



*Petplan
Equine*

Insurance

*Horse & Pony
Insurance Policy
&
Product Disclosure
Statement*

Index

Administrator.....	2
Cancellation.....	2
Complaints.....	3
Cooling-off Period.....	2
Duty of Disclosure.....	6
Excess & Excess Table.....	6 & 17
Exclusions.....	5
Fraud.....	3
General Exclusions.....	25
General Conditions.....	10,11,12
General Insurance Code.....	3
GST.....	7
HiXs Option.....	4
Insurer.....	2
Veteran Horses.....	4
Payments by Instalments.....	7
Policy Definitions.....	7
Pre-Existing Conditions.....	9
Product Disclosure Statement.....	2
Privacy.....	3
Product Summary.....	4
Product Summary Veteran Horses.....	4
Renewal.....	7
Waiting Period.....	9
Section 1a - Death by Injury & Illness.....	12
Section 1b - Disposal after death.....	15
Section 2 - Theft and Straying.....	16
Section 3 - Vet Fees.....	17
Section 4 - Saddlery & Tack.....	20
Section 5 - Entry Fees.....	21
Section 6 - Loss of Use.....	21
Section 7 - Floats, Trailers etc.....	24

Product Disclosure Statement

This Product Disclosure Statement ('PDS'), which includes the policy wording, contains important information about this Horse and Pony Insurance and how it works. This is an important document that has been designed to help **You** make an informed choice when selecting a suitable insurance policy to meet **Your** insurance requirements. **You** should take necessary time to fully consider its contents before making a decision about it.

Other documents may form part of **Our** PDS. Any such documents will include a statement identifying them as part of this PDS and will be provided at the same time as this PDS.

You need to read the **Policy** for a full description of the terms, conditions and exclusions that apply.

The Insurer

Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL No. 234708 (Allianz) is the **Insurer** of the **Policy**.

The Administrator

Petplan® Australasia Pty Ltd ABN 64 069 468 542 AFSL No. 245663 is the sole Administrator of the **Policy** acting under a binder agreement granted by the Insurer that authorises it to issue, vary and dispose of this insurance and to manage and settle claims and deal with complaints.

Contact details are as follows,

Head Office: 1-3 Smolic Crt, Tullamarine Vic, 3043 Ph: 1300 738 225 Fax: (03) 9339 3377.

Your cooling-off period

This insurance gives **You** a cooling off period. If for any reason **You** are not entirely satisfied with **Your Policy** **You** can cancel it within the 14 day period commencing on the earlier of the date on which **Your Certificate of Insurance** is issued and the end of the fifth business day on which the **Policy** was issued to **You**. To exercise **Your** cooling off rights **You** must advise **Us** of **Your** intention to cancel in writing and **We** will cancel **Your Policy** and **You** will receive a full refund of any premiums paid.

Send written confirmation to: **Petplan**, 1-3 Smolic Crt, Tullamarine Vic, 3043.

You cannot exercise **Your** cooling off period cancellation right if **You** have made a claim within the 14 day cooling off period or something has occurred for which a claim may be payable under this insurance.

Cancellation

After the 14 day cooling off period expires, **You** may cancel **Your Policy** at any time by writing to **Us** and **We** may give **You** a refund of money **You** have paid for any period of cover after the cancellation date provided **We** have not paid a claim.

If **You** cancel **Your Policy** after the 14 day cooling off period expires, and **You** pay **Your** premium by instalments, and the premium becomes due **You** may not receive a refund of **Your** premium.

We will not accept **Policy** cancellation requests by telephone.

We reserve the right to cancel this **Policy** on seven (7) days written notice if **You** do not abide by the terms of these conditions of this **Policy**, including if **You** act dishonestly or fraudulently.

Fraud

Fraud by insureds increases **Your** premium and the premiums of all **Policy** holders. If **You**

- provide **Us** with false information, or

- make a false or exaggerated claim with **Us**, or
 - make any claim with **Us** which involves **Your** dishonesty,
- We** may reduce the amount of or not pay **Your** claim and in some cases **We** may void **Your Policy**.

What You can do to assist Us

Please read this PDS and **Policy** carefully to make sure it meets **Your** requirements.

Let **Us** know if **Our** service does not meet with **Your** approval.

Let **Us** explain to **You** any area of **Your Policy** or claim which **You** are having difficulty with.

Retain this PDS and **Policy** in a safe place together with any **Certificate of Insurance We** send **You**.

Keep evidence of any loss, to help **Us** ensure that **Your** claim will not be held up.

Tell **Us** if **You** do not understand anything in connection with this PDS and **Policy**.

General Insurance Code of Practice (“the Code”)

The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry. The **Insurer** and **Petplan** keenly support the standards set out in the Code. **You** can obtain more information on the Code of Practice and how it assists **You** by contacting **Us**.

If You have a complaint

Our aim is to get it right, first time, every time. If **We** make a mistake **We** will try to put it right promptly.

We have a free internal complaints resolution process that can be accessed by contacting **Us** in the first instance:

Petplan Customer Centre, 1-3 Smolic Crt, Tullamarine Vic 3043.
Phone 1300 738 225.

If **You** are not fully satisfied with **Our** decision then contact Allianz Australia Insurance Limited by contacting the: Allianz Complaints Manager, 2 Market St Sydney, NSW 2000.

If this process doesn't resolve the complaint **You** may be able to access the services of an independent external dispute resolution body called Insurance Ombudsman Services (IOS) by contacting;

Insurance Ombudsman Service Ltd, PO Box 561, Collins Street West, Melbourne Vic 8007. Phone: 1300 780808 or (03) 9613 6300, Fax: (03) 9621 2060.

Your private information

In this “**Your** private information” section **We**, **Our** and **Us** refers to both **Allianz** and **Petplan**.

Telephone calls may be monitored and recorded. This allows **Us** to check information **You** give **Us** and also helps to prevent fraud. **We** will give **Your** information to a regulatory body if they make an official request.

We collect personal information from **You** for the purpose of providing **You** with **Insurance** products, services, processing and assessing claims. **You** can choose not to provide this information; however, **We**

may not be able to process **Your** requests.

We may disclose information **We** hold about **You** to other insurers, an **Insurance** reference service or as required by law. In the event of a claim, **We** may disclose information to and/or collect additional information about **You** from investigators or legal advisors. If **You** wish to update or access the information **We** hold please contact **Us**.

From time to time **We** may advise or offer **You** information on other **Insurance** products or services that may be relevant and of interest to **You**. If **You** do not wish to receive these offers or information please advise **Us**.

