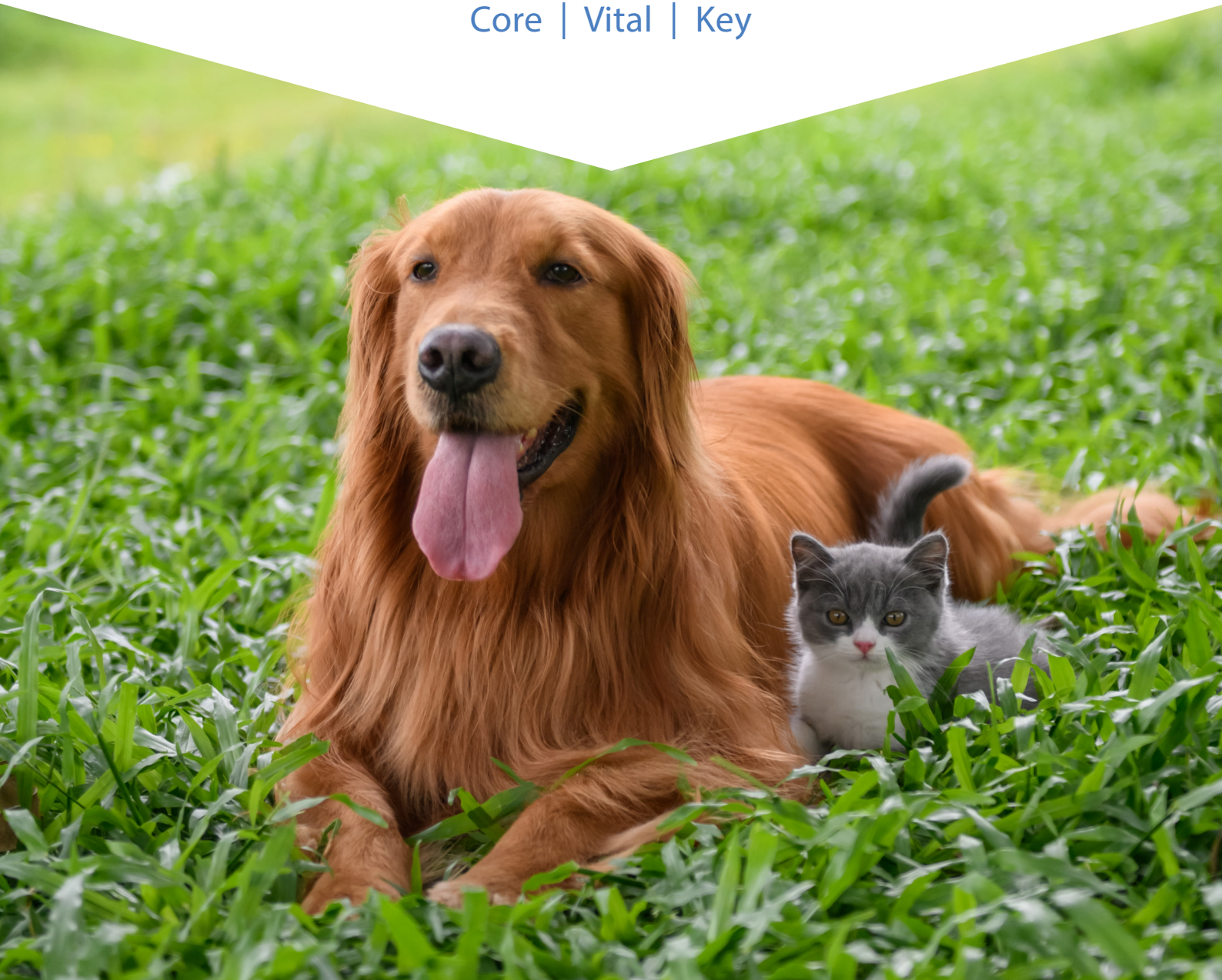


Policy Wording

Mid Range

Core | Vital | Key



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 pet.

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

Ared Strasse 16-18, 2544
Leobersdorf, Austria

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

Hello and thank you for choosing Petcover

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

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

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

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

The Petcover Team

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Insurance terms and Conditions

Petcover EU Agentur only provides advice on the insurance products it offers as an agent of Fortegra Belgium Insurance Company NV.

Demands and Needs – who is this product suitable for?

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

Important information

This document, the **Certificate of insurance** and any related exclusion form **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 pet's** health or **Your Personal circumstances** at the commencement, during the **Period of insurance** and at the renewal of **Your** insurance. The information **You** need to tell **Us** about is detailed below.

Your pet's health:

You must tell Us if:

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

Your circumstances:

You must tell Us if:

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

Who does the duty apply to?

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

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

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

Premium payment

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

If the first or one-time premium is not paid within fourteen (14) days of the conclusion of the insurance contract and the request to pay the

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

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

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

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

Your declaration of withdrawal should be sent to: **Petcover EU Agentur GmbH**, 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**, Ared Strasse 16-18, 2544 Leobersdorf, Austria.

