



## Product Disclosure Statement (including Policy Wording) for your Dog & Cat

### Introductory Breeders Plan 6 Weeks Trial Policy

Please read in conjunction with your Certificate of Insurance to understand the Policy for your Pet



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*Dear Policyholder,*

Thank you for considering insuring with Petcover, we would be 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 make the claims process as quick and easy as possible so you can count on 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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# Product Disclosure Statement (including Policy Wording) (PDS)

This Product Disclosure Statement ('PDS') which includes the **Policy** wording contains important information about **Your** six (6) Weeks Free **Policy** and how it works.

## About this Insurance

This is an important document. **You** should read it carefully before making a decision to take out this insurance. It will help **You** to:

- decide whether this insurance will meet **Your** needs; and
- compare it with other products **You** may be considering.

This PDS provides **You** with factual information about the **Policy** and is not intended to amount to any recommendation or opinion as to whether **You** should or should not acquire the **Policy**.

**You** need to decide if this insurance is right for **You** and **You** should read all of the documents that make up the **Policy** to ensure **You** have the cover **You** need.

## Who is the Insurer

The **Insurer** of this Policy is Sovereign Insurance Australia, Pty Ltd (ABN 85 138 079 286, AFSL No. 342516) with its registered address at 3801/3803 Pacific Hwy, Tanah Merah, QLD 4128, Australia. Sovereign Insurance Australia Pty Ltd is authorised to carry out insurance business in Australia by the Australian Prudential Regulation Authority in accordance with the Insurance Act 1973 (Cth).

The Insurer is regulated by the Australian Prudential Regulation Authority ("APRA"). Sovereign Insurance Australia Pty Ltd is not currently licensed to carry on insurance business in New Zealand and is not regulated by New Zealand prudential supervision laws or within the prudential supervision of the Reserve Bank of New Zealand.

## Who is Petcover New Zealand Ltd?

**Petcover** New Zealand Ltd NZBN 9429046576941 (**Petcover**)

**Petcover** is the binding agent of the Insurer and is authorised by the Insurer to issue, vary and dispose of this Insurance and to manage and settle claims and deal with complaints. In arranging this insurance **Petcover** acts as agent for the Insurer and not as **Your** agent.

**Petcover** is registered on the Financial Service Providers Register (FSP614229). If **You** have any questions about **Our** services or anything in this PDS, please contact **Petcover** at:

Petcover New Zealand Limited Customer Care PO Box 112250 Penrose Auckland 1642 info.nz@petcovergroup.com  
Ph: 0800 255 426.

**Petcover** cannot provide **You** with any financial advice relating to this **Policy**.

## Our contract with You

Where **We** agree to enter into a **Policy** with **You** it is a contract of insurance between the Insurer and **You** (see the definition of '**You**' for details of who is covered by this term). The **Policy** consists of:

- this document which sets out the standard terms of **Your** cover and its limitations;
- **Your Certificate of Insurance** issued by **Us**. The **Certificate of Insurance** is a separate document, which shows the insurance details relevant to **You**. It may include additional terms, conditions and exclusions relevant to **You** that amend the standard terms of this document. Only those sections shown as covered in **Your Certificate of Insurance** are included as cover under this **Policy**.
- any other change to the terms of the **Policy** otherwise advised by **Us** in writing (such as an endorsement or Supplementary PDS) specified before entry into the contract or where required or permitted by law. These written changes may vary or modify the above documents.

These are all important documents and should be carefully read together and kept in a safe place for future reference.

**We** reserve the right to change the terms of the **Policy** where permitted to do so by law.

Any new or replacement **Certificate of Insurance** **We** may send **You**, detailing changes to **Your** insurance or the **Period of Insurance**, will become the **Certificate of Insurance**, which **You** should carefully read and retain.

## Privacy Policy

In this Privacy **Policy**, '**We**', '**Our**', '**Us**' means Petcover New Zealand Ltd and Sovereign Insurance Australia

**We** value the privacy of personal information and are bound by the Privacy Act 2020 when **We** collect, use, disclose or handle personal information.

More information about how **We** collect, use, hold and disclose **Your** personal information can be found at:

- the **Petcover** website: [petcovergroup.com/nz/privacy-policy](https://petcovergroup.com/nz/privacy-policy) ; or
- Sovereign Insurance Australia's website: Sovereign Insurance Australia's website: <https://sovereignaustralia.com.au/Privacy>

Alternatively, a copy can be sent to **You** on request by contacting **Petcover** or Sovereign Insurance Australia.

## About Us

Petcover New Zealand Ltd is a specialist pet insurance provider. Its address is:  
101d Station Road Penrose, Auckland 1061

Sovereign Insurance Australia is an Insurer registered and authorised in Australia. Its address is: 3801/3803 Pacific Hwy, Tanah Merah, QLD 4128, Australia

## Why We Collect Your Personal Information

**We** will collect **Your** personal information for the purposes of **Us** providing **You** with insurance services and products, including:

- arranging and administering **Your** application for insurance;
- managing and administering **Your** insurance;
- investigating, processing and managing **Your** claims; and/or
- detecting and preventing fraud.

**Petcover** may collect personal information about its clients and their insurance placements and store this information on databases that may be accessed by other **Petcover** affiliates for other purposes, including providing consulting and other services to Insurers for which **Our** Group of Companies may earn compensation.

The personal information that **We** may collect includes **Your** name, postal address, e-mail address, date of birth, gender, financial information and personal circumstances. If **You** make a claim, **We** may collect additional personal information to help **Us** make a decision on **Your** claim.

It is not mandatory for **You** to provide any information that **We** request. If **You** chose not to provide the information **We** request, **We** may not be able to provide **You** with the insurance services and products or properly manage and administer those services and products provided to **You**.

**You** also have a legal obligation to disclose certain information. Failure to disclose this information may result in **Us** declining cover, **Your** insurance being cancelled or the level of cover reduced, or **Your** claims being declined.

## How We Collect Your Personal Information

**Your** personal information may be collected by telephone, email, in writing, or through **Our** websites (from data **You** input directly or through cookies and other Web analytic tools). If **You** contact **Us** via an electronic method, **We** may record **Your** Internet electronic identifier i.e. **Your** internet protocol (IP) address. **Your** telephone company may also provide **Us** with **Your** telephone number.

**We** may collect **Your** personal information from **You** directly. However **We** may collect **Your** personal information from other persons, including but not limited to, persons you nominate as authorised representatives for **Your Policy**, **Your Pet's Vets**, breeders and pet shops.

If **You** provide **Us** with personal information about another individual, **You** must only do so if **You** have obtained his or her authorisation to disclose that information to **Us** and have made him or her aware of this Privacy **Policy**.

## International Transfers

In providing **You** with insurance services, **We** may transfer **Your** personal information outside of **New Zealand** including Australia, UK, European Union (EU) and India. If this happens **We** will ensure that reasonable measures are taken to safeguard **Your** personal information.

## Who We share Your information with?

**We** may disclose **Your** personal information to third persons in connection with providing **You** with insurance services and products, including authorised agents; service providers; Reinsurers; other Insurers; legal advisers; loss adjusters and claims handlers.

**We** may also share **Your** personal information with law enforcement, fraud detection, credit reference and debt collection agencies, and within the Talanx Group of companies to:

- assess financial and insurance risks;
- recover debt;
- prevent and detect crime; and
- develop products and services.

**We** will not disclose **Your** personal information to anyone outside this list except:

- where **We** have **Your** permission;
- where **We** are required or permitted to do so by law;
- to other companies who provide a service to **Us** or **You**; and/or
- where **We** may transfer rights and obligations under the insurance.

## Storage and Security of Personal Information

**We** store personal information electronically and physically. **We** store electronic information in facilities in **New Zealand** and overseas:

- that **We** manage; or
- that are managed by third parties, including cloud storage.

**We** maintain reasonable security safeguards to protect **Your** personal information from loss, misuse, unauthorised

access, disclosure, alteration or destruction.

However, no storage method is completely secure and, while reasonable security safeguards are used, **We** cannot completely ensure the security of the personal information collected from **You**.

