

**ANIMAL FRIENDS INSURANCE**

**POLICY DOCUMENT – ACCIDENT ONLY POLICY Prefixed with AD and AY**

Animal Friends Insurance – *Your* ethical choice  
This is *Your* Policy Document

Policy Booklet Number : **Policy Wording/AD & AY/4<sup>th</sup> January 2011/FSA**  
Policy Booklet Effective Date : 4<sup>th</sup> January 2011

**This is *Your* Policy Document**

This document explains exactly what cover is provided and contains the terms and conditions of *Your* policy. This document, together with *Your* application for cover and *Schedule* forms the policy and should be read as one document. The *Schedule* contains information about *You*, *Your Pet*, the period of cover and the premium.

This policy provides cover for the cost of *Veterinary Fees* if *Your Pet* suffers from a sudden and unexpected *Injury*. *You* are entitled to use the services of any registered veterinary practitioner in the UK, Channel Islands, the Isle of Man and Ministry of Defence overseas bases located in EEA territories, including MOD Sovereign Base Areas (SBA). *Veterinary Fees* are defined in Sections 1 & 2 of this document and may be subject to stated limits and excesses.

This policy is a fixed-term contract of insurance not a continuous permanent health policy. It provides cover for *Your Pet* while *You*, or anyone acting with *Your* permission, is looking after it. *We* will only provide cover once *AFI* have accepted a completed application and issued a *Schedule*. *Your Pet* will remain insured as long as *You* pay the correct premium.

It is up to *You* to ensure that the cover *You* have selected is appropriate for *Your* needs. *We* cannot advise *You* on whether this policy meets *Your* personal objectives, financial situation or needs. If you have any questions regarding this policy or *You* would like to make changes or additions to this cover, please contact Animal Friends Insurance on 0844 55 70 300.

*You* have informed *Us* that *Your Pet* is in perfect health as at the *Commencement Date* and does not have any *Illness* or *Injury*, save for those which have been notified to and accepted by *Us* in writing.

*You* must notify *Us* as soon as possible of any changes which may affect the cover provided and which have occurred since the cover started. If *You* do not inform *Us* of any changes, this policy may become invalid and may not provide the cover *You* require.

This policy does not cover every circumstance or expense and *We* have some exclusions that help keep premiums low. A list of the exclusions applicable to each section is included after each section, and a list of general exclusions, which apply to all sections of cover can be found in Section 6 of this document

During any *Policy Period*, in return for payment of the correct premium, *We* will provide insurance for the *Pet* named on the *Schedule* for the *Benefit Limits* noted on the *Schedule* as per the policy terms and conditions as set out in this document.

Signed for and on behalf of the Insurer



**Ed O'Regan**  
**Underwriting Manager**

## SECTION 1 – DEFINITIONS

When interpreting this policy:

- references to the singular include the plural and vice versa, and to the masculine include the feminine and vice versa
- monetary references are to UK pounds sterling.
- certain words and expressions used in this policy have a specific meaning.

The following words will have the meanings described below wherever they appear in this document.

*Accident* means a sudden, unforeseen, and unintended event causing *Injury* to *Your Pet*. An *Accident* must be a direct consequence of at least one of the following:

1. motor vehicle or boating incident;
2. burn or electrocution;
3. fall from an elevated position;
4. near drowning;
5. the actions of another animal;
6. swallowing a foreign object requiring surgical or endoscopic removal;
7. snake bite;
8. allergic reaction to an insect bite, other than tick and flea bites;
9. Drug, Alcohol and/or Plant poisoning;

or otherwise result in:

10. a fracture;
11. a puncture;
12. a broken bone;
13. a traumatic ligament or tendon *Injury*;
14. lacerations, abrasions or wounds.