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

How We can cancel Your Policy

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

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

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

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

Definitions

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

Accident	means a sudden, unexpected, unusual, specific event, which occurs fortuitously at an identifiable time and place and is unforeseen or unintended. All accidents consequent upon or attributable to one source or original cause are treated by Us as one accident. This does not include any physical damage or trauma that is of a gradual nature or that happens over a period of time. For the sake of clarity, the following Conditions are not considered accidents: luxating patella; a rupture or strain of one or both cruciate ligaments; degenerative joint disease; hip dysplasia and hyperextending hocks; Juvenile Pubis Symphysiodesis (JPS).			
Agreed countries	means any country which is a member of the European Union at the commencement of the Policy , including all Schengen Area.			
Alternative or complementary treatment	means the cost of any examination, consultation, advice, test and prescribed medication for the following procedures where they treat an Illness or Injury. This includes any Veterinary treatment specifically needed to carry out the procedure. The treatment must have been preceded by an examination and diagnosis by an authorized veterinarian. • Acupuncture carried out by a Member of a Veterinary practice. • Homeopathy carried out by a Member of a Veterinary practice. • Herbal medicine prescribed by a Member of a Veterinary practice. • Chiropractic manipulation carried out by a Member of a Veterinary practice. • Hydrotherapy carried out by a Member of a Veterinary practice. • Osteopathy carried out by a Member of a Veterinary practice. • Physiotherapy carried out by a Member of a Veterinary practice. • Treatment of a Behavioural Illness carried out by a Member of a Veterinary practice.			
Behavioural Illness	means any change to Your pet's normal behaviour, resulting from a mental or emotional disorder diagnosed by a Vet .			
Bilateral Condition	means any Condition affecting body parts of which the pet has at least two, including, but not limited to eyes, ears, patella's (knees), cruciate ligaments. When applying an exclusion, Bilateral Conditions are considered as one Condition .			
Certificate of insurance	means the relevant certificate of insurance We issue including on renewal or variation of the Policy containing details of the cover provided under the Policy , including any exclusions and other specific insurance details that the Insurer has applied to Your cover.			
Clinical sign(s)	means changes in Your pet's normal healthy state or its bodily functions.			
Condition	means any Condition that causes discomfort, dysfunction, distress, including Injuries and Illnesses , disabilities, disorders, Clinical signs , syndromes, infections, isolated symptoms, deviant behaviour, and atypical variations of structure and function and/or death to the pet afflicted.			
Day to Day Care	means certain elective or routine or preventative healthcare for Your pet . The list of certain elective or routine or preventative healthcare and the Maximum benefit for each healthcare are on Your Certificate of insurance .			
Dental	means Dental check-ups; teeth cleaning; removal or repair of misaligned teeth; retained deciduous teeth or teeth rasping and de-burring.			
Elective surgery or treatment	means a treatment that is spaying or castration; surgical sexing; micro-chipping; ringing; grooming; de-matting; beak trimming; cosmetic or aesthetic surgery; feather clipping; debudding/dehorning; prescription diet foods and any treatment not related to an Injury , Illness , or trauma. Elective surgery or treatment that is beneficial to the pet but is not essential for Your pet's survival or does not form part of a treatment for an Injury or Illness , or any treatment, diagnostics or procedure You request, which the Vet confirms is not necessary to treat an Injury or Illness .			
Excess	means the amount(s) shown on Your Certificate of insurance that You must pay for each unrelated Condition claim made under Your Policy per Period of insurance .			
	• Veterinary fees excess is a fixed Excess only. The fixed excess is the amount You must pay for each unrelated Condition per Period of insurance.			
	Please see below an example of how Your excess(es) can be applied:			
	Dog (which is not a select breed), aged nine (9) years old		Cat, aged five (5) years old	
	Claimable Veterinary fees amount	4.000 €	Veterinary fees amount	4.000 €
	Percent of eligible Veterinary fees to be covered	90%	Percent of eligible Veterinary fees to be covered	70%
	Amount of eligible Veterinary fees to be covered	3.600 €	Amount of eligible Veterinary fees to be covered	2.800 €
Fixed excess amount	120 €	Fixed excess amount	0 €	
Revised claimable amount after excess deducted	3.480 €	Revised claimable amount after excess deducted	2.800 €	

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 pet was born with or were passed on by its parents. Excluding any mental or emotional disorders.
Illness which starts in the first twenty-eight (28) 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-eight (28) days of: Your pet'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 pet's body. The twenty-eight (28) day Waiting period will cease at 00.01 on the twenty-ninth (29th) 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.
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 .
Lifetime cover	means the cover You can continue to claim for, for the Veterinary treatment for on-going Illness or Injuries throughout Your pet's lifetime, provided the Policy gets renewed annually without a break in cover.
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. The following Optional extra benefit is offered: Day to Day Care For Optional extra benefits to be included You must select the option and pay an additional premium. If applicable the Optional extra benefit will be shown on Your Certificate of insurance.
Our vet	means any Vet appointed or engaged by Us to carry out treatment to Your pet or discuss Your pet's treatment with Your vet .
Percent of eligible Veterinary fees to be covered	means a percentage of the amount of Veterinary fees for an Injury or Illness , which then will be claimable. The percentage will be shown on Your Certificate of insurance .
Period of insurance	means the time during which the Insurer provides cover as shown on Your Certificate of insurance . It does not refer to any prior Period of insurance if the Policy is a renewal of a previous Policy or any future Period of insurance for any Policy You may enter into with the Insurer upon renewal. Each Period of insurance is treated as separate. This is normally Twelve (12) months but may be less if Your pet has been added to Your Insurance or it has been cancelled.
Personal circumstances	means circumstances about you, Your Family or Your pet which You have limited or no control over. Examples of Personal circumstances are (but not limited to) a lack of transport, Your pet's size or behaviour, Your Home environment, You or Your Family's working hours, Your child-care arrangements, Your Family's other commitments etc.
Petcover EU Agentur GmbH	Petcover EU Agentur GmbH is registered in Germany in the commercial register under the number FN 514361p and in GISA as an insurance agent under number 32484052.
Pet passport	is a Pet passport that is uniform within Europe, which is required for travel within the European Union. The Pet passport has to be issued by Your veterinarian, who is registered in Germany.
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 provide 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 .