### **Your access and correction rights**

The Privacy Act gives **You** rights to request access to, and correction of, **Your** Personal Information collected by **Us**. If **You** wish to exercise these rights, please contact **Us** at:

Petcover New Zealand Ltd Customer Care PO Box 112250 Penrose Auckland 1642 info.nz@petcovergroup.com or Sovereign Insurance Australia: admin@sovereignaustralia.com.au

While access to **Your** personal information will generally be provided free of charge, **We** may charge **You** for access costs where permitted by the Privacy Act.

### **Consent Acknowledgment**

By purchasing insurance products from **Us** and by providing **Us** with **Your** personal information, **You** consent to **Your** information being used, held and disclosed as set out in this **Policy** above.

### **Service issues and complaints**

**We** have in place a formal dispute resolution process, encompassing both internal and external dispute resolution.

**We** are committed to providing quality services to **Our** clients. This commitment extends to giving **You** easy access to people and processes that can resolve a service issue or complaint.

If **You** have a complaint about the service **We** have provided to **You**, please address **Your** enquiry or complaint to the staff member providing the service, or phone 0800 255 426 during normal office hours.

If **We** are not able to resolve the issue immediately, or within five days, **We** will refer it to the Complaints Manager, who will review the complaint and advise **You** in writing of the expected time for resolution.

### **Making a Complaint**

**We** treat complaints very seriously and believe **You** have the right to a fair, swift, prompt and courteous service at all times. If **You** are dissatisfied with any aspect of **Our** relationship, **You** may lodge a complaint. **Our** complaints process has three steps:

#### **1. Immediate Response & Resolution**

Many concerns can be resolved immediately, or within a short amount of time. If **You** have a complaint about the service **We** have provided to **You**, please address **Your** enquiry or complaint to the staff member providing the service, or phone 0800 255 426 during normal office hours.

#### **2. Internal Dispute Resolution**

If **We** are unable to resolve **Your** concern, immediately or within 2 days, **We** will escalate **Your** concerns as a complaint to Petcover's Internal Dispute Resolution Team. **Your** complaint will be handled by a person with appropriate authority, knowledge and experience. **You** will be provided with the contact details of the person assigned **Your** complaint. **We** will make a decision about **Your** complaint within , calendar days, however **We** will aim to resolve **Your** complaint within 10 business days. If **We** are not able to resolve **Your** complaint within 10 business days, **We** will escalate the matter to Sovereign Insurance Australia or give **You** the option to contact them yourself. Both these internal review processes will be completed within the 30 calendar days.

**You** may contact the Internal Dispute Resolution team directly on: 0800 255 426 or via email at support.nz@petcovergroup.com or by post: Petcover New Zealand, P. O. Box 112 250, Penrose, Auckland 1642

**You** may also contact Sovereign Insurance Australia, 3801/3803 Pacific Hwy, Tanah Merah, QLD 4128, Australia or via email at: complaints@sovereigninsurance.com.au

#### **3. External Dispute Resolution**

In the unlikely event that **Your** complaint is not resolved to **Your** satisfaction following Petcover's Internal Dispute Resolution Process, **You** may be able to take **Your** matter to the independent dispute resolution body, the Australian Financial Complaints Authority (AFCA). AFCA will consider complaints from our New Zealand-based customers.

AFCA resolves certain insurance disputes between consumers and Insurers and will provide an independent review at no cost to **You**.

**We** are bound by the determination of AFCA but the determination is not binding on **You**.

Contact details for AFCA:

Australian Financial Complaints Authority

Telephone: 0061 1800 931 678 (international call charges may apply.)

Email: info@afca.org.au

GPO Box 3, Melbourne VIC 3000, Australia

There is no cost to **You** to use the services of AFCA

### **Telephone Call Recording**

**We** may record incoming and/or outgoing telephone calls for training or verification purposes. This allows **Us** to check information **You** give **Us** and to verify information **We** have given **You**. Where **We** have recorded a telephone call, **We**

can provide **You** with a copy at **Your** request, where it is reasonable to do so.

### Your cooling-off period and Cancellation rights

**You** can exercise **Your** cooling off rights and cancel the **Policy** within twenty-one (21) days of the date **You** took out the **Policy** provided **You** have not exercised right or power under the **Policy** (e.g. made any claim) and these rights and powers have not ended.

To exercise **Your** cooling off rights **You** must advise **Us** of **Your** intention to cancel. **You** can call us on 0800 255 426 or send written confirmation to: **Petcover** Pet Insurance, PO Box 112250, Penrose Auckland 1642 or email to [info.nz@petcovergroup.com](mailto:info.nz@petcovergroup.com).

### What is covered?

Where **We** have entered into a **Policy** with **You**, **We** will insure **You** for:

- loss or damage caused by one or more of the covered insured events; and
- the other covered benefits, as set out in the **Policy** occurring during the **Period of Insurance**.

Other persons may be entitled to cover, but only if specified as so entitled and limited only to the extent and interest specified.

## Terms and Conditions

Cover under this policy is provided on the basis:

- Of the verbal and/or written information provided by **You** which **You** gave after having been advised of **Your** Duty of Disclosure either verbally or in writing.
- If **You** failed to comply with **Your** Duty of Disclosure or have made a misrepresentation to **Us**, **We** may be entitled to reduce **Our** liability under the **Policy** in respect of a claim and/or **We** may cancel the **Policy** to the extent **We** are prejudiced by **Your** failure. If **You** have told **Us** something which is fraudulent and it is related to **Your** **Policy** and the cover provided, **We** may also have the option of avoiding the **Policy** (i.e. treating it as if it never existed).

**Your** Duty of Disclosure and the consequences of non-disclosure, are set out under the heading '**Your** Duty of Disclosure', on page 10 and 11.

### Some words have special meanings

Certain words used in the **Policy** have special meanings. The definitions section of this document on page 11-13 contains such terms. In some cases, certain words may be given a special meaning in a particular section of the **Policy** when used or in the other documents making up the **Policy**.

Headings are provided for reference only and for interpretation purposes and do not form part of the **Policy**.

### Your obligation to comply with the Policy terms and conditions

**You** are required to comply with the terms and conditions of the **Policy**. Please remember that if **You** do not comply with any term or condition, **We** may decline or reduce any claim payment and/or cancel **Your** **Policy** to the extent **We** are prejudiced by **Your** non-compliance.

If more than one person is insured under the **Policy**, a failure or wrongful action by one of those persons may adversely affect the rights of any other person insured under the **Policy**.

### How to make a claim

If **You** need to make a claim under the **Policy**, please refer to the section that you are claiming on for details of how and when to claim, i.e. **Veterinary** Fees Section 1A – How to Claim.

### Updating this PDS

**We** may need to update this PDS from time to time if certain changes occur where required and permitted by law. **We** will issue **You** with a new PDS or a Supplementary PDS or other compliant documents to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this insurance, **We** may issue **You** with notice of this information in other forms or keep an internal record of such changes (**You** can get a paper copy free of charge by contacting **Us** using **Our** details on the back cover of this PDS). Other documents may form part of **Our** PDS and the **Policy**. If they do **We** will tell **You** in the relevant document.

### Further information and confirmation of transactions

If **You** require further information about this insurance or wish to confirm a transaction, please contact **Us**.

### Significant features and benefits

For details of all relevant **Policy** features **You** must refer to the full terms, conditions and exclusions of the **Policy** and the **Certificate of Insurance** which specifies the options taken for a full explanation of the cover provided under the **Policy**.