Our Privacy Policy is available on **Our** Website at www.petplan.com.au/privacy.asp or by calling **Us**, and sets out how **We** collect, store and protect **Your** personal information.

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.

Equine Policy Summary

This cover only applies to horses and ponies aged between 30 days and up to 16 years.

	Benefits	Maximum Benefit	Horse Cover	Horse Value	Pick & Mix
			Comprehensive 'package' offering real value for money	Basic Economy plan for Your Horse or pony	A totally flexible plan to suit Your exact requirements
1a	Death by Injury or Illness or humane destruction of Your Horse	Sum Insured	✓	✓	✓
1b	Disposal after humane destruction or death of Your Horse	\$300	Optional	Optional	Optional
2	Theft or straying	Sum Insured	✓	✓	✓
3a	Vet Fees for Injury or Illness including Alternative Treatment & medicines	\$10,000 each year	✓	Not Available	Optional
3b	HiXS Vet Fees for Injury or Illness including Alternative Treatment & medicines	\$7,000 each year	Not Available	Optional	Optional
4	Saddlery & Tack	Sum Insured	✓	Not Available	Optional
5	Loss of irrecoverable entry Fees	\$1,000	✓	Not Available	Optional
6	Permanent loss of use - 60% or 100% percentage options available	Sum Insured	Optional	Optional	Optional
7	Horse floats, trailers & Horse drawn vehicles	Sum Insured	Optional	Optional	Optional
✓ Benefits automatically included in Your Policy under the relevant Plan					

Veteran Equine Plan

This cover only applies to horses and ponies aged between 17 years and up to 30 years.

There are two options available within Veteran Plan.

	Benefits	Option A Maximum Benefits	Option B Maximum Benefits
1a	Death or humane destruction of Your Horse resulting from an Injury	\$3,000	\$3,000
2	Theft or straying plus \$600 for Advertising & Reward	\$3,000	\$3,000
3	Vet Fees for Injury including Alternative Treatment & medicines	Not Available	\$2,000
4	Saddlery & Tack	Up to the Sum Insured	Up to the Sum Insured

HiXS Plan

Petplan Equine 'HiXS' is a **veterinary** fee option available for horses aged from 30 days up to 17 years.

HiXS can be combined with other **Insurance** options to create a **Policy** to meet the individual needs of each **Horse**.

Details of HiXS cover

The maximum amount payable is \$7,000 for each **Period of Insurance** .

Under this option **You** must pay the first \$1,000 towards the cost of each **Illness** or **Injury**.

Exclusions

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. For example, under all sections of the **Policy**, **We** do not pay;

1. Any Horse less than 30 days old and over 30 years of age.
2. Any amount if the incident or **Accident** causing an **Injury** takes place as a result of any business, profession, occupation or while **You** are working for someone.
3. Any amount if the **Injury**, **Illness** or incident is shown as excluded in **Your Policy** including **Your Certificate of Insurance**.
4. Any amount caused by radiation, nuclear explosion, nuclear fall out or contamination by radioactivity.
5. The cost of treating any **Injury** or **Illness** caused by a malicious act, deliberate **Injury** or gross negligence caused by **You** or a member of **Your Immediate Family** or anyone living with **You**.
6. **Your** failure to take all reasonable precautions to protect **Your Horse** from aggravating or pro-longing an **Injury** or **Illness**.
7. Any loss caused by or results from 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.
8. Any other financial loss, legal compensation, costs or expenses as a result of the death or humane destruction of **Your Horse**.
9. Any amount which results from **You** acting or behaving unlawfully, and any fines or penalties.
10. Any amount if **You** break the Australian laws or regulations including those relating to animal health and importation.
11. Any amount resulting from a disease transmitted from animals to humans.
12. Any pandemic disease that causes widespread **Illness**, death or destruction affecting horses.
13. Any amount resulting from an **Illness** that **Your Horse** contracted while outside Australia, or New Zealand that it would not normally have contracted in Australia or New Zealand.
14. Any costs caused because any Government or Public or Local Authority or any person or Body having the jurisdiction to do so, have put restrictions on **Your Horse**.
15. Legal expenses, fines and penalties connected with or resulting from a breach of the criminal law by **You** or an Act of Parliament.
16. Any amount if **Your Horse** is confiscated or destroyed under the order of any government, public or local authority or any other authority.
17. Any **Horse** not vaccinated against tetanus, strangles and equine influenza, or any other disease that there is a known vaccine and **Vets** recommend vaccination.
18. Any **Horse** not wormed as regularly as normally recommended by a **Vet**.
19. Any amount caused by an act of terrorism, the use or threatened use of violence to scare or intimidate, malicious persons, civil disobedience, strikes, people taking part in labour disturbances or the involvement directly or indirectly of any unlawful organisations.
20. Any amount caused by the pressure waves of an aircraft, spacecraft or

anything else travelling at sonic or supersonic speeds.

21. Any legal expenses resulting from criminal proceedings because of a deliberate act by **You**.
22. **Your** legal liability for payment of compensation in respect of:
 - Death, bodily injury or illness, and/or
 - Physical loss or damage to property.

The following exclusions only apply when **Your Horse** is on a journey within Australia or New Zealand.

1. Any amount if **You** or **Your Horse** lives permanently outside of Australia.
2. Any journey **You** take **Your Horse** on against a **Vet's** advice.

These are only examples of some common 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 "What **We** will not pay".

Your duty of disclosure

Before **You** enter into a contract of insurance with **Us**, **You** have a duty (under the Insurance Contracts Act 1984), 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 Horse**) that is relevant to **Our** decision to insure **Your Horse**, and if so, on what terms. A matter is relevant if **You** know it is relevant or a reasonable person under the circumstances would know it is relevant. **You** have the same duty to disclose any relevant matters to **Us** before **You** renew, extend, vary or reinstate **Your Policy**.

Your duty does not require disclosure of matter that;

- Reduces the risk undertaken by **Us**
- Is common knowledge
- **We** know or in the ordinary course of business, should know
- **We** have indicated to **You** that **We** do not want to know

Non disclosure

If **You** fail to comply with **Your Duty of Disclosure** **We** may be entitled to reduce **Our** liability under this **Policy** in respect of a claim or may cancel **Your Policy**. If **Your** non-disclosure is fraudulent, **We** may also have the option of avoiding the contract from its beginning.

If **You** are unsure as to whether **You** should disclose something, it is better to give this information rather than take the risk of failing in **Your** duty of disclosure.