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 pet had, or • is caused by, relates to, or results from an Injury, Illness or Clinical sign(s) Your pet had occurring or existing: • before Your pet's cover started, or prior to the Policy commencement date, • during the twenty-eight (28) 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 pet's body. This is regardless of whether or not We place any exclusion(s) for the Injury/Illness. When referring to Pre-existing Conditions and Conditions affecting a part of Your pet's body of which it has two, it will be deemed to be a Bilateral Condition, and both will be excluded from cover.
Routine or preventative treatment	means care or Veterinary treatment such as check-ups and procedures that are designed to prevent future Illnesses from occurring rather than treating existing Illnesses. These include but are not limited to annual physical examinations and check-ups, vaccinations, worm prevention medication, flea and other internal/external parasite prevention, nail/claw clipping, maintaining a healthy diet, removal of misaligned or retained deciduous teeth. (If You have elected to take the Optional extra benefit of Day to Day Care Cover and paid an additional premium, some of the above may be claimable if the Day to Day Care cover is shown as covered on Your Certificate of insurance).
Saying Goodbye Cover	means help for You to cope with the financial costs of giving Your pet an appropriate goodbye.
The insured, You, Your	means the person(s) named on the Certificate of insurance as the Policy holder.
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, licensed to practice in Germany and registered with the Österreichische Tierärztekammer, other than a Vet who may be The insured .
Veterinary fees	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.
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-eight (28) day Waiting period - a period of twenty-eight (28) 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-eight (28) day Waiting period will cease at 00.01 on the twenty-ninth (29th) day of cover. • One hundred and eighty (180) day Waiting period - a period of six (6) months or one hundred and eighty (180) days starting from the commencement date of the Policy (excluding renewals) as shown on Your Certificate of insurance, during which a cruciate ligament, Illness or Condition first occurs or shows Clinical sign(s) will be excluded from cover unless otherwise stated on Your Certificate of insurance. The one hundred and eighty (180) days Waiting period will cease at 00.01 on the one hundred and eighty first (181st) day of cover. • Three hundred and sixty-five (365) day Waiting period - a period of Twelve (12) months or three hundred and sixty-five (365) days starting from the commencement date of the Policy (excluding renewals), as shown on Your Certificate of insurance during which nasal fold, skin fold, stenotic nares and soft palate resections, enlarged tongue (macroglossa), everted laryngeal sacculae, gastrointestinal tract and brachycephalic airway obstruction (BOAS), Illness or Condition that first occurs or shows Clinical sign(s) will be excluded from cover unless otherwise stated on Your Certificate of insurance. The three hundred and sixty-five (365) day Waiting period will cease at 00.01 on the three hundred and sixty-sixth (366th) day of cover, regardless of Your pet showing Clinical sign(s) of the Condition or not, prior to commencement of cover or within the twenty-eight (28) day Waiting period.
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.
Your pet	means the dog or cat mentioned by name on the Certificate of insurance .

General Conditions

Conditions of the Policy

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

Caring for Your pet

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

- **You** must provide **Routine or preventative treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**. If there is a disagreement between **You** and **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 pet** to have a yearly **Dental** examination and to receive any oral treatment normally recommended by a **Vet** to prevent **Illness** or **Injury**. Any treatment recommended as a result of the **Dental** examination must be carried out as soon as possible. If **You** do not comply with this obligation, then **We** may refuse any claims which relate to **Dental** or reduce the amount **We** pay under the claim.
- **You** must keep **Your pet** vaccinated against the following:
 - Dogs – Rabies, distemper, hepatitis, parvovirus, kennel cough, leptospirosis (in areas where it is prevalent and **Vets** recommend vaccination) and any other Vaccination recommended to **You** by a **Vet**.
 - Cats – Rabies, feline infectious enteritis, feline leukemia, at flu and any other vaccination recommended to **You** by a **Vet**.
- If **You** do not keep **Your pet** 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 pet** as soon as possible after it shows **Clinical sign(s)** of an **Injury** or **Illness**.
- **You** must follow the advice and recommendations of the treating **Vet** so as not to prolong or aggravate the **Illness** or **Injury**. If **You** do not follow the **Vet's** advice, **We** may refuse or reduce the amount **We** pay relating to that **Injury** or **Illness**. And if **We** decide, **You** must also have **Your pet** examined by **Our vet**.

Precautions

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

- Maintain **Your pet's** health.
- Supply a secure and safe environment for **Your pet** to prevent **Injury, Illness**, theft or straying.
- Manage **Your pet** to prevent **Injury** to a person or another animal and damage or destruction to any property.

Ownership

You must be the owner of **Your pet**. **Your** cover will stop immediately if 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 7) on page 17 of this insurance document). If **You** incur any charge for this, **You** must pay the charge.

Legal rights against others

If there is any other insurance under which **You** are entitled to make a claim, **You** must report the incident to that insurance company and tell **Us** their name and address and **Your Policy** and claim number with them (this is **Your** responsibility, the violation of which can lead to the **Insurer** being exempt from benefits in accordance with Section 6 (3) of the VersVG - see point 7) on page 17 of this insurance document). To the extent permitted by law, **We** will only pay **Our** share of the claim.

If **You** have any legal rights against another person in relation to **Your** claim, **We** may take legal action against them in **Your** name at **Our** expense. **You** must give **Us** all the help **You** can and provide any documents **We** ask for.

Providing Your Vet information

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

Second opinion

If **We** consider the **Veterinary treatment** or **Alternative or complementary treatment** **Your pet** 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 pet**. 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.

Changing levels of cover

If **You** request to transfer **Your pet** to a level of cover with higher or additional benefits (including but not limited to a higher **Percent of eligible Veterinary fees to be covered** or lower **Excess**) then the additional or higher benefits will not apply to claims for **Injuries**, **Illnesses** or **Conditions** first noted, showing **Clinical sign(s)**, diagnosed, or treated prior to the cover upgrade.