6 Weeks Free Introductory Cover		
We pay up to the <b>Maximum Benefit</b> for:		Benefits NZ\$
<b>Veterinary Fees &amp; Alternative Treatment</b>	For <b>Illness &amp; Injury</b> , including hospitalisation, referral & medicines	Up to \$3000
Death from <b>Illness</b>	Losing a <b>Pet</b> is a great sadness, but <b>We</b> will refund the purchase price	Price paid up to \$1500
Death from an <b>Injury</b>	Nothing can replace a loved <b>Pet</b> , but <b>We</b> will refund the purchase price	Price paid up to \$1500
Advertising & Reward	If <b>Your Pet</b> gets lost or stolen, <b>We</b> will pay for local newspaper advertising & a reward	\$400
Theft or Straying	If <b>Your Pet</b> is not found despite all efforts, <b>We</b> will refund the purchase price	Price paid up to \$1500

## General Exclusions

This insurance is not intended to cover every single occurrence, in fact, there are some circumstances the **Policy You** are considering will not provide Insurance cover for. Under all sections of the **Policy, We** do not pay for:

1. A **Condition** specifically excluded on **Your Certificate of Insurance** or **Policy**.
2. Any animal less than eight (8) weeks old or more than thirty-six (36) weeks at the commencement of the **Period of Insurance**.
3. Dogs being used for guarding, track racing or coursing.
4. Any breed of dog that is banned by the New Zealand Government, public or local authority, or that is crossed with any banned breed or any Pit Bull Terrier or Dingo or crosses of these breeds.
5. Any dog declared as a dangerous dog by a Government authority.
6. Any dog that must be registered under the Dangerous Dog Act.
7. Any amount if **Your Pet** is confiscated or destroyed by any Government or public or local authority or any person or body having the jurisdiction to do so.
8. Any costs caused because any Government or public or local authority or any person or Body having the jurisdiction to do so, has put restrictions on **Your Pet**.
9. Any amount if **You** break **New Zealand** animal health or importation laws or regulations.
10. Legal expenses, fines and penalties connected with or resulting from a breach of criminal law, or an Act of Parliament.
11. Any loss caused by, arising from, or in any way connected with 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.
12. The cost of treating any **Injury** or **Illness** caused by, arising from, or in any way connected with a malicious act, deliberate **Injury** or gross negligence caused by **You** or a member of **Your Immediate Family** or anyone living with **You**.
13. Any amount arising from, or in any way connected with an **Illness** that **Your Pet** contracted while outside **New Zealand** or Australia that it would not normally have contracted in **New Zealand** or Australia.
14. Any amount resulting from a disease transmitted from animals to humans.
15. Any pandemic disease that causes widespread **Illness**, death or destruction affecting dogs and cats.
16. Any dog not vaccinated against distemper, hepatitis, kennel cough, leptospirosis (in areas where it is prevalent and **Vets** recommend vaccination) and parvovirus. And any cat not vaccinated against feline infectious enteritis, feline leukemia and cat flu. Any other disease that there is a known vaccine and **Vets** recommend vaccination.
17. Any amount arising from, or in any way connected with **Your** failure to take all reasonable precautions to protect **Your Pet** from aggravating or pro-longing an **Injury** or **Illness**.
18. Any amount if **You** or **Your Pet** lives permanently outside of **New Zealand**.
19. Any Journey **You** take **Your Pet** on against a **Vet's** advice.

These the main Exclusions. For full details of all relevant **Policy** exclusions **You** must refer to the **Certificate of Insurance** and the general exclusions to all sections and also to the specific exclusions to each section under the heading "**We** will not pay" as set out in this document.

## Your Duty of Disclosure

Before **You** enter into a Contract of Insurance with **Us**, **You** have a duty to disclose to **Us** every matter **You** know, or could be reasonably expected to know, (including but not limited to matters relating to the health of **Your Pet**) that is relevant to **Our** decision to insure **Your Pet**, and if so, on what terms **Your** application for insurance is acceptable and to calculate how much premium is required for **Your** insurance.

**You** have the same duty to disclose any relevant matters to **Us** before **You** renew, extend, vary or reinstate the **Policy**. The duty applies until the **Policy** is entered into or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between the time **You** provide answers or make disclosure and the Relevant Time, **You** need to tell **Us**.

**You** do not need to tell **Us** about any matter that:

- Diminishes **Our** risk;

- Is of common knowledge
- **We** already know or should know as an Insurer;
- **We** tell **You We** do not need to know.

### 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, to the extent permitted by law, cancel the **Policy** and/or reduce the amount **We** pay if **You** make a claim to the extent **We** are prejudiced by **Your** non-disclosure. If fraud is involved, **We** may treat the **Policy** as if it never existed, and pay nothing.

### Policy Limits

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

### Excess

**You** will be required to pay a non-refundable **Excess** for claims covered under this **Policy**. Most **Excesses** are detailed on **Your Certificate of Insurance** but some additional **Excesses** may apply to some additional benefits provided by the **Policy**. **You** should read the **Policy** and **Your Certificate of Insurance** carefully so that **You** are aware of what **Excesses** may be applicable to **You** in the event of a loss.

**Petcover** is solely liable for qualifying and or identifying opportunities where any recovery can be obtained from a third party. **Your Excess** may be reimbursed upon a successful recovery by **Petcover** however, **Petcover** retains the right to not refund the **Excess** payment in any instance.

### Co-Payment/Share Excess

The co-payment/share excess is a percentage of the claimable amount, applied after the fixed excess (if applicable), that is withheld by **Petcover** when the claim is settled.

### Costs/Premium

This is an introductory cover and is provided free of charge. There are no costs associated with this product.

## Policy Wording

### Definitions

<b>We, Us, Our</b>	means <b>Petcover</b> NZ acting on behalf of Sovereign Insurance Australia
<b>You, Your</b>	means the person(s) named on the <b>Confirmation of Cover Voucher</b> as the owner, whose details were given to <b>Petcover</b> by the <b>Breeder</b> of the <b>Dog or Cat</b> during the phone call or on the website application, to arrange insurance for <b>Your Pet</b> and the person(s) named on the <b>Certificate of Insurance</b> .
<b>Accident</b>	means a sudden, unexpected, unusual, specific event, which occurs fortuitously at an identifiable time and place and is unforeseen or unintended. All <b>Accidents</b> consequent upon or attributable to one source or original cause are treated by <b>Us</b> as one <b>Accident</b> . 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 <b>Conditions</b> are not considered <b>Accidents</b> : luxating patella; a rupture or strain of one or both cruciate ligaments; degenerative joint disease; hip dysplasia and hyperextending hocks; Juvenile Pubis Symphysiodesis (JPS).

<b>Alternative Treatment</b>	<p>means the cost of any examination, consultation, advice, test and legally prescribed medication for the following procedures where they treat an <b>Illness</b> or <b>Injury</b>. This includes any <b>Veterinary Treatment</b> specifically needed to carry out the procedure.</p> <ol style="list-style-type: none"> <li>1. Acupuncture and homeopathy carried out by, an herbal medicine prescribed by, a veterinary practice.</li> <li>2. Chiropractic manipulation carried out by a veterinary practice, providing the member is a qualified animal chiropractor.</li> <li>3. Hydrotherapy carried out by a veterinary practice providing the member is a qualified animal Hydrotherapist.</li> <li>4. Osteopathy carried out by a veterinary practice providing the member is a qualified animal osteopath.</li> <li>5. Physiotherapy carried out by a veterinary practice, providing the member is a qualified animal physiotherapist.</li> <li>6. <b>Treatment of Behavioural Illness</b> carried out by a Certified Clinical Animal Behaviourist.</li> </ol>
<b>Behavioural Illness</b>	means any change to <b>Your Pet's</b> normal behaviour, resulting from a mental or emotional disorder diagnosed by a <b>Vet</b> .
<b>Behaviour modification program</b>	means a program written by an Animal Behaviourist who is a <b>Member of a Veterinary Practice</b> detailing specific techniques to be used and action to be taken with the aim of permanently changing <b>Your Pet's</b> behaviour.
<b>Breeder</b>	means a person who practices the vocation of breeding selected specimens of the same breed, either as a hobby or for profit, and is the <b>Breeder</b> of the <b>Puppy or Kitten</b> named on the <b>Confirmation of Cover Voucher</b> .
<b>Certificate of Insurance</b>	means the current <b>Certificate</b> issued by <b>Us</b> to <b>You</b> containing details of the <b>Cover</b> provided under <b>Your Policy</b> , including any <b>Exclusions</b> and other specific Insurance details that <b>We</b> have applied to <b>Your Cover</b> .
<b>Clinical Signs</b>	means changes in <b>Your Puppy or Kitten's</b> normal healthy state, its bodily functions or behaviour.
<b>Confirmation of Cover Voucher</b>	means documentation given to <b>You by the Breeder</b> showing a Covernote number
<b>Condition</b>	means any <b>Condition</b> that causes discomfort, dysfunction, distress, including injuries, <b>Illness</b> , disabilities, disorders, syndromes, infections, isolated symptoms, deviant behaviour, and atypical variations of structure and function and/or death to the <b>Pet</b> afflicted.
<b>Co-Payment/ Share Excess</b>	means a percentage amount shown on your Certificate of Insurance that you must pay for each, and every claim made under your Policy per Policy Year.
<b>Dog or Cat</b>	means the <b>Dog or Cat</b> (that is not less than eight (8) weeks of age or more than thirty six (36) weeks when first applying for cover) named on the Confirmation of Cover Voucher whose name, date of birth, breed and sex were provided to <b>Petcover</b> when arranging the insurance.
<b>Elective Treatment</b>	means a surgery or <b>Treatment</b> that is beneficial to the Pet but is not essential for <b>Your Pet's</b> survival or does not form part of a <b>Treatment</b> for an <b>Injury</b> or <b>Illness</b> . <b>Treatment</b> or Surgery includes, but is not limited to, de- sexing, spaying or castration, microchipping, grooming and de-matting, cosmetic or aesthetic surgery, or Elective surgery including but not limited to dew-claw removal, prescription diet foods, and any <b>Treatment</b> not related to an <b>Injury, Illness</b> or trauma or any <b>Treatment</b> , diagnostic or procedure <b>You</b> request, which the <b>Vet</b> confirms is not necessary to treat an <b>Injury</b> or <b>Illness</b> is considered <b>Elective Treatment</b> .
<b>Excess</b>	means the amount stated on <b>Your Certificate of Insurance</b> under the Animal Details section, which is the first part of each unrelated claim and the amount <b>You</b> must pay for each unrelated <b>Injury</b> or <b>Illness</b> .
<b>Family</b>	means <b>Your</b> husband, wife, civil partner, life partner, parents, grandparents, brothers, sisters, sons, daughters, grandsons, and/or granddaughters including <b>Family</b> of step and defacto relationships.
<b>Illness</b>	means an unhealthy state, condition, ailment, affliction, sickness, disease, disorder, defect, syndrome, or abnormality that causes pain, dysfunction or distress and that is not due to an external <b>Injury</b> , or <b>Your Puppy or Kitten</b> was born with or were passed on by its parents.
<b>Immediate Family</b>	means husband, wife, civil partner, life partner, defacto partner, parents, sons and daughters, including <b>Family</b> of step and/or defacto relationships.
<b>Injury</b>	means a physical <b>Injury</b> resulting solely and directly from an <b>Accident</b> . Not an <b>Injury</b> that happens over a period of time or is of a gradual nature.
<b>Maximum Benefits</b>	means the most <b>We</b> will pay for the relevant cover during the <b>Period of Insurance</b> as set out in the <b>Certificate of Insurance</b> under Animal Details section.