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

If **You** make a claim under any section of **Your Policy** **You** may be required to pay an **Excess**. Most **Excesses** are detailed on **Your Certificate of Insurance** but some additional excesses may apply to some additional benefits provided by **Your Policy**. **You** should read **Your 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.

Costs

The premium payable by **You** will be shown on **Your** tax invoice. **We** take into consideration a number of factors in setting premiums. This can include **Sum Insured** and **Excess** selected. Premiums are subject to Commonwealth and State taxes and/or charges. These

include Goods and Services Tax and Stamp Duty. The amount of these taxes/charges will be shown on **Your** tax invoice.

Your premium is apportioned as follows: 70% **Insurer** premium, 30% Administrator management fee. If a person has referred **You** to **Us**, **We** may pay them a part of the Administrator fee. This will not increase the amount **You** pay **Us**.

Renewal

We will write to **You** before **Your Policy** expires telling **You** if **We** will offer renewal and if so the details of **Your** next years premium and the **Policy** terms and conditions. If **You** do not want to renew this **Policy**, all **You** need to do is call **Us** on 1300 738 225 to let **Us** know.

If **You** pay **Your** premium by direct debit instalments, when **Your Policy** is due for renewal **We** will renew it for **You** automatically, to save **You** the worry of remembering to contact **Us** before the renewal date. **We** will write to **You** before the **Policy** expires with full details of **Your** next years premium and the **Policy** conditions.

Payments by Instalments

If **You** pay by monthly instalments and if **You** do not pay an instalment on time, then if the outstanding instalment remains unpaid for at least 14 days **We** can refuse to pay a claim arising after the payment was due or if the instalment remains unpaid for at least one month **We** can cancel **Your Policy**. **We** also reserve the right to have **You** pay the rest of the yearly premium immediately.

Application of GST

All monetary limits in **Your Policy** are inclusive of GST.

Subject to the above:

- where **You** are liable to pay an amount for GST in respect of an acquisition relevant to **Your** claim (such as Veterinary **Treatment** services under **Your Policy**), **We** will pay the GST amount (except any amount for which **You** are or would be entitled to an input tax credit).
- if **Your Maximum Benefits** or **Sums Insured** are not sufficient to cover **Your** loss, **We** will only pay the GST amount that relates to **Our** settlement of **Your** claim (except any amount for which **You** are or would be entitled to an input tax credit).

Where **We** make a payment under **Your Policy** as compensation instead of payment for a relevant acquisition, **We** will reduce the amount of the payment by the amount of any input tax credit that **You** would have been entitled to had the payment been applied to a relevant acquisition.

If **You** register, or are registered, for GST, **You** must tell **Us** the extent of **Your** entitlement to an input tax credit on **Your** premium at or before the time **You** make a claim under **Your Policy**. If **You** fail to disclose or understate **Your** entitlement, **You** may be liable for GST on a claim **We** may pay. **Your Policy** does not cover **You** for this GST liability, or for any fine, penalty or charge for which **You** may be liable.

Definitions

Petplan Equine® Is a Registered Trade Mark, and Products sold under this Trade Mark in Australia are sold exclusively by **Petplan Australasia Pty Ltd** under Licence to **Petplan UK Limited**.

We, Us, Our means **Petplan** acting on behalf of Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL No. 234708, of 2 Market St, Sydney NSW 2000, the Underwriter and Insurer of **Your Policy**.

12 months means 365 days calculated from and including the date an **Injury** happens or the first **Clinical Signs** of an **Illness** are noticed.

Accident means a sudden, unexpected, unusual, and specific event, which occurs fortuitously at an identifiable time and place and is unforeseen or unintended.

Alternative Treatment means the cost of any consultation, examination, advice, test and legally prescribed medication for the following procedures where they treat an **Illness** or **Injury**;

1. Acupuncture, chiropractic, manipulation, herbal medicine, homeopathy, osteopathy, physiotherapy, remedial farriery.

The **Treatment** must be carried out either by a **Vet** or on the **Vet's Referral** by a therapists or farrier who holds a nationally recognised qualification in their subject.

2. Hydrotherapy carried out either by a **Vet** or by a therapist following **Referral** by **Your** usual **Vet**.

Certificate of Insurance means the current **Certificate** issued by **Us** to **You** containing details of the cover provided under **Your Policy**, showing **Horse** details, **Saddlery and Tack** details, and **Float/Trailer** details and including any **Exclusions** and other specific insurance details that apply to **Your Policy**.

Clinical Signs means changes in **Your Horse's** normal healthy state, **Condition** or appearance or its bodily functions.

Condition means any **Condition** that causes discomfort, dysfunction, distress, including injuries, disabilities, disorders, syndromes, infections, isolated symptoms, deviant behaviours, and atypical variations of structure and function and/or death to the **Horse** afflicted.

Covernote means the printed document called **Covernote Horse Details** and any letter extending the time of these documents. The **Covernote** and **Covernote Horse Details** show the **policy details**, **horse** details and any extra **Exclusion** and clauses that apply.

Excess means the amount stated on **Your Certificate of Insurance** under the **Horse Details** section, which is the first part of each unrelated claim and the amount **You** must pay for each unrelated **Injury** or **Illness**.

Family means **Your** husband, wife, civil partner, life partner, parents, grandparents, brothers, sisters, sons, daughters, grandsons, and/or granddaughters including **Family** of step and defacto relationships.

Illness means any change to **Your Horse's** normal healthy physical state or appearance, sickness or disease.

Immediate Family means husband, wife, civil partner, life partner, defacto partner, parents, brothers, sisters, sons, daughters, including **Family** of step and/or defacto relationships.

Injury means a physical **Injury** resulting solely and directly from an **Accident**, not any **Injury** that happens over a period of time or is of a gradual nature.

Lease/Loan means an agreement where a person other than the owner of the **Horse** is responsible for the **horse's** stable, grazing, health and general care.

Market Value means the price generally paid for;

1. a **Horse** of the same age, breed, bloodline, sex and ability as

Your Horse just before the **Injury** happened or the **Illness** first showed **Clinical Signs**.

2. a **Horse Float/Trailer, Horse Drawn Vehicle** of the same age, type and **Condition** as **Your Horse Float/Trailer** or **Horse Drawn Vehicle**, just before the loss, theft or damage occurred.

Maximum Benefit means the most **We** will pay up to as set out on the **Certificate of Insurance** under **Horse Details**.

Our Vet means the **Vet We** employ to carry out **Treatment** to **Your Horse** or discuss **Your Horse's Treatment** with **Your Vet**.