In such cases, benefits will be restricted to the lesser of the benefits payable under the:

- current level of cover, or
- the **Policy** that applied during the **Period of insurance** in which such **Injuries**, **Illnesses** or **Condition(s)** was/were first noted, showed **Clinical sign(s)**, were diagnosed, or treated.

Benefits referenced in this general condition include taking the following factors into consideration:

- the **Maximum benefit**,
- applicable sub-limits,
- applicable **Percent of eligible Veterinary fees to be covered**,
- **Excess**, and
- any applicable **Policy** exclusions.

If **We** agree to transfer **Your pet** to a level of cover with additional benefits, then the twenty-eight (28) day **Waiting period** will apply for the new cover. **You** cannot change **Your** level of cover in a **Period of insurance** if a claim has been paid.

Changes at renewal

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

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

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

Changes during the Period of insurance

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

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

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-eight (28) days of cover (**Waiting period**). The twenty-eight (28) day **Waiting period** will cease at 00.01 on the twenty-ninth (29th) day of cover. **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 pet** 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 pet** is outside of Germany **You** must follow the conditions of the **Agreed countries**.

You must not take **Your pet** outside of Germany if a **Vet** has advised against it. If **You** do, **Your pet** 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 pet** must live in Germany.
- If **Your** address, or the address of **Your pet**, changes **You** must advise **Us** as soon as possible as this may affect the insurance cover provided.

False information

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

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 pets

If **Your pet** is lost or missing when **You** first take the **Policy**, the cover under the **Policy** will not start until **You** are reunited with **Your pet** 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 pet 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.

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 pet's age

Any pet that is less than eight (8) weeks old at the commencement of cover.

Your pet's use

Dogs used for security, guarding, track racing or coursing.

Your pet's breed

Any breed of dog that is banned by any Austrian government, public or local authority.

Laws and regulations

- Any dog that must be registered under the relevant legislation dealing with dangerous dogs. This legislation is set at state level and therefore differs between the federal states.
- Any dog declared as a dangerous dog by a government authority
- **You** breaking the Austrian laws or regulations, including those relating to animal health or importation regulations.
- **Your pet** being confiscated or destroyed by any government or public or local authority or any person or body having the jurisdiction to do so, 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 pet**.
- 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 pet**.
- 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 pet is on a Journey in an agreed country, the following exclusions apply:

- **You** not following the conditions of international pet travel.
- Any **Journey** **You** take **Your pet** on against a vet's advice.
- Any animal less than twelve (12) weeks old.
- A foreign government or public authority putting restrictions on **Your pet**.
- **Your pet** living permanently outside of Germany.
- An **Illness** that **Your pet** 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. (If **You** have elected to take the **Optional extra benefit** of **Day to Day Care** cover and paid an additional premium, some of the above may be claimable if the **Day to Day Care** cover is shown as covered on **Your Certificate of insurance**).

Elective treatment

Cost of **Elective treatment**, diagnostics or procedures including, 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 dew-claw removal, prescription diet foods, and any treatment not related to an **Injury**, **Illness**, or trauma. **Elective treatment** that is beneficial to the pet but is not essential for **Your pet's** survival or does not form part of a treatment for an **Injury** or **Illness**. (If **You** have elected to take the **Optional extra benefit** of **Day to Day Care** cover and paid an additional premium, some of the above may be claimable if the **Day to Day Care** cover is shown as covered on **Your Certificate of insurance**).

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 dogs and cats.

Vaccinations

Any cost or amount due to:

- Any dog not being vaccinated against rabies, distemper, hepatitis, kennel cough, leptospirosis (in areas where it is prevalent and

Vets recommend vaccination) and parvovirus.

- Any cat not being vaccinated against rabies, feline infectious enteritis, feline leukaemia, cat flu or other disease to which there is a known vaccine and **Vets** recommend vaccination.
- A government or another official body orders that **Your pet** must be vaccinated against an **Illness** as part of a compulsory mass vaccination programme.
- **We** will not pay any costs relating to the vaccination itself or any complications that happen due to the procedure taking place. For the purpose of this insurance, 'a mass vaccination programme' means a programme of the compulsory vaccination of a species, or a selected group within a species, with the aim of protecting that group, people or other animals from an **Illness** or another risk.

Reasonable precautions

You must take all reasonable precautions to protect **Your pet** 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 **We** provide for pets. In return for the payment of **Your** premium, **We** will provide cover in the following sections if they are shown on **Your Certificate of insurance**. The cover applies within Germany and any **Journey** undertaken during the **Period of insurance**.

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

Veterinary fees

What We will pay for Veterinary fees

Veterinary fees cover whilst in Germany and **Agreed countries** only.

A Percent of eligible Veterinary fee costs to be covered for the **Veterinary treatment Your pet** has received to treat an **Injury** and/or **Illness**, throughout **Your pet's** lifetime.

What You pay for Veterinary fees

For each **Illness** or **Injury** that is treated during the **Period of insurance** and is not related to any other **Illness** or **Injury** treated during the same **Period of insurance**, **You** must pay the **Excess** shown on **Your Certificate of insurance**.