*AFI* means Animal Friends Insurance Services Limited, who is the administrator for all sections of this policy and whose registered office is situated at Minton House, London Road, Amesbury, Wiltshire SP4 7RT

*Annual Benefit Limit* means the maximum *Benefit Limit* per *Injury* or *Condition* as shown on the *Schedule* for each 12 month period starting on the *Commencement Date*. The maximum *We* will pay for a single *Condition*, a Recurring *Condition* or a Chronic *Condition* suffered by *Your Pet* is the *Lifetime Condition* amount shown in the *Schedule*, subject to the *Annual Benefit Limits* set out in the *Schedule*. The *Annual Benefit Limit* renews every 12 months from the *Commencement Date* subject to *You* continuing to make premium payments when due. If *You* stop making premium payments to *Us* then cover will cease.

*Lifetime Condition* means the maximum amount *We* will pay for a particular claim in the aggregate, during the life of the *Pet* as detailed in *Your Policy Schedule*. Once this maximum amount has been paid, *We* will not pay for any further *Treatment* of that *Condition* during the remainder of the *Policy Year* or any future *Policy Year*.

If *You* transfer *Your Pet* to a plan with additional or higher *Benefit Limits*, the additional or higher *Benefit Limits* will not apply if the *Condition* being claimed first manifested itself during a previous *Policy Period*.

*Bilateral Condition* means any *Condition* affecting body parts of which *Your Pet* has two, one each side of the body (e.g. ears, eyes, knees, cruciate ligaments). When applying a *Benefit Limit* or exclusion, *Bilateral Conditions* are considered as one *Condition*.

*Chronic Condition* means a *Condition* which, once developed, is deemed incurable or is likely to continue for the remainder of *Your Pet's* life.

*Clinical Signs* means changes in *Your Pet's* normal healthy state, its bodily functions or behaviour arising as a result of an accident

*Complementary Medicine* means physiotherapy, hydrotherapy, acupuncture, homeopathic or herbal medicines administered by a suitably qualified practitioner following a recommendation from a qualified *Vet*. The following practitioners are considered to be suitably qualified: Association of Chartered Physiotherapists in Animal Therapy/ National Association of Veterinary Physiotherapists, The International Association of Animal Therapists, Canine Hydrotherapy Association International Veterinary Acupuncture Society (IVAS) and the Association of British Veterinary Acupuncturists (ABVA).

*Commencement Date* means the date and time when cover first starts as noted in the *Schedule*

*Condition* means any *Injury* sustained during, or resulting from, a single *Accident*

*End Date* means the date on which this policy ends, which will be the earliest of the following:

- the date *Your Pet* dies; or
- the expiry of the current policy period:
  - if *You* fail to renew this policy; and/or
  - *We* choose not to renew this policy for whatever reason; or
- the date *You* fail to pay the premium; or
- the date *You* cancel this policy; or
- the date *We* cancel this policy for whatever reason

*Excess* means the amount shown in the *Schedule* that is deducted from *Your* benefit for each Accidental *Injury Condition* treated during the *Policy Period* that is not related to any other Accidental *Injury Condition* treated during the same *Policy Period*

*Illness* means sickness, disease, infection or any change in *Your Pet's* normal healthy state which is not caused by *Injury*

*Injury* means damage to one or more parts of *Your Pet's* body as a result of one accidental cause

*Market value* means the price usually paid for a *Pet* of the same age, breed, pedigree sex and breeding ability at the time a claim is made under this insurance

*Pet* means a dog or cat covered under this policy and named and described in the *Schedule*

*Pre-existing Condition* means:

- any *Condition*, symptom or sign of a *Condition* occurring or existing in any form and at any time prior to the *Commencement Date*;

*Policy Period* means:

- Yearly Policy - are payable annually and run for 365 days from the *Commencement Date* shown in the *Schedule*.
- Monthly Policy – runs for and premiums are collected each calendar month and automatically renews every calendar month. Automatic renewal is subject to receipt of premium.

*Recurring Condition* means a *Condition* that is curable but may recur

*Schedule* means the document which contains important information about *You* and this policy and forms part of the policy document

*Treatment* means any examination, consultation, advice, tests, x-rays, medication, surgery or nursing care provided by a veterinary practice or member of a professional organisation acting under their direction

*Vet* means a Registered Veterinary Surgeon.