<b>Market Value</b>	means the price generally paid for an animal of the same age, breed, pedigree, sex and breeding ability at the time <b>You</b> got <b>Your Puppy or Kitten</b> .
<b>Our Vet</b>	means the <b>Vet We</b> employ to carry out <b>Treatment</b> to <b>Your Pet</b> or discuss <b>Your Pet's Treatment</b> with <b>Your Vet</b> .
<b>Period of Insurance</b>	means the <b>Period</b> stated in <b>Your Certificate of Insurance</b> . It does not refer to any prior <b>Period of Insurance</b> if the <b>Policy</b> is a renewal of a previous <b>Policy</b> or any future <b>Period of Insurance</b> for any <b>Policy You</b> may enter into with <b>Us</b> upon renewal. Each <b>Period</b> is treated as separate. This normally is six (6) weeks from the date shown on <b>Your Confirmation of Cover Voucher</b> or Covernote
<b>Pre-Existing Condition</b>	<p>means any <b>Condition(s)</b> or symptom(s), sign(s) or Clinical Sign(s) of that <b>Condition, Injury or Illness</b> occurring or existing in any form that;</p> <p>a) Has happened or first showed <b>Clinical Signs</b>;</p> <p>b) Has the same diagnosis or <b>Clinical Signs</b> as an <b>Injury, Illness</b> or Clinical Sign <b>Your Pet</b> had; or,</p> <p>c) Is caused by, relates to, or results from, an <b>Injury, Illness</b> or Clinical Sign <b>Your Pet</b> had Occurring or existing:</p> <ul style="list-style-type: none"> <li>• Before <b>Your Pet's</b> cover started, or prior to the</li> <li>• <b>Policy</b> commencement date;</li> <li>• During the <b>Waiting Period</b>; or</li> <li>• Before the section was added to <b>Your</b> insurance. This applies no matter where the <b>Injury, Illness</b> or Clinical Sign(s) occurred or happen in, or on, <b>Your Pet's</b> body. This is regardless of whether or not <b>We</b> place any exclusion(s) for the <b>Injury/Illness</b>.</li> </ul> <p>For the avoidance of doubt when referring to Pre-Existing <b>Conditions</b>, where <b>Your Pet</b> has a <b>Condition</b> affecting a part of its body of which it has two, including, but not limited to eyes, ears, patella's (knees), cruciate ligaments, both instances of the <b>Condition</b> will be excluded from cover if either of the parts of the Pet's body were affected by the <b>Condition</b> before <b>Your Pet's</b> cover started, or prior to the <b>Policy</b> commencement date.</p>
<b>Policy</b>	means this document and the <b>Certificate of Insurance</b> and any other documents <b>We</b> issue to <b>You</b> which are expressed to form part of the <b>Policy</b> terms, which set out the cover <b>We</b> provide for the <b>Period of Insurance</b> .
<b>Puppy or Kitten</b>	means the <b>Puppy or Kitten</b> aged (that is not less than eight (8) weeks of age and not over thirty-six (36) weeks of age when first applying for cover) named on the Confirmation of Cover Voucher whose name, date of birth, breed and sex were given to <b>Petcover</b> by the <b>Breeder</b> when arranging the insurance.
<b>Routine Treatment and or Preventative</b>	means care or <b>Treatment</b> such as checkups and procedures that are designed to prevent future <b>Illnesses</b> from occurring rather than treating existing <b>Illnesses</b> . These include, but not limited to annual physical examinations and checkups, vaccinations, heartworm prevention medication; flea and other internal/external parasite prevention.
<b>Treatment</b>	means <b>Veterinary Treatment</b> or <b>Alternative Treatment</b> .
<b>Veterinary Fees</b>	means the amount <b>Vets</b> in general or referral practice reasonably and generally charge.
<b>Vet</b>	means a registered Veterinarian, specialist Veterinarian, <b>vet</b> practice, clinic, hospital, centre including referral hospitals, licensed to practice in <b>New Zealand</b> , other than one who may be the Insured.
<b>Veterinary Treatment</b>	means any examination, consultation, advice, tests, X-rays, legally prescribed medication, surgery and nursing required to treat and <b>Illness</b> or <b>Injury</b> that is provided by a veterinary practice, or a <b>Vet</b> nurse or another member of the <b>Vet</b> practice, under the supervision of the <b>Vet</b> , which is not Routine or <b>Preventative Treatment</b>
<b>Waiting Period</b>	means a <b>Period</b> of three (3) days for an <b>Injury</b> and seven (7) Days for an <b>Illness</b> . Cover for an <b>Injury</b> will commence at 00.01 on the fourth (4 <sup>th</sup> ) day of cover. Cover for an <b>Illness</b> will commence at 00.01 on the eight (8 <sup>th</sup> ) day of cover. The <b>Waiting Periods</b> start from the commencement date shown on <b>Your Certificate of Insurance</b> of the initial <b>Period of Insurance</b> during which an <b>Illness</b> or <b>Condition</b> first occurs or shows <b>Clinical Signs</b> will be excluded from Cover unless otherwise stated on <b>Your Certificate of Insurance</b> . The <b>Waiting Period</b> will not apply for any <b>Policy</b> that is a renewal of this <b>Policy</b> .
<b>Your Pet</b>	means the <b>Puppy or Kitten</b> named on the <b>Certificate of Insurance</b> under Animal Details sometimes referred to as <b>Your Puppy or Kitten</b> .