What We will not pay under Veterinary fees

1. More than the **Maximum benefit** for the relevant cover or which will result in the **Maximum benefit** being exceeded, subject to exclusions of the **Policy**, the **Percent of eligible Veterinary fees to be covered** and less the applicable **Excess**.
2. The cost of any **Veterinary treatment** for a **Pre-existing Condition**.
3. The cost of any **Veterinary treatment** for an **Illness which starts in the first twenty-eight (28) days of cover**.
4. To the extent permitted by law, costs of any **Veterinary treatment** for:
 - an **Injury** that happened or an **Illness** that first showed **Clinical sign(s)** before **Your pet's** cover started, or
 - an **Injury** or **Illness** that is the same as, or has the same

diagnosis or **Clinical sign(s)** as an **Injury, Illness** or **Clinical sign(s)** **Your pet** had before its cover started, or

- an **Injury** or **Illness** that is caused by, relates to or results from an **Injury, Illness** or **Clinical sign(s)** **Your pet** had before its cover started, no matter where the **Injury, Illness** or **Clinical sign(s)** occurred or happened in or on **Your pet's** body.
5. To the extent permitted by law, for the costs of any **Veterinary treatment** of:
 - an **Illness** that first showed **Clinical sign(s)** within twenty-eight (28) days of **Your pet's** cover starting, or
 - an **Illness** which is the same as, or has the same diagnosis or **Clinical sign(s)** as an **Illness** that first showed **Clinical sign(s)** within twenty-eight (28) days of **Your pet's** cover starting, or
 - an **Injury** or **Illness** that is caused by, relates to or results from a **Clinical sign(s)** that first occurred, or an **Illness** that first showed **Clinical sign(s)** within twenty-eight (28) days of **Your pet's** cover starting, no matter where the **Injury, Illness** or **Clinical sign(s)** occurred or happened in or on **Your pet's** body.
 6. For the cost of any **Veterinary treatment** to prevent an **Injury** or **Illness**.
 7. The cost of any **Elective treatment, Routine or preventative treatment**, diagnostics or procedure or any **Veterinary treatment** that **You** choose to have carried out that is not directly related to an **Injury** or **Illness**, including any complications that arise.
 8. The cost of any **Veterinary treatment**, or complications arising from **Veterinary treatment**, that **You** choose to have carried out that is not directly related to an **Injury** or **Illness**, including cosmetic dentistry.
 9. For the cost of killing and controlling fleas, general health improvers and any **Veterinary treatment** in connection with breeding, pregnancy, giving birth or false pregnancy.
 10. For the cost of any vaccinations, spaying and castration other than the cost of treating any complications arising from these procedures.
 11. For the costs of having **Your pet**:
 - put to sleep, including any veterinary consultation/visit or prescribed medication specifically needed to carry out this procedure, or
 - cremated, buried or otherwise disposed of, or
 - voluntarily euthanised.
 12. For the cost of a post-mortem examination.
 13. The cost of a house call unless the **Vet** confirms that **Your pet** is suffering from a serious **Injury** or **Illness** and that moving **Your pet** would either endanger its life or significantly worsen the serious **Injury/Illness**, regardless of **Your Personal circumstances**.
 14. For the extra costs for treating **Your pet** outside usual surgery hours; unless the **Vet** confirms an emergency consultation is essential, regardless of **Your Personal circumstances**.
 15. The cost of periodontics, dental check-ups, dental x-rays, dental prophylaxis, dental scale and polish or teeth cleaning, gingival hyperplasia, removal of plaque or calculus or periodontal surgery.
 16. The cost of prosthodontics, the removal or repair of misaligned or retained deciduous teeth, orthodontic appliances, crowns, caps or splints, luxation, horizontal bone loss, impacted teeth or embedded teeth.
 17. Any cost relating to **Dental Illness**, orthodontics, malocclusion, supernumerary teeth, reverse scissor bite, overbite, brachygnathia, open bite, level bite or other dental malalignments.
 18. Any cost of **Veterinary treatment** for **Dental Injury** if an