*Waiting Period* means a period of 5 days starting from the *Commencement Date* of the initial *Policy Period* during which an *Accident* or *Injury* that occurs or shows any *Clinical Signs* will be excluded from cover unless otherwise stated on the *Schedule*.

*Your Vet* means the *Vet* or veterinary practice *You* employ to carry out *Your Pet's Treatment*.

*We, Our, Us* means Red Sands Insurance Company (Europe) Limited whose registered office is situated at Level 3, Ocean Village Business Centre, 23 Ocean Village Promenade, Gibraltar and is registered in Gibraltar under company registration number 87598

*You, Your* means the person named as the policy owner on the *Schedule*

From this point on, all defined terms appear in italics throughout this document

## SECTION 2 – VETERINARY FEES

### 2.1 Cover

*We* pay up to the *Annual Benefit Limit* of £2,000 for *Treatment* and/or for *Complementary Medicine* up to the *Lifetime Condition Limit* of £10,000. The *Annual Benefit Limit* is applied separately to every unrelated *Injury* or *Condition* claimed for.

**If total Veterinary Fees appear likely to exceed £1,000 *You* must notify *AFI* immediately for pre-authorisation as *We* may wish to obtain a second opinion from *Our* veterinary advisor.**

### 2.2 Level of Veterinary Fees allowed

*We* reserve the right to obtain a second opinion from *Our* veterinary advisor where *We* consider:

- *Veterinary Fees* charged appear greater than conventional fees charged by an attending/referral practice; and/or
- *Treatment* received may not have been required or may have been excessive when compared with *Treatment* conventionally undertaken by an attending/referral practice

Where there is a dispute *We* will pay only those *Veterinary Fees* deemed reasonable and essential by *Our* veterinary advisor. *We* reserve the right to pay only up to a 100% mark-up on veterinary medicines.

### 2.3 Exclusions

The following are excluded from cover:

2.3.1 Any *Illness*.

2.3.2 Any costs associated with damage to a Cruciate Ligament.

2.3.3 Costs resulting from an *Accident* or *Injury* that:

2.3.1.1 is the same as or has the same diagnosis or *Clinical Signs* as an *Injury*, or *Clinical signs* *Your Pet* had before the *Commencement Date*;

2.3.1.2 is caused by, relates to or results from an *Injury*, or *Clinical Signs* *Your Pet* had before the *Commencement Date*.

**Please note if *Your Pet* first showed any *Clinical Signs*; or had an *Accident* or *Injury*; or was diagnosed with a *Condition* during the *Waiting Period* or prior to the *Commencement Date*, *We* reserve the right to apply an exclusion to *Your Policy* in respect of this *Accident*, *Injury*, or *Condition*.**

2.3.4 Costs resulting from or related to any excluded *Condition* as shown in the *Schedule*.

2.3.5 Costs for cosmetic *Treatment*, elective *Treatment*, routine *Treatment* or preventative *Treatment* recommended by a *Vet* to prevent an *Injury*. This is not limited to but includes vaccination, spaying, castration, Cryptorchidism (retained testes), stem cell/ gene therapy, grooming, nail clipping, breeding, whelping, kitting, bathing, dematting, killing and controlling fleas and worms, spaying to prevent the re-occurrence of false pregnancy and any claims as a result of these procedures unless specifically noted on the *Schedule*;

2.3.6 Any dental or gum *Treatment* unless required as a direct result of an *Accident* or *Injury* to *Your Pet*. Please note that in the event of an *Accident* or *Injury* claim *We* will only cover the costs of the physical extraction and no anaesthetics, antibiotics or associated costs will be covered.

2.3.7 *Treatment* received by *Your Pet* after the *End Date*.

2.3.8 The cost of any *Treatment* if a claim has not been submitted within 90 days of the first date *Your Pet* received *Treatment*.