Period of Insurance means the **period** stated in **Your Certificate of Insurance**. It does not refer to any prior **Period of Insurance** if the **Policy** is a renewal of a previous **Policy** or any future **Period of Insurance** for any **Policy You** may enter into with **Us** upon renewal. Each period is treated as separate. This is normally 12 months but may be less if **Your Horse** has been added to **Your** insurance or it has been cancelled.

Policy means this document and the **Certificate of Insurance** and any other documents **We** issue to **You** which are expressed to form part of the **Policy** terms, which set out the cover **We** provide for the **Period of Insurance**. For the sake of clarity, it does not include any prior **Policy** that this is a renewal of or any future **Policy** that is a renewal of this **Policy**.

Pre-Existing Condition means any **Condition(s)** or symptoms or signs of that **Condition** occurring or existing in any form prior to the **Policy Commencement Date**, or any **Injury, Illness** or symptoms or signs of that **Injury** or **Illness** occurring or existing in any form during the **Waiting Period**.

Riding means **Riding**, driving, leading, mounting, dismounting or handling **Your Horse**.

Replacement Value means the price generally paid for new **Saddlery** and **Tack** of the same brand, make, age, type and **Condition**, as the **Saddlery and Tack** that has been stolen or destroyed.

Saddlery and Tack means saddles, bridles, leathers, irons, harness and **Riding Tack** normally used on **Your Horse** while it is being used for the activities set out on the **Certificate of Insurance**, (rugs, clothing/costumes and blankets are not included).

Sum Insured means the amount **You** have chosen, and **We** have accepted as the most **We** will pay.

Treatment means **Veterinary Treatment** or **Alternative Treatment**.

Vet means a registered **veterinarian**, specialist **veterinarian**, **vet** practice, clinic, hospital, centre including referral hospitals, licensed to practice in Australia, other than one who may be the insured.

Veterinary Fees means the amount **Vets** in general or referral practice reasonably and generally charge.

Veterinary Treatment means any examination, consultation, advice, tests, X-rays, legally prescribed medication, surgery and nursing required to treat an **Illness** or **Injury** that is provided by a Veterinary practice, or a Vet nurse or another member of the **Vet** practice, under the supervision of the **Vet**, which is not routine or elective treatment.

Waiting Period means a period of 21 days starting from the Commencement Date shown on **Your Certificate of Insurance** of

the initial **Period of Insurance** during which an **Illness** or **Condition** first occurs or shows **Clinical Signs** will be excluded from cover unless otherwise stated on **Your Certificate of Insurance**. The **Waiting Period** will not apply for any **Policy** that is a renewal of this **Policy**.

You, Your means the person(s) named on the **Certificate of Insurance**.

Your Vet means the **Vet You** employ to carry out **Your Horse's Treatment**.

Your Horse means the **Horse** named on the **Certificate of Insurance** under **Horse Details**.

Your Horse Float/Trailer means the **Horse Float/Trailer** or **Horse Drawn Vehicle** or **Horse Drawn Vehicle** described on the **Certificate of Insurance**.

General conditions

1. **You** must tell **Us** as soon as possible if anything happens which could lead to a claim.
2. **You** must take proper care and keep in good condition all property covered by **Your Policy** and take all reasonable precautions to prevent accidents, **Injury**, loss, theft or damage.
3. Throughout the **Period of Insurance** **You** must take proper care of **Your Horse** and take all reasonable steps to maintain **Your Horse's** health. **You** must arrange and pay for **Your Horse** to have a yearly dental examination and any **Veterinary Treatment** normally recommended by a **Vet** to prevent **Injury** or **Illness**.
4. **You** must arrange and pay for **Your Horse** to be kept vaccinated against tetanus, strangles and Equine Influenza, and wormed as regularly as normally recommended by a **Vet**. If **You** do not keep **Your Horse** vaccinated and wormed, **We** will not pay any claims that result from an **Illness** that would not have occurred if **Your Horse** had been vaccinated and wormed.
5. If, when **You** claim, there is any other **Insurance** under which **You** are entitled an indemnity, to the extent permitted by law, **We** will only pay **Our** share of the claim. **You** must tell **Us** the name, address and **Your Policy** number with them.
6. If **You** have any legal rights against another person in relation to **Your** claim, **We** may take legal action against them in **Your** name at **Our** expense. **You** must give **Us** all the help **You** can and provide any documents **We** ask for.
7. If **You** have 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. 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** altogether. **We** may also be entitled to reclaim any payments already made to **You** in respect to such claims.
8. Regardless of **Your** claims history, at renewal **We** have the right to amend **Your Policy** terms and conditions, this includes:
 - imposing terms such as the application of excesses;
 - increasing **Your** premiums;
 - excluding cover;
 - amending the **Policy** wording and/or
 - changing **Your** payment type.**We** also have the right to not invite renewal. **We** will notify **You** in writing of any such action.
9. **Your Horse** is only covered under this **Policy** if **You** pay the

- premium. If **You** pay the yearly premium in instalments and **You** miss an instalment, **You** must pay the outstanding amount within 14 days of the date the instalment was due to be paid. If **We** do not receive **Your** payment within 14 days of the date the premium was due **Your Insurance** will be automatically stop, and **We** will make no further payments. If **You** have made a claim on the **Policy** **We** also reserve the right to have **You** pay the rest of the yearly premium immediately.
10. If **We** have settled **Your** claim, **We** reserve the right to deduct from the claim amount, any amount due to **Us**.
 11. **You** agree that any **Vet** that holds information about **Your Horse** has **Your** permission to release any information **We** ask for. If the **Vet** makes a charge for this, **You** must pay the charge.
 12. If **We** agree for a claim payment to be paid directly to **Your Vet** and **You** allow this, then if the **Vet**, who has treated **Your Horse** or is about to treat **Your Horse**, asks for information about **Your** insurance that relates to a claim, **We** will tell the **Vet** what the insurance covers, what **We** will not pay for, how the amount **we** pay is calculated and if the premiums are paid to date.
 13. If, after **We** offer to renew **Your Policy**, **You** tell **Us** something that happened during an earlier **Period of Cover** which could lead to a claim, **We** may change the standard premium and **Terms** and **Conditions** of this insurance and add exclusions back dated to the date **Your Policy** renewed.
 14. **We** have the right to cancel **Your Policy** where permitted by the Insurance Contracts Act (1984).
 15. **You** may cancel this **Policy** at any time, in writing, and **We** will give **You** a refund of the money **You** have paid for the **Period of Insurance** after the cancellation date. In the event that **You** cancel the **Policy** for whatever reason after having made a claim, or being entitled to make a claim, no premium refunds are payable, and the remaining premium for that **Period of Insurance** must be paid. **We** may deduct up to 15% of the refund as an administration charge.
 16. When **You** claim **You** agree to provide **Us** with any information connected with the claim **We** may reasonably ask for, including details of **Your Horse's** history. If there is a charge for this, **You** must pay the charge.
 17. **You** must make sure anyone **Riding Your Horse** has the experience to ride it, and is able to ride it. They must also use **Your Horse** for the activities listed in the group or class of use **You** have chosen as set out on the **Certificate of Insurance Horses Details**.
 18. **You** must, at all times, insure **Your Horse** for all the activities that it will be used, or trained to be used, for.
 19. **You** must at all times insure **Your Horse** for its current **Market Value** as is reasonably determined by **You**.
 20. **You** must arrange to for a **Vet** to examine and **treat Your Horse** as soon as possible after it shows **Clinical Signs** of an **Injury** or **Illness**. And if **We** decide, **You** must take **Your Horse** to a **Vet** **We** choose.
 21. If **We** consider any **Veterinary Treatment** or **Alternative Treatment** for **Your Horse** may not be required, or the **Veterinary Fees** charged may be excessive when compared with the **Treatment** that is normally recommended to treat the same **Illness** or **Injury** or fees charged are higher than normally charged by a general or referral practice, **We** reserve the right to request a second opinion from a **Vet** that **We** choose. If the **Vet** **We** choose does not agree with the **Veterinary Fees** or **Alternative Treatment** provided or the fees charged, **We** may