- annual **Dental** examination has not been undertaken within the **Twelve (12) months** preceding the problem requiring **Veterinary treatment** a **Vet** recommended resulting from the examination that had not been carried out. Evidence will need to be provided to **Us** if **Your Vet** has carried out an annual **Dental** examination.
19. The cost of nasal fold, skin fold, stenotic nares and soft palate resections, enlarged tongue (macroglossa), everted laryngeal saccules, gastrointestinal tract and Brachycephalic Airway Obstruction (BOAS), that occurs in the first **Twelve (12) months** of cover including a free cover **Policy**, regardless of **Your pet** showing **Clinical sign(s)** of the **Condition** or not prior to commencement of cover or within the twenty-eight (28) day **Waiting period**.
 20. The cost of a cruciate ligament **Illness** or **Condition**, that occurs in the first one hundred and eighty days (180) / six (6) months of cover including a free cover **Policy**, regardless of **Your pet** showing **Clinical sign(s)** of the **Condition** or not prior to commencement of cover or within the twenty-eight (28) day **Waiting period**.
 21. The cost of more than one (1) incident of swallowing a foreign object that causes a blockage or obstruction requiring surgical or endoscopic removal per **Period of insurance**.
 22. The cost for **Conditions** attributable to **Behavioural Illness** regardless of the cause (including but not limited to anxiety disorders, phobias or chemical imbalance).
 23. The cost for a **Condition** where the diagnosis is inconclusive, but where the **Veterinary treatment** protocol is consistent with a **Veterinary treatment** protocol typically applied to a **Condition** which is not covered.
 24. The cost for Suprelorin implants.
 25. The cost of the following procedures; experimental **Veterinary treatments** or therapies, prosthetics or orthopaedic supports or braces, open heart surgeries, cancer vaccinations, therapeutic antibody for dog and cat cancers, stem cell therapy, organ transplants, gene therapies, probiotics, dental vaccines, veterinary laser treatments, 3D printing, Juvenile Pubic Symphysiodesis (JPS), any drugs not used in accordance with the manufacturers recommendations.
 26. Any costs for **Alternative or complementary treatment** of **Your pet**.
 27. Any prolonged course of veterinary medicines for more than three (3) months if there is a veterinary operation that would have improved or cured the **Condition** unless agreed by **Us**. The maximum payment will be limited to the equivalent cost of the operation.
 28. The cost for **Your Vet** to write a prescription or charge a dispensing fee.
 29. Any medicines that have not been approved by the Bundesamt für Sicherheit im Gesundheitswesen (BASG) or where there is no evidence to support the usage of this medicine for this **Condition**.
 30. The cost of any medication or drug course to treat a **Condition** that is for more than four (4) weeks at a time. We may consider a longer period of time providing **Your Vet** has submitted a full **Veterinary treatment** plan to **Us** for review prior to the **Veterinary treatment** being carried out.
 31. The cost of any ongoing **Veterinary treatment** that will require more than six (6) visits, without the letter from **Your Vet** setting out a **Veterinary treatment** plan for permanent cure of the **Condition**. Any further consultations and **Veterinary treatments** will require pre-authorisation by **Us**.
 32. For lifelong **Conditions** **You** are required to obtain an annual **Veterinary treatment** report from **Your vet**. Pre-authorisation for one (1) year further **Veterinary treatment** will be given upon receipt of this report or until the end of **Your Policy** period.
 33. Any bulk purchase of medicines that can't be used or are not needed in full by the end of the current **Period of insurance**.
 34. Any claim where the full medical history is not provided when requested.
 35. For the cost of any additional veterinary attention required because **You** are unable to administer medication or **Veterinary treatment** due to **Your pet's** behaviour or **Your Personal circumstances**.
 36. For the cost of hospitalisation and any associated **Veterinary treatment**, unless the **Vet** confirms **Your pet** must be hospitalised for essential **Veterinary treatment**, regardless of **Your Personal circumstances**.
 37. The cost of bathing, grooming, clipping or de-matting **Your pet**, other than bathing when a substance is being used which, according to manufacturer's guidelines, can only be administered by a **Member of a Veterinary practice**, regardless of **Your Personal circumstances**.
 38. For any costs for treating an **Illness** or **Injury** after the last day of the **Period of insurance**, unless a further **Period of insurance** has been entered into by **You** and **Us**, in which case the costs may be paid under the new **Policy** entered into with **You**.
 39. For the cost of treating any **Injury** or **Illness** deliberately caused by **You** or anyone living with **You** or, while on a **Journey**, anyone travelling with **You**.
 40. For the cost of any transplant surgery, or stem cell transplants, including any pre and post-operative care.
 41. For the cost of any **Veterinary treatment** while on a **Journey** if a **Vet** believes it can be delayed until **Your pet** returns **Home**.
 42. For the cost of any **Veterinary treatment** if the **Journey** was made to get **Veterinary treatment** outside of the Germany.
 43. For the cost of hydrotherapy, hiring a swimming pool, hydrotherapy pool or any other pool or hydrotherapy equipment.
 44. For the cost of buying or hiring equipment or machinery or any form of housing, including cages.
 45. For the cost of any surgical items that can be used more than once.
 46. For the cost of any **Veterinary treatment** if a claim has not been submitted within one (1) year of **Your pet** receiving **Veterinary treatment** (this is **Your** obligation), **We** may refuse or reduce the amount **We** pay (the **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG: please read point 8) under "How to claim" on page 17 of this insurance brochure).
 47. The cost of any charges made for any supporting documentation needed as part of **Your** claim.
 48. The cost of transporting **Your pet**, including any costs to get **Your pet** to, or from, any **Veterinary practice**.
 49. For the cost of any food, including food prescribed by a **Vet**, unless it is:
 - Used to dissolve existing bladder stones and crystals in the urine, which is limited to a maximum of 40% of the cost of food for up to six (6) months. A diagnostic test must be carried out to confirm the presence of the stones/crystals.
 - Liquid food, used for up to five (5) days while **Your pet** is hospitalised at a **Veterinary practice**, providing the **Vet** confirms the use of the liquid food is essential to keep **Your pet** alive.
 50. For the cost of pheromone products, including Adaptil diffusers and Feliway, or the **Veterinary treatment** of any **Behavioural Illness**.
 51. For the cost of spaying or castration, unless:
 - the procedure is carried out when **Your pet** is suffering from an **Injury** or **Illness** for which cover is provided under **Veterinary fees** and it is essential to treat the **Injury** or **Illness**, or
 - the costs claimed are for the **Veterinary treatment** of

complications arising from this procedure.

52. For the cost of any **Veterinary treatment** in connection with a retained testicle(s) if **Your pet** was over the age of twelve (12) weeks when cover started.
53. For the cost of hydrotherapy, acupuncture, Homeopathy, chiropractic manipulation, osteopathy or any other **Alternative or complementary treatment**. This includes any **Veterinary treatment** specifically needed to carry out the particular **Alternative or complementary treatment**
54. For the cost of any prosthesis, including any **Veterinary treatment** needed to fit the prosthesis, other than hip, knee and/or elbow replacement(s).