## General Conditions

1. During the **Period of Insurance** **You** must take all reasonable steps to maintain **Your Pet's** health and to prevent **Injury, Illness** and loss. **You** must arrange and pay for **Your Pet** to have a yearly dental examination and any **Veterinary Treatment** normally recommended by a **Vet** to prevent **Illness** or **Injury**.
  - **You** must arrange for **Your Pet** to be kept vaccinated against the following conditions:
  - Dogs: Distemper, hepatitis, parvovirus, kennel cough and leptospirosis (in areas where it is prevalent and **Vets** recommend vaccination) and any other vaccination recommended to **You** by a **Vet**.
  - Cats: Feline infectious enteritis, feline leukemia and cat flu and any other vaccination recommended to **You** by a **Vet**.
2. If, when **You** claim, there is any other insurance under which **You** are entitled to an indemnity, to the extent permitted by law, **We** will only pay **Our** share of the claim. **You** must tell **Us** the name and address of the other insurance company and **Your Policy** number with them. If **You** do not keep **Your Pet** vaccinated, **We** may refuse or reduce the amount **We** pay under the claim that result from any of the above **Illnesses** to the extent that the unvaccinated **Illnesses** caused or contributed to the loss or damage.
3. 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** reasonably ask for.
4. If **You** have intentionally provided false information or make a false or exaggerated claim, or any claim involving **Your** dishonesty, this **Policy** will end and **We** will not make any further payments.
5. If **You** submit a fraudulent claim, or solicit **Your Vet** to behave in a fraudulent manner or persuade them to falsify information regarding a claim, then the claim may be denied and **We** may cancel **Your Policy**. **We** may also be entitled to reclaim any payments already made to **You** in respect to such claims.
6. **You** can cancel this introductory **Policy** at any time by contacting **Us**, providing no claims have been paid on the **Policy**.
7. **You** agree that any **Vet** that holds any information about **Your Pet** has **Your** permission to release any such information **We** may reasonably ask for about **Your Pet**. If the **Vet** charges for this, **You** must pay the charge.
8. If **We** receive a request to pay the claim settlement direct to a **Veterinary Practice**, **We** reserve the right to decline this request. 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 insurance covers, what **We** will not pay for, how the amount **We** pay is calculated and if the premiums are paid to date.
9. When **We** offer further periods of Insurance, **We** may change the premium and the terms and conditions, and add exclusions because of **Your Pet's** history.
10. **We** will not guarantee on the phone if **We** cover a claim. **You** must send **Us** a claim form that has been properly filled in. **We** will then write to **You** with **Our** decision.
11. When **You** claim **You** agree to give **Us** any information **We** may reasonably ask for.
12. **You** must arrange for a **Vet** to examine and treat **Your Pet** as soon as possible after it shows **Clinical Signs** of an **Injury** or **Illness**. And if **We** decide, **You** must also take **Your Pet** to a **Vet** that **We** choose.
13. If the **Veterinary Fees** **You** are charged are higher than the fees normally charged by a general or referral practice, **We** reserve the right to request a second opinion from an independent **Vet** that as to whether the fees are reasonable. If the independent **Vet** does not agree that the **Veterinary Fees** charged are reasonable **We** may decide to pay only the **Veterinary Fees** usually charged by a general or referral practice in a similar area.
14. If **We** consider the **Veterinary Treatment** or **Alternative Treatment** **Your Pet** receives may not be required, or may be excessive when compared with the **Treatment** normally recommended to treat the same **Illness** or **Injury** by general or referral practices, **We** reserve the right to request a second opinion from an independent **Vet** that **We** choose. If the independent **Vet** does not agree with the **Veterinary Treatment** or **Alternative Treatment** provided is reasonably required **We** may decide to pay only the cost of the **Veterinary Treatment** or **Alternative Treatment** that was necessary to treat the **Injury** or **Illness**, as advised by the **Vet** from whom **We** have requested the second opinion.
15. **We** have the right to cancel **Your Policy** where permitted by **New Zealand** Legislation.
16. Any rights or remedies **You** have under any **New Zealand** Legislation are not affected by **Your Policy**.

## Cover

**We** will provide **You** with cover as set out in the following sections if they are shown as covered on **Your Certificate of Insurance** of **Your Policy**. The cover applies in **New Zealand**. The cover **You** have and the applicable **Maximum Benefit** and **Excess** will be shown on **Your Certificate of Insurance**. (see the table below for details).

6 Weeks Free Introductory Cover, <b>We</b> pay up to the <b>Maximum Benefit</b> for		<b>Excess</b>
<b>Veterinary Fees &amp; Alternative Treatment</b>	Up to \$3000	\$175 + 15% co-payment
Death from an <b>Injury</b>	Price paid for <b>Your Pet</b> up to \$1500	\$175 + 15% co-payment
Death from an <b>Illness</b>	Price paid for <b>Your Pet</b> up to \$1500	\$175 + 15% co-payment

Advertising & Reward	Up to \$400	NIL
Theft or Straying	Price paid for <b>Your Pet</b> up to \$1500	\$175 + 15% co-payment

## Section 1A – Veterinary Fees

### We will pay:

The cost of any **Veterinary Fees** incurred by **You** during the **Period of Insurance** for **Veterinary Treatment Your Pet** has received for any covered **Illness** or **Injury** up to the **Maximum Benefit**.

### You must pay:

For each **Illness** or **Injury** that is treated during the **Period of Insurance**, and is not related to any other **Illness** or **Injury** treated during the same **Period of Insurance**, you must pay the **Excess** and **Co-Payment** as shown on your **Certificate of Insurance**, in the **Animal Details** section.

### We will not pay:

1. More than the **Maximum Benefit**.
2. To the extent permitted by law, costs of any **Treatment** for:
  - ï An **Injury** that happened or an **Illness** that first showed **Clinical Signs** before **Your Pet's** cover started; or,
  - ï An **Injury** or **Illness** that is the same as, or has the same diagnosis or **Clinical Signs** as an **Injury, Illness** or **Clinical Signs Your Pet** had before it's cover started; or,
  - ï An **Injury** or **Illness** that is caused by, relates to or results from an **Injury, Illness** or **Clinical Signs Your Pet** had before its cover started, no matter where the **Injury, Illness** or **Clinical Signs** are noticed or happened in, or on **Your Pet's** body.
3. To the extent permitted by law, costs of any **Treatment** for:
  - An **Injury** that first showed clinical signs within three (3) days or an **Illness** that first showed **Clinical Signs** within seven (7) days of **Your Pet's** cover starting; or,
  - An **Illness** which is the same as, or has the same diagnosis or **Clinical Signs** as An **Illness** that first showed **Clinical Signs** within seven (7) days of **Your Pet's** cover starting; or,
  - An **Injury** which is the same as, or has the same diagnosis or **Clinical Signs** as an **Injury** that first showed **Clinical Signs** within three (3) days of **Your Pet's** cover starting; or,
  - An **Injury** or **Illness** that is caused by, relates to or results from a **Clinical Signs** or an **Illness** that showed **Clinical Signs** within seven (7) days of **Your Pet's** cover starting; or
  - An **Injury** or **Illness** that is caused by, relates to or results from a **Clinical Signs** or an **Injury** that showed **Clinical Signs** within three (3) days of **Your Pet's** cover starting.
4. The cost of any **Treatment** a **Vet** normally recommends to prevent **Injury** or **Illness**.
5. The cost of any **Treatment**, or complications arising from **Treatment**, that **You** choose to have carried out that is not directly related to an **Injury** or **Illness**, including cosmetic dentistry.
6. The cost of periodontics, dental check-ups, Comprehensive Oral Health Assessment and **Treatment (COHAT)**, dental x-rays, dental prophylaxis, dental scale and polish or teeth cleaning, gingival curettes, gingival hyperplasia, removal of plaque or calculus or periodontal surgery.
7. The cost of prosthodontics, the removal or repair of misaligned, retained deciduous teeth, orthodontic appliances, crowns, caps or splints, luxation, horizontal bone loss, impacted teeth or embedded teeth.
8. Any cost relating to orthodontics, malocclusion, wry bite, supernumerary teeth, reverse scissor bite, posterior cross bite, anterior crossbite, overbite, brachygnathia, open bite or level bite.
9. Any **Treatment** for dental disease if an annual dental examination has not been undertaken, within the twelve (12) months preceding the problem requiring **Treatment** and any **Treatment** a **Vet** recommended resulting from that had not been carried out. Evidence will need to be provided to **Us** if **Your Vet** has carried out an annual dental examination.
10. 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 occur in the first six (6) weeks of cover regardless of **Your Pet** showing **Clinical Signs** of the **Condition** or not, prior to commencement of cover or within the seven (7) day **Waiting period**.
11. The cost of killing and controlling fleas, general health improvers and any **Treatment** in connection with pregnancy or giving birth.
12. The cost of pheromone products, including DAP diffusers and Feliway (Animal Behavioural/mood modification products).
13. The cost of any food, including food prescribed by a **Vet**, unless it is used to dissolve existing bladder stones and crystals in urine, in which case **Petcover** will cover 40%.
14. The cost of vaccinations, spaying and castration except the cost of treating any complications arising from these procedures.
15. The cost of treating any **Injury** or **Illness** deliberately caused by **You** or anyone living with **You**.
16. The costs of having **Your Pet** put to sleep, cremated, buried or otherwise disposed of.
17. The cost of house calls unless the **Vet** confirms that moving **Your Pet** would further damage its health, regardless of **Your** personal circumstances.
18. Extra costs for treating **Your Pet** outside usual surgery hours, unless the **Vet** confirms an emergency consultation

is necessary.

