following:
 - Copy of Police Crime Report; and
 - Evidence of **Your** legal ownership (proof of purchase, registration certificate).

Claiming

Making a claim

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

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

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

How to claim

Notify **Us** of a potential claim as soon as possible by:

1. Downloading and completing a claim form from **Our** website: petcovergroup.com/de; or
2. Contact **Us** by telephone if **You** would like **Us** to send **You** a claim form.
3. Claims for **Veterinary Fees** only may be lodged with **Your vet** (if mutually agreed by **Your vet**) and **We** will pay the **Veterinary Practice** directly. **You** will need to pay **Your vet** the applicable **Excess(es)** and any non-claimable items.
4. **You** must notify **Us** about claims for **Veterinary Fees** and **Alternative or complementary treatment** no later than one (1) year after the **Treatment** date (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG; please read point 8) under "How to claim" on page 20 of this insurance brochure.
5. **We** will not guarantee on the phone if **We** will pay a claim. **You** must send **Us** a claim form that has been fully completed and **We** will then inform **You** of **Our** decision in writing.
6. Please make sure **Your** claim form is completed fully by both **You** and if applicable **Your Vet**. If it is not fully completed or if any information is missing, **We** will return the claim form to **You** which will unfortunately delay **Your** claim. **Your** insurance does not cover any charges made for the completion of claim forms or the cost of any supporting documents. Where specifically stated, we will require a full veterinary history for **Your horse**, this is a record of all veterinary visits for **Your horse** and this information must be obtained from each **Veterinary Practice** he/she has been registered with.
7. For claims for advertising and reward, **You** must phone **Us** on 0800 400 720 and talk to **Our** claims team for the approval of any reward before **You** advertise it.
8. **Exemption from performance by the Insurer in accordance with section 6 (3) of the VersVG:** If the exemption from performance has been agreed in the event that an obligation is violated that has to be met by the **Insurer** after the insured event occurs, the agreed legal consequence does not occur if the **Injury** does not occur intentionally or is based on gross negligence. If the obligation is not violated with the intention of influencing the **Insurer's** obligation to provide benefits or impairing the establishment of such circumstances that are visibly significant for the **Insurer's** obligation to provide benefits, the **Insurer** remains obliged to provide benefits insofar as the violation does not affect the determination of the insured event or has an impact on the determination or the extent of the benefit incurred by the **Insurer**.

Supporting documents required when claiming

For Veterinary Fees & Alternative or complementary treatment

For both **Veterinary Fees & Alternative or complementary treatment** cover:

- The fully completed claim form.
- The full itemised invoices from the **Veterinary Practice** or **Therapist** which show what **You** are claiming for. If necessary, **We** may request the original invoice.
- **Your horse's** full clinical history. When **You** make the first claim for **Your horse**, **We** will obtain its full clinical history. The full clinical history is a record of all visits **Your horse** has made to a **Vet** and this information will be obtained from each **Veterinary Practice** **Your horse** has attended.
- Claims for certain **Conditions** may also require additional information about **Your horse's** full clinical history. **We** will advise you if **We** need this once **We** receive **Your** claim form.

For **Veterinary Fees** cover and **Treatment** in an agreed country, **We** would also need:

- The booking invoice for **Your Journey** or any other official documents which show the dates of **Your Journey**.

For death from Injury and Illness, and/or disposal

- The fully completed claim form.
- The full veterinary history for **Your horse**. This is a record of all veterinary visits for **Your horse** and this information must be obtained from each **Veterinary Practice** the horse has been registered with.
- The post-mortem report (unless **We** have agreed this is not required).
- If **You** own the horse - the passport and/or purchase receipt showing **You** as the owner.
- The purchase receipt of the horse.
- If **You** have the horse on loan – a copy of the **Loan agreement**, signed by both parties and either the **Equine Passport** or purchase receipt showing the owners name.
- If **You** are claiming for disposal costs – the disposal receipt.

For loss of irrecoverable entry fees

- Evidence of show or competition entry fees paid highlighting that the fees are not refundable.
- If **You** are hospitalised, please provide a medical certificate confirming **Your** stay.

For theft or straying

- The fully completed form.
- Evidence of the advertising carried out to try and find **Your horse**.
- Confirmation and if applicable the report of **You** advising the appropriate authority, for example **Your** local council or the police.
- The purchase receipt from when **You** bought **Your horse**.

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

For permanent loss of use

- The fully completed claim form.
- The full veterinary history for **Your horse**. This is a record of all veterinary visits for **Your horse** and this information must be obtained from each **Veterinary Practice** the horse has been registered with.

- A report from **Your vet** giving details of **Your horse's Illness** or **Injury** and stating their opinion regarding its future ability and the reasons for the opinion.
- If **You** own the horse - the passport and/or purchase receipt showing **You** as the owner.
- If **You** have the horse on loan – a copy of the **Loan agreement**, signed by both parties and either the **Equine Passport** or purchase receipt showing the owners name.
- The purchase receipt of the horse.

For Saddlery & tack

For any item valued over 500 €, the purchase receipt showing the make, model and date of purchase or saddlers valuation.

- The fully completed claim form.

If the item has been stolen:

- The police report.
- Two quotations to replace the item with a new equivalent item.
- Photographs showing the damage to the place where the items were stolen from.

If the item is damaged and repairable:

- Two estimates for repair.
- Photographs showing the damage to the item.

If the item is damaged and not repairable:

- Written confirmation from a saddler stating the item is damaged beyond repair and stating the current salvage value.
- Two quotations to replace the item with a brand-new equivalent item.
- Photographs showing the damage.

For horse trailer or horse drawn vehicles

- The fully completed claim form.

If the item has been stolen:

- The police report.

If the item is damaged and repairable:

- Two estimates for repair.
- Photographs showing the damage to the item.

If the item is damaged and not repairable:

- Written confirmation from the repairer stating the item is damaged beyond repair and stating the current salvage value.
- Photographs showing the damage.

Making a complaint

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

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

The address is:

Petcover EU Agentur GmbH

Ared Strasse 16-18, 2544 Leobersdorf, Austria

Phone 0800 85 03 505

Email info.de@petcovergroup.com

Website petcovergroup.com/de

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

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

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

A.S.B.L. OMBUDSMAN DES ASSURANCES

Square de Meeûs 35,
1000 Bruxelles

Téléphone : +32 (2) 547 58 71

Fax : +32 (2) 547 59 75

info@ombudsman.as

Please note:

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

Contact us

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

Phone 0800 400 720

Email info.de@petcovergroup.com

Post **Petcover EU Agentur GmbH**

Ared Strasse 16-18, 2533 Leobersdorf Austria

Website petcovergroup.com/de

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

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

Data privacy notice – Petcover EU Agentur GmbH

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

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

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

Petcover EU Agentur GmbH

Ared Strasse 16-18, 2533 Leobersdorf Austria

Data privacy notice – Fortegra Belgium Insurance Company NV

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

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

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

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

Details of the Insurer

This insurance is underwritten by Fortegra Belgium Insurance Company NV.

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



Petcover EU Agentur GmbH

Ared Strasse 16-18, 2533 Leobersdorf Austria

Telephone 0800 85 03 505 | Email info.de@petcovergroup.com | Website petcovergroup.com/de

Petcover EU Agentur GmbH, GISA number: 32484052, works as an insurance agent and has the following agency relationships:

Petcover EU Agentur GmbH is entitled to receive premiums for the insurance company or amounts intended for the customer.

Your Insurer is Fortegra Belgium Insurance Company NV with its registered office at Level 2, Block 3, The Oval, 160 Shelbourne Road, Ballsbridge, Dublin 4.