Conditions applying to Veterinary fees

1. The maximum amount **We** will pay for the cost of treatment for an **Injury** and/or **Illness** is the **Maximum benefit** which applies on the date the **Injury** happened or the date the **Clinical sign(s)** of the **Illness** first occurred, provided the relevant date falls within the **Period of insurance**, subject to exclusions of the **Policy** and subject to the **Policy** aggregate less the applicable **Excess**.
2. If the claim includes medication, these costs will be subject to the **Maximum benefit** that applies on the date the medication will be used.
3. If **We** agree for a claim settlement to be paid direct to **Your Vet** and **You** allow this, then if the **Vet**, who has treated **Your pet** or is about to treat **Your pet**, asks for information about **Your** insurance that relates to a claim, **We** will tell the **Vet** what the insurance covers, what **We** will not pay for, how the amount **We** pay is calculated and if the premium is paid to date.
4. If **We** receive a request to pay the claim settlement direct to a **Veterinary practice**, **We** reserve the right to decline this request.
5. We may refer **Your pet's** case history to **Our Vet** and if **We** request, **You** must arrange for **Your pet** to be examined by **Our vet**.
6. As **Your pet** is insured on a **Lifetime cover**, **We** fully appreciate that the amount **You** claim for **Your pet's** treatment can add up over the years. **You** can continue to claim for the life of **Your pet** (providing **You** continue to renew the **Policy** without a break in cover).
7. If over the lifetime of **Your pet** **You** have claimed over 40.000 €, to make sure **Your pet** is receiving the best treatment available, **We** may require one of the following. If this is necessary, **We** will contact **You**.
 - Before any further **Veterinary fees** or **Alternative or complementary treatment** claims can be considered **We** may require **Your pet** to be examined by a specialist/consultant **Vet**. **We** will pay any costs for this.
 - All future **Veterinary treatment** and **Alternative or complementary treatment** (other than emergency life-saving treatment) may need to be authorised by **Us** before treatment is carried out. A pre-authorisation claim form may need to be submitted and **We** will then let **You** know if the insurance will cover the costs of the treatment applied for.
 - All future **Veterinary treatment** and **Alternative or complementary treatment** may need to be carried out in conjunction with **Our Vet** or a therapist **We** choose, who is a specialist/consultant.
8. If **You** decide to take **Your pet** to a different **Vet** or therapist for a second opinion because **You** are unhappy with the diagnosis or treatment provided, **You** must tell **Us** before **You** arrange an appointment with the new **Vet** or therapist. If **You** do not, **We** will not pay any costs relating to the second opinion. If **We** request, **You** must use **Our Vet** or a therapist **We** choose. If **We** decide the diagnosis or treatment currently being provided is correct, **We** will not cover any costs relating to the second opinion.

9. It is **Your** responsibility to ensure the **Veterinary practice** or therapist 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.
10. **We** will require fully itemised invoices.

Boarding fees

In this boarding fees cover 'you' means **You** or **Your** husband, wife, civil partner, girlfriend, boyfriend or other life partner.

What We will pay for boarding fees

Boarding fees cover whilst in Germany only.

The cost of boarding **Your pet** at a licensed boarding kennel or cattery or 10 € a day towards the cost of someone who does not live with **You** (or is a co-owner of the pet), looking after **Your pet** while **You** are an inpatient in hospital during the **Period of insurance**.

This cover is intended for unexpected visits to hospital. It does not cover pet minding fees if **You** are in hospital for a pre-planned admission.

What You pay for boarding fees

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

What We will not pay under boarding fees

1. Any amount which exceeds the **Maximum benefit** for the relevant cover for all hospitalisations, or which will result in the **Maximum benefit** being exceeded.
2. To the extent permitted by law, any amount if **You** are in hospital for less than four (4) consecutive days during each hospital stay.
3. To the extent permitted by law, any amount resulting from **You** having to go into hospital because of a sickness, disability, **Injury** or **Illness** that first occurred or manifested itself prior to or at the commencement of the **Period of insurance** or was showing symptoms before **Your pet** was covered.
4. Any amount if the person looking after **Your pet** normally lives with **You** or is a member of **Your Family**, or is a co-owner of the Pet.
5. Any amount resulting from **You** being pregnant, giving birth or any treatment that is not related to an **Injury** or **Illness**.
6. Any amount resulting from **You** having to go into a hospital for the treatment of alcoholism, drug abuse, drug addiction, attempted suicide or a self-inflicted **Injury** or cosmetic surgery or other forms of **Elective surgery**.
7. Any amount resulting from care in a nursing **Home** or from convalescence care that **You** do not receive in a hospital.
8. Any amount if a claim under this cover has not been submitted within one (1) year of the stay in hospital (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG; please read point 7) under "How to claim" on page 17 of this insurance brochure.

Conditions applying to boarding fees

1. When claiming for a benefit under boarding fees, please send **Us**:
 - The fully itemised invoice from the boarding establishment or pet sitter or written confirmation from the person looking after **Your pet**, showing the dates and daily costs of boarding.
 - A medical certificate from **Your** hospital or GP.

Saying Goodbye

What We will pay for Saying goodbye cover

Saying goodbye cover whilst in Germany only.

If a **Vet** recommends that **Your pet** is put to sleep, the **Vet** costs of having **Your pet** put to sleep and subsequent cremation and/or burial costs.

What You pay for Saying goodbye

You have no **Excess** for claims if **You** have to say goodbye to **Your pet**.

What We will not pay under Saying goodbye

1. Any amount which exceeds the **Maximum benefit** for the relevant cover or which will result in the **Maximum benefit** being exceeded.
2. Any amount if the costs of **Saying goodbye** resulted from **Your pet** being treated for a **Pre-existing Condition**.
3. Any amount if the costs of **Saying goodbye** resulted from **Your pet** being treated for an **Illness which started in the first twenty-eight (28) days of cover**.
4. To the extent permitted by law, the costs of **Saying goodbye** if **Your pet** was being treated for:
 - an **Injury** that happened or an **Illness** that first showed **Clinical sign(s)** before **Your pet's** cover started, or
 - an **Injury** or **Illness** that is the same as, or has the same diagnosis or **Clinical sign(s)** as an **Injury, Illness** or **Clinical sign(s)** **Your pet** had before its cover started, or
 - an **Injury** or **Illness** that is caused by, relates to or results from an **Injury, Illness** or **Clinical sign(s)** **Your pet** had before its cover started, no matter where the **Injury, Illness** or **Clinical sign(s)** occurred or happened in or on **Your pet's** body.
5. To the extent permitted by law, the costs of **Saying goodbye** if **Your pet** was being treated for:
 - an **Illness** that first showed **Clinical sign(s)** within twenty-eight (28) days of **Your pet's** cover starting, or
 - an **Illness** which is the same as, or has the same diagnosis or **Clinical sign(s)** as an **Illness** that first showed **Clinical sign(s)** within twenty-eight (28) days of **Your pet's** cover starting, or
 - an **Injury** or **Illness** that is caused by, relates to or results from a **Clinical sign(s)** that first occurred, or an **Illness** that first showed **Clinical sign(s)** within twenty-eight (28) days of **Your pet's** cover starting, no matter where the **Injury, Illness** or **Clinical sign(s)** occurred or happened in or on **Your pet's** body.
6. Any amount if the costs of **Saying goodbye** resulted from breeding, pregnancy or giving birth.
7. Any amount if the costs of **Saying goodbye** resulted from a **Condition, Injury** or **Illness** that are excluded under the **Policy**.
8. Any amount if the costs of **Saying goodbye** resulted from **Veterinary treatment** for any **Behavioural Illness**.
9. Any amount if the costs of **Saying goodbye** resulted from treating any **Injury** or **Illness** deliberately caused by **You** or anyone living with **You** or, while on a **Journey**, anyone travelling with **You**.