2.3.9 The cost of any *Treatment* for behavioural problems or for any conditions arising as a result of the same

2.3.10 Any costs for house calls/out-of-hours calls/non essential hospitalisation and ambulance costs unless a *Vet* confirms that *Your Pet* was suffering from a life-endangering *Condition*. *Your* personal circumstances will not be covered.

- 2.3.11 Costs of putting *Your Pet* to sleep, cremation and disposal, including post mortem costs, coffins or caskets.
- 2.3.12 Costs which are not supported by an original receipt or invoice itemising the *Treatment* costs incurred.
- 2.3.13 Costs for *Treatment of Conditions* arising from *Your Pet* being overweight.
- 2.3.14 Any costs associated with routine or investigative laboratory tests or procedures unless the *Clinical Signs* /symptoms exist and the tests and procedures are to diagnose a specific *Condition*
- 2.3.15 Extra fees on external laboratory fees. *We* will only pay the external fee plus up to £20 for post and packaging and interpretation
- 2.3.16 Any charges made by *Your Vet* for a prescription charge for obtaining medication elsewhere.
- 2.3.17 The *Excess* applicable to this section of cover.
- 2.3.18 The cost of any *Treatment* relating to an accident or injury that occurs within or before the *Waiting Period*

### SECTION 3 - GENERAL CONDITIONS

#### 3.1 General Conditions

- 3.1.1 If *You* pay the premiums by direct debit and *You* default on any payment, *We* reserve the right to charge an administration fee of £2.99 to *Your* next payment.
- 3.1.2 If any loss, damage or liability is insured by any other policy (or would be insured if this policy did not exist) *We* will not be liable for the whole claim. *We* will only pay anything over the amount which should have been paid under this policy (or policies) if this policy had not been taken out.
- 3.1.3 A dog on a public highway must be on a collar and lead under control. Reasonable steps must be taken to ensure a dog does not escape or stray and any area in which a dog is kept must be secure and appropriately fenced or otherwise secured.
- 3.1.4 You must ensure that any dog lead, collar and/or harness is in good condition and fits *Your Pet* to prevent escape. You must also ensure that any lead is used in such a way as to prevent the same slipping out of your grasp should *Your Pet* suddenly pull away from you.
- 3.1.5 *You* must notify *AFI* as soon as possible of any change in circumstances relevant to this policy, including change of address. Failure to do so may invalidate this policy. *We* reserve the right to alter the terms of this policy immediately after *We* are notified of such changes.
- 3.1.6 During the *Policy Period* *You* must take care of *Your Pet* including arranging and paying for any *Treatment* normally recommended by *Your Vet* to prevent or reduce the risk of *Accident* or *Injury*.
- 3.1.7 *You* must ensure that *Your Pet* is vaccinated against distemper, hepatitis, leptospirosis, parvovirus for dogs, kennel cough when entering a boarding kennel or show, and feline infections such as enteritis, feline leukaemia and cat flu for cats. *You* must also agree to have *Your Pet* vaccinated against any other disease a *Vet* feels is necessary. *You* must keep *Your Pet's* vaccinations up to date, as recommended by *Your Vet*.
- 3.1.8 *You* must ensure that *Your Pet* is wormed regularly and if there is a risk of contagion, to keep *Your Pet* isolated from the same.
- 3.1.9 *We* reserve the right to cancel or avoid this policy and to retain the premium where *We* believe *You* have mis-stated, omitted or concealed a fact *We* consider material to the risk either when taking out a policy for the first time or renewing it.
- 3.1.10 If a dispute arises and the dispute relates to any sum to be paid under this policy then it shall be referred to a single arbitrator appointed in default of agreement by the Chairman of the Association of British Insurers under the provisions of the Arbitration Act 1979 as amended. The decision of the arbitrator shall be final and binding. Where a dispute arises due to a difference of opinion between vets then *We* shall appoint an independent *Vet* whose decision shall be binding. The costs of the independent *Vet* will be shared equally by *You* and *Us*.
- 3.1.11 When inviting renewal of this policy *We* may, at *Our* sole discretion, for any reason and as *We* deem appropriate taking into consideration (but not limited to) *Your Pet's* age, medical and/or claims history, change cover, benefits, premium, terms and/or conditions.