decide to pay only the **Veterinary Fees** or the **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.

22. **We** will not guarantee on the phone if **We** will 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.
23. If a claim has not been submitted within 12 months of **Your Horse's** death, euthanasia, being lost, strayed or stolen, or receiving **Veterinary Treatment** or **Alternative Treatment**, **We** may refuse to pay the claim, to the extent that **We** are prejudiced by the late notification of the claim.
24. Any rights and remedies **You** have under the Insurance Contracts Act 1984 are not affected by **Your Policy**.

Cover

If **You** have paid the premium, **We** will provide **You** with the cover set out in the following sections that are shown as applying on **Your Certificate of Insurance** up to the **Maximum Benefits** and subject to the terms and conditions of **Your Policy** and activities listed in the group or class of use **You** have chosen. The cover applies;

- In Australia.
- For up to 30 days during each **Period of Insurance** for temporary visits to New Zealand.
- Whilst **Your Horse** is being transported in Australia and while temporarily in New Zealand, this includes any journeys between these areas.

Section 1 a - Death by Injury or Illness

What We will pay

The **Sum Insured** or the **Market Value** of **Your Horse**, which ever is the lesser, following death or euthanasia by a **Vet** as a result of;

- an **Injury** or **Illness** that happens or first shows **Clinical Signs**, during the **Period of Insurance** ; or
- surgery to treat an **Illness** or **Injury** that happens or first shows **Clinical Signs** during the **Period of Insurance** , or
- medication to prevent an **Illness** or to treat an **Injury** or **Illness** that happens or first shows **Clinical Signs** during the **Period of Insurance** .

What We will not pay

1. More than the **Sum Insured** or the **Market Value**, which ever is the lesser.
2. Any amount if the death or euthanasia of **Your Horse** happens more than 12 months after the date the **Injury** happened or the first **Clinical Signs** of the **Illness** were noticed that led to the death or euthanasia.
3. To the extent permitted by law, any amount if the death or euthanasia of **Your Horse** was caused by an **Injury** that happened or an **Illness** that first showed **Clinical Signs** before the **Period of Insurance** started.
4. Any amount if **Your Vet** or **Our Vet** believes the **Illness** or **Injury Your Horse** is suffering from can be treated.
5. Any amount if **Your Vet** or **Our Vet** believes it is humane to keep **Your Horse** alive.
6. To the extent permitted by law, any amount if the euthanasia of **Your Horse** is carried out before **You** tell **Us** about **Your** or **Your Vet's** decision for euthanasia, unless **Your Vet** believes there was not time for **You** to tell **Us** because **Your Horse** was in so much pain that it needed immediate euthanasia.
7. To the extent permitted by law, any amount if the death or

euthanasia of **Your Horse** results from;

- an **Injury** that happened or **Illness** that first showed **Clinical Signs**; or,
- an **Injury** or **Illness** which is the same as, or has that same diagnosis or **Clinical Signs** as, an **Injury** that happened or an **Illness** which first showed **Clinical Signs**; or
- an **Injury** or **Illness** that is caused by, relates to or results from an **Injury** that happened or an **Illness** or **Clinical Signs** which first showed **Clinical Signs**,

before:

- **Your Horse's** cover started; or,
 - the date this section was added to **Your** insurance, no matter where the **Injury** **Illness** or **Clinical Signs** were noticed or happened in or on **Your Horse's** body.
8. Any amount if the death or euthanasia of **Your Horse** results from;
- an **Illness** first showing **Clinical Signs**; or
 - an **Illness** which is the same as, or has the same diagnosis or **Clinical Signs** as, an **Illness** which first showed **Clinical Signs**; or
 - an **Illness** that is caused by, relates to or results from an **Injury**, **Illness** or **Clinical Signs** which first showed **Clinical Signs**,

within:

- 21 days of **Your Horse's** cover starting; or,
 - 21 days of the date this section was added to **Your** insurance; or
 - the dates of a temporary cover note, no matter where the **Injury**, **Illness** or **Clinical Signs** were noticed or happened on **Your Horse's** body.
9. Any amount if **Your Horse's** **Condition** does not meet the current Australian Veterinary Association (AVA) Guidelines for the destruction of horses under all risk mortality insurance **Policy**.
10. Any amount if **You**, an **Immediate Family** member, anyone living with **You**, anyone working for **You** or anyone looking after **Your Horse** deliberately caused the death or euthanasia of **Your Horse**.
11. Any amount if the death or euthanasia of **Your Horse** results from medication unless it is given by a **Vet** or under the direction of a **Vet**.
12. Any amount if the death or euthanasia of **Your Horse** results from a vice or from **Your Horse's** behaviour.
13. Any amount for a mare's unborn foal, embryo or foetus.
14. To the extent permitted by law, any amount if **Your Horse** is insured by **Our** Veteran Plan **Policy**.
15. Any other financial loss, legal compensation, costs or expenses as a result of the death or euthanasia of **Your Horse**.
16. The cost of a post mortem examination.
17. Any amount if the death or euthanasia of **Your Horse** results from an **Injury** or an **Illness** while taking part in an activity not shown or covered on **Your Certificate of Insurance Horse Details**.
18. Any amount if the death of **Your Horse** results from an **Illness** if **Your Horse** is aged 17 years or over.