19. The cost of any hospitalisation (or boarding within a veterinary hospital), and any associated **Treatment**, unless the **Vet** confirms **Your Pet** must be hospitalised for essential **Treatment**, and **Veterinary** expertise is needed to carry out this **Treatment**, and therefore only a **Vet** or member of a veterinary practice can carry out these activities, regardless of **Your** circumstances.
20. Costs resulting from an **Injury** or **Illness** that are excluded under **Your Policy** or generally not covered within these **Terms and Conditions**.
21. The cost of surgical items that can be used more than once.
22. The cost of physiotherapy or **Treatment** of a **Behavioural Illness** unless this is carried out by a veterinary practice.
23. The cost of **Treatment** for a **Behavioural Illness** if **Your Pet's** behaviour is caused by **You** failing to provide training.
24. The cost of buying or hiring equipment or machinery or any form of housing, including cages.
25. The cost of hiring a swimming pool, hydrotherapy pool or any other pool or hydrotherapy equipment.
26. The cost of bathing **Your Pet** unless
  - A **Vet** confirms veterinary expertise is needed and therefore only a **Vet** or a member of
  - A **Vet** practice can carry out these activities, regardless of **Your** personal circumstances.
27. 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**.
28. Cost of dental **Treatment** unless it results from an **Injury** or **Illness**.
29. The cost of a post mortem examination, voluntary euthanasia, attributable to an exclusion.
30. The cost of transplant surgery, including any pre and post-operative care.
31. Any pandemic disease that causes widespread **illness**, death or destruction affecting dogs and cats.
32. The cost of any **Treatment** while on a Journey if a **Vet** believes it can be delayed until **Your Pet** returns Home.
33. The cost of any **Treatment** if the **Journey** was made to get **Treatment** outside of **New Zealand**.
34. The cost of the following procedures; experimental **Treatments**, or therapies; prosthetics or orthopedic 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, cold laser treatments, 3D printing, Juvenile Pubic Symphysiodesis (JPS), any drugs not used in accordance with the manufacturers recommendations.
35. Any costs for veterinary **Treatment** that does not improve the health or wellbeing of **Your Pet**.
36. The cost for **Your Vet** to write a prescription or charge a dispensing fee.
37. Any medicines that have not been approved by the Agricultural Compounds and **Veterinary Medicines (ACVM)** or where there is no evidence to support the usage of this medicine for this **condition**.
38. The cost of any ongoing **Treatment** that will require more than six (6) visits, without the letter from **Your Vet** setting out a **Treatment** plan for permanent cure of the **Condition**. Any further consultations and **Treatments** will require pre authorisation by **Us**.
39. Any claim where the full medical history is not provided when reasonably requested.

#### How to claim:

**You** must fill in a claim form and send it to **Us** together with the legible fully itemised invoices setting out the costs involved.

Claim forms can be downloaded from **Our** website [petcovergroup.com/nz/make-a-claim](http://petcovergroup.com/nz/make-a-claim) or alternatively **You** can contact us on 0800 255 426 or [claims.nz@petcovergroup.com](mailto:claims.nz@petcovergroup.com) and ask for a claim form. If a claim has not been submitted within twelve (12) months of **Your Pet** receiving **Treatment**, **We** may refuse to pay the claim, to the extent that **We** are prejudiced by the late notification of the claim.

**You** can email the completed claims form to [claims.nz@petcovergroup.com](mailto:claims.nz@petcovergroup.com) or post it to Petcover New Zealand Ltd.  
P. O. Box 112 250,  
Penrose, Auckland 1642

#### When to claim:

**You** should send **Us Your** claim at the end of any **Treatment** or the end of the **Period of Insurance** if the **Treatment** has not finished by this time. Please submit the claim form within twelve (12) months of the **Pet** receiving **Treatment**.

## Section 1B – Alternative Treatment

#### We will pay:

If instructed by the **Vet**, the cost of any **Alternative Treatment Your Pet** has received during the **Period of Insurance** that is deemed necessary by **Your Vet** for the **Treatment** of an **Illness** or **Injury** up to the **Maximum Benefit**.

#### You must pay:

For each **Illness** or **Injury** that is treated during the **Period of Insurance**, and is not related to any other **Illness** or **Injury** treated during the same **Period of Insurance**, you must pay the **Excess** and **Co-Payment** as shown on your **Certificate of Insurance**, in the **Animal Details** section.

## **We will not pay:**

1. More than the **Maximum Benefit**.
2. To the extent permitted by law, costs of any **Treatment** for:
  - An **Injury** that happened or an **Illness** that first showed **Clinical Signs** before **Your Pet's** cover started; or,
  - An **Injury** or **Illness** that is the same as, or has the same diagnosis or **Clinical Signs** as an **Injury, Illness** or **Clinical Signs Your Pet** had before it's cover started; or,
  - An **Injury** or **Illness** that is caused by, relates to or results from an **Injury, Illness** or **Clinical Signs Your Pet** had before its cover started, no matter where the **Injury, Illness** or **Clinical Signs** are noticed or happened in, or on **Your Pet's** body.
3. To the extent permitted by law, costs of any **Treatment** for:
  - An **Injury** that first showed clinical signs within three (3) days or an **Illness** that first showed **Clinical Signs** within seven (7) days of **Your Pet's** cover starting; or,
  - An **Illness** which is the same as, or has the same diagnosis or **Clinical Signs** as an **Illness** that first showed **Clinical Signs** within seven (7) days of **Your Pet's** cover starting; or,
  - An **Injury** which is the same as, or has the same diagnosis or **Clinical Signs** as an **Injury** that first showed **Clinical Signs** within three (3) days of **Your Pet's** cover starting; or,
  - An **Injury** or **Illness** that is caused by, relates to or results from a **Clinical Signs** or an **Illness** that showed **Clinical Signs** within seven (7) days of **Your Pet's** cover starting; or
  - An **Injury** or **Illness** that is caused by, relates to or results from a **Clinical Signs** or an **Injury** that showed **Clinical Signs** within three (3) days of **Your Pet's** cover starting.
4. The cost of any **Treatment** a **Vet** normally recommends to prevent **Injury** or **Illness**.
5. The cost of any **Treatment**, or complications arising from **Treatment**, that **You** choose to have carried out that is not directly related to an **Injury** or **Illness**.
6. The cost of killing and controlling fleas, general health improvers and any **Treatment** in connection with pregnancy or giving birth.
7. The cost of pheromone products, including DAP diffusers and Feliway (Animal Behavioural/mood modification products).
8. The cost of any food, including food prescribed by a **Vet**, unless it is used to dissolve existing bladder stones and crystals in urine, in which case **Petcover** will cover 40%.
9. The cost of vaccinations, spaying and castration except the cost of treating any complications arising from these procedures.
10. The cost of treating any **Injury** or **Illness** deliberately caused by **You** or anyone living with **You**.
11. The costs of having **Your Pet** put to sleep, cremated, buried or otherwise disposed of.
12. The cost of house calls unless the **Vet** or **Alternative Treatment** therapist confirms that moving **Your Pet** would further damage its health, regardless of **Your** personal circumstances.
13. For the cost of any prosthesis, including any **Veterinary Treatment** needed to fit the prosthesis, other than hip, knee and/or elbow replacement(s).
14. Extra costs for treating **Your Pet** outside usual surgery hours, unless the **Vet** or **Alternative Treatment** therapist confirms an emergency consultation is necessary.
15. The cost of any hospitalisation (or boarding within a veterinary hospital), and any associated **Treatment**, unless the **Vet** confirms **Your Pet** must be hospitalised for essential **Treatment**, and **Veterinary** expertise is needed to carry out this **Treatment**, and therefore only a **Vet** or member of a veterinary practice can carry out these activities, regardless of **Your** circumstances.
16. Costs resulting from an **Injury** or **Illness** that are excluded under **Your Policy** or generally not covered within these terms and conditions.
17. The cost of surgical items that can be used more than once.
18. The cost of physiotherapy or **Treatment** of a **Behavioural Illness** unless this is carried out by a **Veterinary** practice.
19. The cost of **Treatment** for a **Behavioural Illness** if **Your Pet's** behaviour is caused by **You** failing to provide training.
20. The cost of buying or hiring equipment or machinery or any form of housing, including cages.
21. The cost of hiring a swimming pool, hydrotherapy pool or any other pool or hydrotherapy equipment.
22. The cost of bathing **Your Pet** unless a **Vet** or **Alternative Treatment** therapist confirms veterinary expertise is needed and therefore only a **Vet** or a member of a **Vet Practice** or **Alternative Treatment** therapist can carry out these activities, regardless of **Your** personal circumstances.
23. 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 agreed.
24. Cost of dental **Treatment** unless it results from an **Injury** or **Illness**.
25. The cost of a post mortem examination, voluntary euthanasia, attributable to an exclusion.
26. The cost of transplant surgery, including any pre and post-operative care.
27. The cost of any **Treatment** while on a journey if a **Vet** or **Alternative Treatment** therapist believes it can be delayed until **Your Pet** returns **Home**.
28. The cost of any **Treatment** if the journey was made to get **Treatment** outside of **New Zealand**.
29. Any pandemic disease that causes widespread **Illness**, death or destruction affecting dogs and cats.