### SECTION 4 - HOW TO CLAIM

- 4.1 On the happening of any *Accident*, *Illness*, loss, destruction or damage giving rise or likely to give rise to a claim under this policy, *You* must either:
  - 4.1.1 download a claim form from [www.animalfriends.org.uk](http://www.animalfriends.org.uk); or
  - 4.1.2 contact *AFI* by email on [claims@animalfriends.co.uk](mailto:claims@animalfriends.co.uk)
  - 4.1.3 contact *AFI* by telephone on 0844 55 70 300 (option 5)

and request *AFI* to send *You* a claim form. Full instructions of how to complete the claim form will be provided. *You* must co-operate fully and truthfully to give *AFI* any information *AFI* may need.

### SECTION 5 - CONDITIONS OF SETTLING CLAIMS

- 5.1 If requested by *AFI*, the *Vet* attending *Your Pet* or the usual or previous *Vet* must, at *Your* expense, provide *AFI* with all information about *Your Pet*, including its full medical history or its *Treatment* as *AFI* may require.

- 5.2 *You and Your Vet* will have to complete all applicable sections on one of *Our Claim Forms* and submit the same to *AFI* before a claim can be assessed by *AFI*. An incomplete Claim Form will be returned and this will delay settlement of claims. *We* will not pay any fee charged by *Your Vet* for completing the Claim Form and *We* reserve the right to refuse a claim where a fully completed Claim Form has not been returned to *Us* without undue delay and in any event within 90 days of the incident occurring or *Your* renewal if sooner.

## SECTION 6 - GENERAL EXCLUSIONS

- 6.1 *Any Pre-existing Conditions.*
- 6.2 *We* will not pay a claim that is in any way untrue or fraudulent, or arises from a malicious, wilful or criminal act on the part of any person
- 6.3 Any claims arising as a result of Act of Parliament, by law or central or local government regulation.
- 6.4 *We* will only pay costs which are incurred as direct consequence of the event which led to the claim *You* are making under this *Policy*.
- 6.5 Any costs involved in any organ transplants including any loss or damage as a result of *Your Pet* undergoing organ transplants.
- 6.6 Any costs involved in *Your Pet* under-going stem cell and/or gene therapy *Treatment* including any loss or damage as a result of *Your Pet* undergoing such *Treatment*;
- 6.7 Any loss as a result of an act of force or violence for religious, ideological or political reasons, war, riot, civil commotion, revolution or similar event including any act of terrorism of any kind.
- 6.8 *We* shall not be liable where *We* have not received the correct premium before the start of each *Policy Period*.
- 6.9 *We* shall not be liable under this policy unless *You* have complied with all the terms, conditions and endorsements of this policy.
- 6.10 *We* shall not pay any claims where *Your Pet* has been used in any trade, profession or business including breeding, unless *We* have agreed in writing to cover such use. Show dogs are covered.
- 6.11 *We* shall not be liable for any claims of any kind which are caused by *Your Pet* straying, escaping, damaging property, or attacking persons or pets if *Your Pet* has done this before.
- 6.12 **Excluded Dogs**
- 6.12.1 Any dogs used for trade or business.
- 6.12.2 Any dogs used as gundogs, used for or in connection with shooting or for the purposes of hunting of any kind
- 6.12.3 The following dogs, as outlined in the Dangerous Dogs Act 1991, are specifically excluded from cover under any section of this policy:
- Pit Bull Terrier
  - Japanese Tosa / Tosa Inus
  - Dogo Argentino (also referred to as Argentine Dogo and Argentinian Mastiff)
  - Fila Brasileiro
- Including any "type", as defined in the Dangerous Dogs Act 1991, considered to match the description of a prohibited "type"; any breed crossed with the above; and any other breed or type deemed be dangerous by the Secretary of State and subsequently added to the Dangerous Dogs Act 1991.
- 6.12.4 In addition, the following types/breeds are also excluded from cover under any section of this policy:
- American Bandogge/Bandogge Mastiff
  - American/Irish Staffordshire Bull Terriers
  - Canary Dogs/Perro De Pressa Canarios/Presa Canarios
  - Cane Corsos
  - Czechoslovakian Wolfdogs/Sarlooswolfhounds/ Wolf Hybrids
  - Korean Jindo
  - Northern Inuit Dogs
  - Racing Greyhounds
  - Shar Pei
  - Utonagan
- 6.13 Any *Pet* less than 5 weeks old.