What You pay

The first \$200.

Death from Injury (Veteran Plan)

What We will pay

The **Market Value** of **Your Horse** or \$3,000 whichever is the lesser,

following death or euthanasia by a **Vet** as a result of;

- an **Injury** that happens during the **Period of Insurance**; or
- surgery to treat an **Injury** that happens during the **Period of Insurance**, or
- medication to treat an **Injury** that happens during the **Period of Insurance**.

What We will not pay

1. More than the **Sum Insured** or \$3,000 whichever is the lesser.
2. Any amount if the death or euthanasia of **Your Horse** happens more than 12 months after the date the **Injury** that caused the death or euthanasia.
3. Any amount if **Your Vet** or **Our Vet** believes the **Injury Your Horse** is suffering from can be treated.
4. Any amount if **Your Vet** or **Our Vet** believes it is humane to keep **Your Horse** alive.
5. To the extent permitted by law, any amount if the euthanasia of **Your Horse** is carried out before **You** tell **Us** about **Your** or **Your Vet's** decision for euthanasia, unless **Your Vet** believes there was not time for **You** to tell **Us** because **Your Horse** was in so much pain that it needed immediate euthanasia.
6. To the extent permitted by law, any amount if the death or euthanasia of **Your Horse** results from:
 - an **Injury** that happened; or,
 - an **Injury** which is the same as, or has that same diagnosis or **Clinical Signs** as an **Injury** that happened; or
 - an **Injury** that is caused by, relates to or results from an **Injury** that happened,before:
 - **Your Horse's** cover started; or,
 - the date this section was added to **Your** insurance, no matter where the **Injury** happened in or on **Your Horse's** body.
7. Any amount if **Your Horse's Condition** does not meet the current Australian Veterinary Association (AVA) Guidelines for the destruction of horses under all risk mortality insurance **Policy**.
8. Any amount if **You**, an **Immediate Family** member, anyone living with **You**, anyone working for **You** or anyone looking after **Your Horse** deliberately caused the death or euthanasia of **Your Horse**.
9. Any amount if the death or euthanasia of **Your Horse** results from medication unless it is given by a **Vet** or under the direction of a **Vet**.
10. Any amount if the death or euthanasia of **Your Horse** results from a vice or from **Your Horse's** behaviour.
11. Any amount for a mare's unborn foal, embryo or foetus.
12. Any other financial loss, legal compensation, costs or expenses as a result of the death or euthanasia of **Your Horse**.
15. The cost of a post mortem examination.
16. Any amount if the death or euthanasia of **Your Horse** results from an **Injury** while taking part in an activity not shown or covered on **Your Certificate of Insurance Horse Details**.

What You pay

The first \$200.

Special conditions that apply to sections 1A and Veteran Plan

1. **You** must tell **Us** as soon as possible if **Your Horse** shows any **Clinical Signs** of an **Injury** or an **Illness**.
2. If **You** or **Your Vet** decides on euthanasia of **Your Horse** **You** must tell **Us** immediately.

3. If **Your Vet** and **Our Vet** do not agree that the **Illness** or **Injury Your Horse** is suffering from can be treated or that it is humane to keep **Your Horse** alive, **We** may employ another specialist **Vet**, who **You** agree **We** can employ. The specialist **Vet** will examine **Your Horse** and all parties will accept this **Vet's** opinion.
4. **You** must immediately arrange for a **Vet** to examine and treat **Your Horse** if it shows **Clinical Signs** of an **Injury** or an **Illness**. And, if **We** decide, **You** must arrange for **Your Horse** to go to another **Vet** that **We** have chosen.
5. The period of 12 months will always start from the date in the **Period of Insurance** that
 - the **Injury** first happened; or
 - the **Illness** or **Clinical Signs** were first noticed; or
 - an **Illness** with the same diagnosis or **Clinical Signs** as the **Illness** or **Clinical Signs** that caused the death or human destruction were first noticed, no matter how many times the same **Illness** or the same **Clinical Signs** are noticed in or on any part of **Your Horse's** body.
6. If a number of **Injuries**, **Illnesses**, or **Clinical Signs** are diagnosed as one **Injury** or **Illness**, or it is found that they are caused by, or relate to another **Injury** or **Illness**, the period of 12 months will start from the date in the **Period of Insurance** that the first **Injury** happened or the first **Clinical Signs** of any of the **Illnesses** were noticed.
7. **You** must immediately arrange, at **Your** own expense, for a **Vet** to examine and treat **Your Horse** if it shows **Clinical Signs** of an **Injury** or an **Illness**. And, if **We** decide, **We** will refer the case history to a **Vet** that **We** have chosen. If **We** request, **You** must arrange for **Your Horse** to go to another **Vet** that **We** have chosen.
8. **You** must take proper care of **Your Horse** and take all reasonable steps to maintain **Your Horse's** health. **You** must arrange, at **Your** own expense, for **Your Horse** to have any **Treatment** normally recommended by a **Vet** to prevent **Injury** or **Illness**.
9. **You** must arrange and pay for **Your Horse** to be kept vaccinated against tetanus, strangles and Equine Influenza and wormed as regularly as normally recommended by a **Vet**. If **You** do not keep **Your Horse** vaccinated and wormed, **We** will not pay any claims that result from an **Illness** that would not have occurred if **Your Horse** had been vaccinated and wormed.
10. If **We** pay a claim under section 1A - death from **Injury** or **Illness** or Veteran Plan - Death from **Injury**, **Your Policy** is cancelled from the date of **Your Horse's** death and there will be no refund of premium. If **Your** premium is being paid by instalments, **We** will deduct from **Your** claim monies any premium due for the balance of the **Period of Insurance**, and there will be no refund of money **You** have paid for the **Period of Insurance** after the cancellation date.
11. Following the death or euthanasia of **Your Horse** **You** must arrange and pay for a post mortem examination.
12. **We** will not make any claims payment until **We** have received the following;
 - Death Certificate from **Your Vet**
 - Evidence of **Your** legal ownership of the Horse (proof of purchase)
 - If the horse was on **Loan** or **Leased**, a copy of the **Loan/Lease** agreement

Section 1b - Disposal

What We will pay

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

What We will not pay

1. More than the **Maximum Benefit**.
2. Any amount if **You** do not have Section 1a - Death from **Injury** or **Illness** or Veteran Plan - Death from **Injury** shown as covered on the **Certificate of Insurance Horse Details**.
3. Any amount if death or euthanasia of **Your Horse** is not covered under Section 1a - Death from **Injury** or **Illness** or Veteran Plan - Death from **Injury**.
4. Any amount following the death due to an **Illness** if **Your Horse** is covered under Veteran Plan - Death from **Injury**.