## **How to claim:**

**You** must fill in a claim form and send it to **Us** together with the legible fully itemised invoices setting out the costs involved.

Claim forms can be downloaded from **Our** website [petcovergroup.com/nz/make-a-claim](http://petcovergroup.com/nz/make-a-claim) or alternatively **You** can contact us on 0800 255 426 or [claims.nz@petcovergroup.com](mailto:claims.nz@petcovergroup.com) and ask for a claim form. If a claim has not been submitted within twelve (12) months of **Your Pet** receiving **Treatment**, **We** may refuse to pay the claim, to the extent that **We** are prejudiced by the late notification of the claim.

**You** can email the completed claims form to [claims.nz@petcovergroup.com](mailto:claims.nz@petcovergroup.com) or post it to Petcover New Zealand Ltd.  
P. O. Box 112 250,  
Penrose, Auckland 1642

#### **When to claim:**

**You** should send **Us Your** claim at the end of any **Treatment** or the end of the **Period of Insurance** if the **Treatment** has not finished by this time. Please submit the claim form within twelve (12) months of the **Pet** receiving **Treatment**

## **Section 2 – Advertising and Reward**

#### **We will pay:**

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

1. The cost of advertising; and
2. The reward **You** have advertised and paid, with **Our** prior agreement to get **Your Pet** back.

#### **We will not pay:**

1. More than the **Maximum Benefit** of \$400.
2. More than 10% of the **Maximum Benefit** towards sundries to make **Your** own posters and advertising material.
3. Any reward that **We** have not agreed to before **You** advertised it.
4. Any reward not supported by a signed receipt giving the full name and address of the person who found **Your Pet**.
5. Any reward paid to any person living with **You** or employed by **You**.
6. Any reward paid to a person who was caring for **Your Pet** when it was stolen.

#### **Special conditions that apply to this section when Your Pet is stolen or goes missing:**

**You** must report the loss or theft of **Your Pet** as soon as reasonably possible of discovering it missing, to the Police and obtain a Police incident report. If **Your Pet** was lost or stolen whilst in transit, **You** must report the loss or theft to the operator and obtain a report.

#### **How to claim:**

Please phone **Us** on 0800 255 426 or email us at [claims.nz@petcovergroup.com](mailto:claims.nz@petcovergroup.com) for approval of any reward before **You** advertise it. **We** will then send **You** a claim form for advertising and rewards. Fill in the claim form and send it to **Us** with fully itemised invoices and receipts to show the costs involved, including a receipt for any reward **You** paid.

If the loss of theft happened whilst in transit, please also send **Us** the booking invoice for the transit or any other official documentation to show the dates of the journey.

**You** can email the completed claims form to [claims.nz@petcovergroup.com](mailto:claims.nz@petcovergroup.com) or post it to Petcover New Zealand Ltd.  
P. O. Box 112 250,  
Penrose, Auckland 1642

#### **When to claim:**

**You** should send **Us Your** claim if **Your Pet** is not recovered or returned after thirty (30) days of being lost or stolen. If a claim has not been submitted within twelve (12) months of **Your Pet** being stolen or going missing **We** may refuse to pay the claim, to the extent that **We** are prejudiced by the late notification of the claim.

## **Section 3 – Theft or Straying**

#### **We will pay:**

The price **You** paid for **Your Pet** if it is stolen or goes missing during the **Period of Insurance** and is not recovered or does not return. If **You** did not pay for **Your Pet** or have no formal proof of how much **You** paid, **We** will pay the **Market Value** of **Your Pet**, but not exceeding the **Maximum Benefit**.

#### **You must pay:**

For each claim under this section during the **Period of Insurance**, you must pay the **Excess** and **Co-Payment** as shown on your **Certificate of Insurance**, under the **Animal Details** section.

### **We will not pay:**

1. More than the **Maximum Benefit** of \$1,500.
2. Any amount if **You** or the person looking after **Your Pet** has freely parted with it, even if tricked into doing so, unless anyone was looking after or transporting **Your Pet** in return for money, goods or services.

### **Special conditions that apply to this section:**

If **Your Pet** is found or returns, **You** must repay the full amount **We** have paid **You**. As soon as **You** discover **Your Pet** is missing, **You** must:

1. Tell the police and ask for the crime reference number or written confirmation of **Your** report; and
2. Tell all the **Vets** and local rescue centres within a reasonable distance of the area where **Your Pet** was last seen, within five (5) days of **Your** dog going missing; and
3. If **Your Pet** has not been found within thirty (30) days, fill in a claim form and return it to **Us** as soon as possible.

### **How to claim:**

For a claim form for theft or straying, can be downloaded from **Our** website [petcovergroup.com/nz/make-a-claim](http://petcovergroup.com/nz/make-a-claim) or by contacting Our Customer Centre on 0800 255 426 or [claims.nz@petcovergroup.com](mailto:claims.nz@petcovergroup.com)

To claim for theft or straying **You** must have advertised the loss of **Your Pet**. Please send **Us**:

1. The Pets original Pedigree Certificate and purchase receipt from where **You** bought **Your Pet**, where applicable; and
2. **Your** claim form.

**We** will not pay for the provision of this information. Please note, if the claim is paid the Pets original Pedigree Certificate and purchase receipt will not be returned to **You**.

### **When to claim:**

**You** should send **Us** **Your** claim if **Your Pet** is not recovered or returned after thirty (30) days of being lost or stolen. If a claim has not been submitted within twelve (12) months of **Your Pet** being stolen, or going missing **We** may refuse to pay the claim, to the extent that **We** are prejudiced by the late notification of the claim.

## **Section 4 – Death from Injury**

### **What We will pay**

The price **You** paid for **Your Pet** if it either dies or has to be put to sleep by a **Vet** during the **Period of Insurance** as a result of an **Injury** caused by an **Accident**. If **You** did not pay for **Your Pet** or have no formal proof of how much **You** paid, **We** will pay the **Market Value** of **Your Pet**, but not exceeding the **Maximum Benefit**.

### **What You pay**

For each claim under this section during the Period of Insurance, you must pay the Excess and Co-Payment as shown on your Certificate of Insurance, under the Animal Details section.

### **What We will not pay**

1. Any cover for death as a result of an **Injury** that occurred in the three (3) day **Waiting Period**.
2. More than the **Maximum Benefit** of \$1,500.
3. To the extent permitted by law, any amount if the death results from an **Injury** that happened prior to the **Period of Insurance**.
4. Any amount if the death results from an **Injury or Illness** specified as excluded on **Your Certificate of Insurance** or generally not covered within these terms and conditions.
5. Any amount if **Your Pet** is put to sleep by a **Vet** unless the **Vet** has put **Your Pet** to sleep as a result of an **Injury** that cannot be treated and believes it was not humane to keep **Your Pet** alive because it was suffering.