## SECTION 7 - CANCELLATION RIGHTS

- 7.1 If, once *You* receive *Your* full policy documents, *You* are not happy *You* have 14 days within which *You* can cancel the policy. If *You* wish to cancel *Your* policy this must be done in writing by email or post to *AFI's* offices – details below. Upon receipt of *Your* written cancellation *We* shall cancel *Your* policy and *You* shall receive a refund of any premium *You* have paid. If *You* have not received an acknowledgement from *AFI* within 14 days, *You* must post the details by recorded delivery.
- 7.2 If *You* wish to cancel after 14 days *We* may give *You* a refund of *Your* premium for any period of cover falling after the cancellation date less any reasonable administration expenses. This must be done in writing by email or post to *AFI's* offices – details below. If *You* have not received an acknowledgement from *AFI* within 14 days, *You* must post the details by recorded delivery.
- 7.3 If *We* have paid a claim *You* may not receive the full return of *Your* premium.
- 7.4 *We* reserve the right to cancel *Your* policy at any time. If *We* do then *We* shall retain such premium as covers the time the policy has been in force and return any balance to *You* in excess of £5. *We* then have no further liability to *You* but *Your* rights up until the cancellation date remain unaffected.

- 7.5 Should *You* wish to alter this policy or cancel it please contact *AFI's* office. This can be done by writing to the postal address or email address noted below, or by phone on 0844 55 70 300. If *You* have not received an acknowledgement from *AFI* within 14 days, *You* must post the details by recorded delivery. A reasonable administration charge will be made for any policy alteration.

*Our* postal address is: Animal Friends Insurance Services Limited, Minton House, London Road, Amesbury, Wiltshire SP4 7RT. *Our* email address is: [info@animalfriends.co.uk](mailto:info@animalfriends.co.uk)

## SECTION 8 - COMPLAINT HANDLING PROCEDURE

If *You* have a complaint please follow this procedure.

- 8.1 If *You* are unhappy with the level of customer service *You* have received please write to the Customer Services Manager at Animal Friends Insurance Services Limited at the above address.
- 8.2 If *You* remain dissatisfied please request that *Your* complaint be passed to the Managing Director at *AFI*.
- 8.3 If *You* remain dissatisfied please write to the Managing Director at Red Sands Insurance Company (Europe) Limited Level 3, Ocean Village Business Centre, 23 Ocean Village Promenade, Gibraltar
- 8.4 If *You* do not receive satisfaction through *Our* internal procedures, then *You* can refer *Your* complaint to the Financial Ombudsman Service (FOS). Their address is: South Quay Plaza, 183 Marsh Wall, London, E14 9SR or they can be contacted on 0845 080 1800.
- 8.5 Financial Services Compensation Scheme  
If *We* are unable to meet *Our* liabilities *You* may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Further information about compensation scheme arrangements is available at [www.fscs.org.uk](http://www.fscs.org.uk), by emailing [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk) or by phoning the FSCS on 0207 892 7300
- 8.6 *Your* legal rights are unaffected.

## SECTION 9 – OTHER INFORMATION

### How *We* protect *Your* Privacy

*AFI* is registered under the Data Protection Act, number Z6313845.