Section 2 - Theft or straying

What We will pay

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

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

What We will not pay

1. More than the **Sum Insured** or the **Market Value** of **Your Horse** whichever is the lessor.
2. Any amount if **You** do not have Section 1a - Death from **Injury** or **Illness** or Veteran Plan - Death from **Injury** as shown as covered on the **Certificate of Insurance Horse Details**.
3. More than \$600 for the cost of advertising and the reward **You** have paid.
4. Any amount if **You** or the person looking after **Your Horse** has freely parted with it, even if tricked into doing so, unless the person was looking after or transporting **Your Horse** in return for money, goods or services.
5. Any amount for the death of an unborn foal, embryo or foetus.
6. Any amount if the theft or loss of **Your Horse** involves **Your** employee's dishonesty.
7. Any reward paid to a member of **Your Immediate Family**, any person living with **You** or employed by **You**.
8. Any other financial loss, legal compensation, costs or expenses as a result of the theft or straying of **Your Horse**.
9. **We** will not make any claims payment until **We** have received the following:
 - Copy of Police Crime Report
 - Evidence of **Your** legal ownership of the Horse (proof of purchase)
 - If the horse was on **Loan** or **Leased**, a copy of the **Loan/ Lease** agreement

Special conditions that apply to this section

1. **You** must notify the police as soon as **You** discover **Your Horse** has been stolen or gone missing.
2. If **Your Horse** is found or returns, **You** must repay the amount **We** have paid **You** for **Your Horse's Market Value**.
3. If **We** pay a claim under this section **Your Policy** is cancelled from the date of the theft or the date **Your Horse** went missing and there will be no refund of money **You** have paid for the **Period of Cover** after the cancellation date. If **Your** premium

is being paid by instalments, **We** will deduct from **Your** claim monies any premium due for the balance of the **Period of Insurance**.

Section 3 - Vet's Fees

What We will pay

The cost of **Veterinary Treatment** and if instructed by a **Vet** following examination, the cost of **Alternative Treatment Your Horse** receives to treat an **Injury** that happens or an **Illness** that first shows **Clinical Signs** during the **Period of Insurance**.

What You pay

For each **Illness** or **Injury** that is not related to any other **Illness** or **Injury**, for each claim **You** must pay the amount shown in the following table towards the cost of **Veterinary Treatment** or **Alternative Treatment**.

Excess Table

Section	Maximum each Year	Excess
Vet's Fees Section 3 (normal)	\$10,000	\$ 200
HiXS Plan High excess Vet's Fees	\$ 7,000	\$1000
Vet's Fees Veteran Plan Option B	\$ 3,000	\$ 200

What We will not pay

1. More than the **Maximum Benefit**.
2. The cost of any **Veterinary Treatment** or **Alternative Treatment Your Horse** receives after 12 months from the date the **Injury** happened or the **Illness** first showed **Clinical Signs**.
3. The cost of any medicines or materials prescribed or supplied to be used after 12 months from the date the **Injury** happened or the **Illness** first showed **Clinical Signs**.
4. To the extent permitted by law, the cost of any **Veterinary Treatment** or **Alternative Treatment** for;
 - an **Injury** that happened or an **Illness** that first showed **Clinical Signs**; or
 - an **Injury** or **Illness** which is the same as, or has the same diagnosis or **Clinical Signs** as, an **Injury** that happened or an **Illness** which first showed **Clinical Signs**; or
 - an **Injury** or **Illness** that is caused by, relates to or results from an **Injury** that happened or an **Illness** or **Clinical Signs** which first showed **Clinical Signs**,

before:

- **Your Horse's** cover started; or
 - the date this section was added to **Your** insurance, no matter where the **Injury, Illness** or **Clinical Signs** were noticed or happened in or on **Your Horse's** body.
5. The cost of any **Veterinary Treatment** or **Alternative Treatment** for;
 - an **Illness** first showing **Clinical Signs**; or,
 - an **Illness** which is the same as, or has the same diagnosis or **Clinical Signs** as, an **Illness** which first showed **Clinical Signs**; or
 - an **Illness** that is caused by, relates to or results from an **Illness** or **Clinical Signs** which first showed **Clinical Signs**,

within:

- 21 days of **Your Horse's** cover starting; or
- 21 days of the date this section was added to **Your** insurance; or,
- the dates of a temporary cover note, no matter where the **Illness** or **Clinical Signs** were noticed

- or happened in or on **Your Horse's** body.
6. The cost of any **Veterinary Treatment** or **Alternative Treatment** a **Vet** normally recommends to prevent **Injury** or **Illness**.
 7. The cost of any **Veterinary Treatment** or **Alternative Treatment** **You** choose to have carried out that is not required to treat an **Injury** or **Illness**, including any complications that arise from this **Treatment**.
 8. The cost of any **Veterinary Treatment** or **Alternative Treatment** that results from a vice or from **Your Horse's** behaviour.
 9. The cost of vaccinations, castration, removing wolf teeth, any **Veterinary Treatment** or **Alternative Treatment** for pregnancy or foaling except the cost of treating any complications caused by these procedures.
 10. Any costs for the **Veterinary Treatment** or **Alternative Treatment** of an **Illness** if cover is restricted to accidental **Injury** only as stated on the **Certificate of Insurance**.
 11. The cost of any **Veterinary Treatment** or **Alternative Treatment** if **Your Horse** is covered by **Our** Veteran Plan **Policy** Option A.
 12. The cost of any **Veterinary Treatment** or **Alternative Treatment** for any **Injury** or **Illness** deliberately caused by **You** or a member of **Your Immediate Family**, or anyone living with **You** or employed by **You**.
 13. The cost of euthanasia, cremation, burial or disposal of **Your Horse**.
 14. The cost of a post mortem examination.
 15. The cost of
 - stabling
 - grazing
 - feeding; or
 - any changes in the way **You** look after **Your Horse**
 - any amount **You** normally pay for shoeing and/or the care of **Your Horse's** feet.
 16. The cost of any **Treatment**, which is not **Veterinary Treatment** or **Alternative Treatment**, that **You** could carry out **Yourself**, unless the **Vet** confirms that a **Vet** or a member of a **Veterinary Practice** must carry this out, regardless of **Your** personal circumstances.
 17. Any costs for transporting/travelling to or from a place of **Treatment** either for **Your Horse** or **Your Vet**.
 18. The cost of any **Veterinary Treatment** or **Alternative Treatment** that results from an **Injury** or an **Illness** while taking part in an activity not shown as covered on **Your Certificate of Insurance Horse Details**.
 19. The cost of any **Veterinary Treatment** or **Alternative Treatment** that **Your Vet** and **Our Vet** do not agree if **We** have advised that this agreement is required.
 20. If a claim has not been submitted within 12 months of **Your Horse** receiving **Veterinary Treatment** or **Alternative Treatment**, **We** may refuse to pay the claim, to the extent that **We** are prejudiced by the late notification of the claim.
 21. The cost of any **Veterinary Treatment** or **Alternative Treatment** for an **Illness** if **Your Horse** is aged 17 years or over.