Conditions applying to Saying goodbye

If **You** make a claim under **Saying goodbye** cover, **We** will automatically cancel **Your pet** from the **Policy** from the day after his/her death.

Day to Day Care

What We will pay for Day to Day Care

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

Day to Day Care whilst in Germany only.

The cost of **Day to Day Care** **Your pet** received during the **Period of insurance** up to the **Day to Day Care Maximum benefits** shown on **Your Certificate of insurance**.

Day to Day Care Maximum Benefits

Up to the **Maximum benefit** per **Period of insurance** for one (1) of the following needs:

- Up to 50 € per **Period of insurance** for de-sexing
- Up to 50 € per **Period of insurance** for micro-chipping
- Up to 50 € per **Period of insurance** for worming
- Up to 50 € per **Period of insurance** for behavioural therapy
- Up to 50 € per **Period of insurance** for teeth cleaning
- Up to 50 € per **Period of insurance** for council registration fees
- Up to 50 € per **Period of insurance** for **Alternative or complementary treatment**
- Up to 50 € per **Period of insurance** for prescription diets
- Up to 50 € per **Period of insurance** for dew claw removal
- Up to 50 € per **Period of insurance** for dog training at a recognised training centre

Up to the **Maximum benefit** per **Period of insurance** for the following needs:

- Up to 30 € per **Period of insurance** for vaccinations or health checks
- Up to 10 € per **Period of insurance** for a worm test or blood screen
- Up to 10 € per **Period of insurance** for FeLv, Fiv test or urinalysis
- Up to 45 € per **Period of insurance** for flea or tick control

What You pay for Day to Day Care

You have no **Excess** for claims under **Day to Day Care**.

What We will not pay under Day to Day Care

Any amount which exceeds the **Maximum benefit** for the relevant cover for all **Day to Day Care** or which will result in the **Maximum benefit** being exceeded.

Claiming

Making a claim

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

1. Notify **Us** of a potential claim as soon as possible by:
 - downloading and completing a claim form from **Our** website: petcovergroup.com/de; or
 - contact **Us** by telephone if **You** would like **Us** to send **You** a claim form.
2. Claims for **Veterinary fees** only may be lodged with **Your Vet** (if mutually agreed by **Your vet**) and **We** will pay the **Veterinary practice** directly. **You** will need to pay **Your Vet** the applicable **Excess(es)** and any non-claimable items.
3. **You** must notify **Us** about claims for **Veterinary fees** and **Alternative or complementary treatment** no later than one (1) year after the treatment date (this is **Your** obligation). The **Insurer** is exempt from benefits in accordance with section 6 (3) of the VersVG; please read point 7) under "How to claim" on page 17 of this insurance brochure.
4. **We** will not guarantee on the phone if **We** will pay a claim. **You** must send **Us** a claim form that has been fully completed and **We** will then inform **You** of **Our** decision in writing.
5. If **Your pet** has been injured or died after being attacked by another animal, please phone **Us** on 0800 85 03 505 and talk to **Our** claims team to guide **You** through the process. **We** will also need:
 - Name, address and contact details of the owner of the other animal.
 - Confirmation of the current location of the animal which attacked **Your pet**.
 - Confirmation (and if applicable any reference numbers) of the police and the government or public or local authority being advised of the attack.
6. For claims for advertising and reward, **You** must phone **Us** on 0800 85 03 505 and talk to **Our** claims team for the approval of any reward before **You** advertise it.
7. **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 of the extent of the benefit incurred by the **Insurer**.

Supporting documents required when claiming

For Veterinary fees

Please send **Us**:

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

For boarding fees

Please send **Us**:

- The fully completed claim form.
- A medical certificate from **Your** hospital or GP.
- The fully itemised invoice from the boarding establishment or pet sitter or written confirmation from the person looking after **Your pet**, showing the dates and daily costs of boarding. If necessary, **We** may request the original invoice.

For Saying goodbye

Please send **Us**:

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 pet's** full clinical history. When **You** make the first claim for **Your pet**, **We** will obtain its full clinical history. The full clinical history is a record of all visits **Your pet** has made to a **Vet** and this information will be obtained from each **Veterinary practice** **Your pet** has attended.

For day to day care

Please send **Us**:

- 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 pet's** full clinical history. When **You** make the first claim for **Your pet**, **We** will obtain its full clinical history. The full clinical history is a record of all visits **Your pet** has made to a **Vet** or therapist and this information will be obtained from each **Veterinary practice** or therapist **Your pet** has attended.

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.versicherungsbundsmann.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.versicherungsbundsmann.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 85 03 505

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, 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.