### Purpose of Collection

*AFI* collect, store and use *Your* personal information in order to consider *Your* application for insurance and to administer insurance services to *You*, including claims investigation and management. *AFI* may also use this information for secondary purposes related to the purposes listed above, such as offering *You* additional insurance or insurance-related products or services that *We* believe *You* might be interested in considering. This will always be done as permitted by the relevant privacy legislation.

### Disclosure

In conducting business *AFI* may communicate *Your* personal information to organisations to whom *We* may outsource certain functions or to associated companies. Any such communication is performed with strict adherence to *Our* privacy policy.

### Language

All communication between *You* and *Us* will be conducted in English.

### Opt Out

If *You* don't want to receive information on any of *Our* new products or services *You* can tell *AFI* on *Your* proposal form or by e-mailing [customer@animalfriends.org.uk](mailto:customer@animalfriends.org.uk)

### Updating *Your* Records

If *You* think *AFI's* records are wrong or out of date, particularly *Your* contact details, it is important that *You* contact *AFI* and they will correct them.

### Material Information

*We* rely upon the information *You* provide *Us* to decide whether to insure *Your Pet* and the terms and conditions under which *We* will offer cover. English Law requires *You* to tell *Us* about all known factors relating to the health and behaviour of *Your Pet* that may influence *Our* decision. This is known as Duty of Disclosure, if *You* fail in *Your* Duty of Disclosure *We* may exercise certain remedies that include cancelling this policy or reducing the benefits due in terms of the policy. If *You* are in any doubt as to whether a fact is or may be material to *Us*, *You* must tell *Us* about it.

### Monthly and Annual Policies

Annual Policies are payable annually and run for 365 days from the *Commencement Date* shown on the *Schedule*. *AFI* will advise *You* regarding renewal of *Your* policy prior to expiration of the current policy. *We* reserve *Our* rights to change the terms and conditions of the policy upon renewal.

A Monthly Policy runs for and premiums are collected each calendar month. A monthly policy will automatically renew each month until such time as *You* advise *AFI* *You* wish to cancel *Your* policy. *We* reserve *Our* rights to change the terms and conditions of the policy upon renewal. *We* require *You* to notify *AFI* in writing should *You* decide not to renew *Your* policy.

During the *Policy Period* for Monthly Policies *We* may offer *You* upgraded benefits, alter the cover or increase premiums. *You* will get at least 14 days notice of any alterations in cover or increase in premium. All premiums include Government Insurance Premium Tax at the current applicable rate.

### About the Insurer

Red Sands Insurance Company (Europe) Limited ('Red Sands') is registered in Gibraltar under company number 87598 and has a registered office at Level 3, Ocean Village Business Centre, 23 Ocean Village Promenade, Gibraltar and is licensed and regulated by the Gibraltar Financial Services Commission under the Insurance Companies Act 1987 of Gibraltar. Red Sands is a member of the UK's Financial Services Compensation Scheme and the Association of British Insurers (ABI).

### About the Administrator

Animal Friends Insurance Services Limited, Minton House, London Road, Amesbury, Wiltshire SP4 7RT. Tel: 0844 55 70 300. Authorised and regulated by the Financial Services Authority (FSA). *Our* FSA register number is 307858. If *You* have any questions please call *Our* friendly customer

service team on 0844 55 70 300, Monday to Friday 9:00am to 6.30pm; or visit *Our* website [www.animalfriends.org.uk](http://www.animalfriends.org.uk) where *You* will find a live chat facility; or email *Us* at [info@animalfriends.co.uk](mailto:info@animalfriends.co.uk) . *AFI* provides administration, customer services and claims services on Red Sand's behalf.

**Governing Law and Courts**

Both parties are entitled to choose the law applicable to this contract of insurance. *We* propose English law and in the absence of any agreement to the contrary, English law will apply. Any disputes shall be referred to the exclusive jurisdiction of the English Courts.