### **How to claim**

For a claim form for accidental death, can be downloaded from **Our** website [petcovergroup.com/nz/make-a-claim](http://petcovergroup.com/nz/make-a-claim) or phone **Our** Customer Centre on 0800 255 426.

### **Please send Us:**

1. A death certificate from **Your Vet**.
2. The Pets Pedigree Certificate and receipt from when **You** bought **Your Pet**, where applicable, and
3. **Your** claim form.

**We** will not pay for the provision of this information.

### **When to claim**

**You** should send **Us** **Your** claim as soon as possible after the death of **Your Pet**. If a claim has not been submitted within twelve (12) months of **Your Pet's** death, **We** may refuse to pay the claim, to the extent that **We** are prejudiced by the late notification of the claim.

## Section 5 – Death from Illness

### What We will pay

For each claim under this section, during the Period of Insurance, you must pay the Excess and Co-Payment as shown on your Certificate of Insurance, under the Animal Details section.

### What You pay

For each claim under this section, during the Period of Insurance, you must pay the Excess and Co-Payment as shown on your Certificate of Insurance, under the Animal Details section.

### What We will not pay

1. Any cover for death as a result of an **Illness** that occurred in the seven (7) day **Waiting Period**.
2. More than the **Maximum Benefit** of \$1,500.
3. To the extent permitted by law, any amount if **Your Pet's** death results from:
  - An **Illness** that first showed **Clinical Signs** before **Your Pet's** cover started; or,
  - An **Illness** that is the same as, or has the same diagnosis or **Clinical Signs** as an **Illness** or **Clinical Sign Your Pet** had before cover started; or,
  - An **Injury or Illness** that is caused by, relates to or results from an **Illness** or **Clinical Signs Your Pet** had before it's cover started, no matter where the **Injury, Illness** or **Clinical Signs** are noticed or happen in or on **Your Pet's** body.
4. To the extent permitted by law, any amount if **Your Pets** death results from;
  - an **Illness** first showed **Clinical Signs** within seven (7) days of **Your Pet's** cover starting; or,
  - An **Illness** that is the same as, or has the same diagnosis or **Clinical Signs** as an **Illness** or **Clinical Signs Your Pet** has before it's cover started or within seven (7) days of **Your Pet's** cover starting; or,
  - An **Illness** that is caused by, arises from or is in any way connected with or results from an **Illness** or **Clinical Sign** that was first noticed, or an **Illness** that first showed **Clinical Signs** within seven (7) days of **Your Pet's** cover starting, no matter where the **Injury, Illness** or **Clinical Signs** are noticed or happen in or on **Your Pet's** body.
5. Any amount if the death results from pregnancy or giving birth.
6. Any amount if the death results from an **Injury or Illness** specified as excluded on **Your Certificate of Insurance** or generally not covered within these terms and conditions.
7. The purchase price or **Market Value** of **Your Pet** if a **Vet** puts **Your Pet** to sleep unless it is because of an incurable **Illness** and the **Vet** believes it was not humane to keep **Your Pet** alive because it was suffering.

### How to claim

For a claim form for death from **Illness**, can be downloaded from **Our** website [petcovergroup.com/nz/make-a-claim](http://petcovergroup.com/nz/make-a-claim) or by contacting **Our** Customer Centre on 0800 255 426 or [claims.nz@petcovergroup.com](mailto:claims.nz@petcovergroup.com).

### Please send Us:

1. A death certificate from **Your Vet**;
2. The original Pedigree Certificate and receipt from when **You** bought **Your Pet**, where applicable; and
3. **Your** completed claim form.

**We** will not pay for the provision of this information.

### When to claim

**You** should send **Us** **Your** claim as soon as possible after the death of **Your Pet**. If a claim has not been submitted within twelve (12) months of **Your Pet's** death **We** may refuse to pay the claim, to the extent that **We** are prejudiced by the late notification of the claim.

## Claims procedure

1. Unless **You** are claiming for **Vet's Fees**, **You** must let **Us** know of any circumstances, which are likely to lead to a claim. Please write to: PO Box 112250, Penrose, Auckland 1642.
2. Alternatively, **You** may either phone **Our** Customer Centre on 0800 255 426 or email us at [claims.nz@petcovergroup.com](mailto:claims.nz@petcovergroup.com)
3. Claims involving **Your Pet** being attacked by another Animal:

If **Your Pet** has been injured or had to be put down due to being injured by another Animal, please contact **Petcover** for an additional form that needs to be completed and be included with **Your** claim form along with the following;

- Details of the owners of the other Animal(s)
- Confirmation the matter was reported to the police/relevant authority.
- Depending on where the attack happened, **You** must report the attack to the appropriate authorities in that Shire/ municipality, i.e. The Ranger at the Local Council/Police Station.

**You** must then follow the procedures set out in the section under which **You** are claiming.

Please make sure **Your** claim form is fully completed by **You** and **Your Vet** as any incomplete claim forms will be returned to **You**.

## Changes to this Notice

We keep **Our** privacy notice under regular review. This notice was last updated on the 1st July 2020.

## Contacting Us

If **You** have any questions relating to the processing of **Your** information, please contact **Us**:

**Petcover** Customer Centre

PO Box 112250

Penrose Auckland 1642

Ph: 0800 255 426

For information about the insurer and Sovereign Insurance Australia please visit <https://www.sovereignaustralia.com.au>.

## Sanctions

**We** will not provide any benefit under this insurance 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.

## Choice of Law and Jurisdiction

**You** and **We** are free to choose the law applicable to this contract of insurance. Unless specifically agreed to the contrary this contract of insurance shall be governed by the laws of **New Zealand** and subject to the exclusive jurisdiction of the courts of **New Zealand**.

Any term in this contract which conflicts with the law which applies to the country in which **You** live shall be amended to conform to that law.

## Service of Suit

The **Insurer** agrees that in the event of a dispute arising under this **Policy**, the **Insurer** shall, at **Your** request, submit to the jurisdiction of any competent court in **New Zealand**. Such dispute will be determined according to the law and practice applicable to such court. Any summons, notice or process to be served upon the **Insurer** as follows:  
Sovereign Insurance Australia 3801/3803 Pacific Hwy, Tanah Merah, QLD 4128, Australia.

## Language

Unless otherwise agreed in writing the language of **Your Policy** and any communication throughout the duration of the **Policy** will be in English.



By Telephone	<b>0800 255 426</b>
By Email	<b>info.nz@petcovergroup.com</b>
In Writing	<b>Petcover Customer Care PO Box 112250 Penrose Auckland 1642</b>
Website	<b>petcovergroup.com/nz</b>
National Relay Service	<b>nzrelay.co.nz</b>



#### **Administrator**

Petcover New Zealand Limited (NZBN 9429046576941) is the sole Administrator of the policies acting on behalf of the Insurer.

#### **The Insurer**

The Insurer of this Policy is Sovereign Insurance Australia Pty Ltd - Australia (ABN 85 138 079 286, AFSL No. AFSL No. 342516) with its registered address at 3801/3803 Pacific Hwy, Tanah Merah, QLD 4128, Australia.

Sovereign Insurance Australia Pty Ltd is authorised to carry out insurance business in Australia by the Australian Prudential Regulation Authority in accordance with the Insurance Act 1973 (Cth). Please consider the PDS before making a decision to purchase the product. This information does not take into account your objectives, financial situation or needs and does not constitute any form of financial advice or recommendation.

The Insurer is regulated by the Australian Prudential Regulation Authority ("APRA"). Sovereign Insurance Australia Pty Ltd is not currently licensed to carry on insurance business in New Zealand and is not regulated by New Zealand prudential supervision laws or within the prudential supervision of the Reserve Bank of New Zealand.

An overseas policyholder preference applies. Under Australian law, if Sovereign Insurance Australia Pty Ltd is wound up, its assets in Australia must be applied to its Australian liabilities before they can be applied to overseas liabilities. To this extent, New Zealand policyholders may not be able to rely on Sovereign Insurance Australia Pty Ltd assets to satisfy New Zealand liabilities.