Vet's Fees (Veteran Plan Option B)

What We will pay

The cost of **Veterinary Treatment** and if instructed by a **Vet** following examination, the cost of **Alternative Treatment** **Your Horse** receives to treat an **Injury** that happened during the **Period of Insurance**.

What You pay

For each **Injury** that is not related to any other **Injury**, for each claim **You** must pay the amount shown in the following table towards the cost of **Veterinary Treatment** or **Alternative Treatment**.

Section	Maximum each Year	Excess
Vet's Fees Veteran Plan Option B	\$ 3,000	\$ 200

What We will not pay

1. More than the **Maximum Benefit**.
2. The cost of any **Veterinary Treatment** or **Alternative Treatment Your Horse** receives after 12 months from the date the **Injury** happened.
3. The cost of any medicines or materials prescribed or supplied to be used after 12 months from the date the **Injury** happened.
4. To the extent permitted by law, the cost of any **Veterinary Treatment** or **Alternative Treatment** for;
 - an **Injury** that happened; or
 - an **Injury** which is the same as, or has the same diagnosis or **Clinical Signs** as, an **Injury** that happened; or
 - an **Injury** that is caused by, relates to or results from an **Injury** that happened,

before:

- **Your Horse's** cover started; or
- the date this section was added to **Your** insurance.

no matter where the **Injury, Illness** or **Clinical Signs** were noticed or happened in or on **Your Horse's** body.

5. The cost of any **Veterinary Treatment** or **Alternative Treatment** a **Vet** normally recommends to prevent **Injury**.
6. The cost of any **Veterinary Treatment** or **Alternative Treatment** **You** choose to have carried out that is not required to treat an **Injury** or **Illness**, including any complications that arise from this **Treatment**.
7. The cost of any **Veterinary Treatment** or **Alternative Treatment** that results from a vice or from **Your Horse's** behaviour.
8. The cost of vaccinations, castration, removing wolf teeth, any **Veterinary Treatment** or **Alternative Treatment** for pregnancy or foaling except the cost of treating any complications caused by these procedures.
9. The cost of any **Veterinary Treatment** or **Alternative Treatment** for any **Injury** or **Illness** deliberately caused by **You** or a member of **Your Immediate Family**, or anyone living with **You** or employed by **You**.
10. The cost of euthanasia cremation, burial or disposal of **Your Horse**.
11. The cost of a post mortem examination.
12. The cost of
 - stabling
 - grazing
 - feeding; or
 - any changes in the way **You** look after **Your Horse**
 - any amount **You** normally pay for shoeing and/or the care of **Your Horse's** feet.
13. The cost of any **Treatment**, which is not **Veterinary Treatment** or **Alternative Treatment**, that **You** could carry out yourself, unless the **Vet** confirms that a **Vet** or a member of a **Veterinary Practice** must carry this out, regardless of **Your** personal circumstances.
14. Any costs for transporting/travelling to or from a place of **Treatment** either for **Your Horse** or **Your Vet**.
15. The cost of any **Veterinary Treatment** or **Alternative Treatment** that results from an **Injury** while taking part in an activity not shown as covered on **Your Certificate of Insurance Horse Details**.

16. The cost of any **Veterinary Treatment** or **Alternative Treatment** that **Your Vet** and **Our Vet** do not agree if **We** have advised that this agreement is required.
17. If a claim has not been submitted within 12 months of **Your Horse** receiving **Veterinary Treatment** or **Alternative Treatment**, **We** may refuse to pay the claim, to the extent that **We** are prejudiced by the late notification of the claim.

Special conditions that apply to all Vet's Fees sections

1. **You** must tell **Us** as soon as possible if **Your Horse** shows any **Clinical Signs** of an **Injury** or an **Illness**.
2. **You** must immediately arrange, at **Your** own expense, for a **Vet** to examine and treat **Your Horse** if it shows **Clinical Signs** of an **Injury** or an **Illness**, and, if **We** decide, **We** will refer the case history to a **Vet** that **We** have chosen. If **We** request, **You** must arrange for **Your Horse** to go to another **Vet** that **We** have chosen.
3. **We** may decide that **We** need **Our Vet** to agree **Your Horse's** **Veterinary Treatment** or **Alternative Treatment** with **Your Vet** before it is carried out. **We** will advise **You** if this agreement is required.
4. If **Your Vet** and **Our Vet** do not agree on the **Veterinary Treatment** or **Alternative Treatment** for **Your Horse**, **We** may employ another specialist **Vet**, who **You** agree **We** can employ. The specialist **Vet** will examine **Your Horse** and all parties will accept this **Vet's** opinion of the **Veterinary Treatment** or **Alternative Treatment** **Your Horse** needs.
5. The period of 12 months will always start from the date in the **Period of Insurance**
 - the **Injury** first happened; or
 - the **Illness** or **Clinical Signs** were first noticed; or
 - an **Illness** with the same diagnosis or **Clinical Signs** as the **Illness** or **Clinical Signs** that **You** have claimed for were first noticed, no matter how many times the same **Illness** or the same **Clinical Signs** are noticed in or on any part of **Your Horse's** body.
6. If a number of **Injuries**, **Illnesses**, or **Clinical Signs** are diagnosed as one **Injury** or **Illness**, or it is found that they are caused by, or relate to another **Injury** or **Illness**, the period of 12 months will start from the date in the **Period of Insurance** that the first **Injury** happened or the first **Clinical Signs** of any of the **Illnesses** were noticed.

Section 4 - Saddlery and Tack

What We will pay

If **Your Saddlery and Tack** is stolen, damaged or destroyed during the **Period of Insurance**, **We** will pay;

- the cost of repairing the **Saddlery and Tack** if it is damaged to bring it back to the same **Condition** it was in before it was damaged; or,
- the **Replacement Value** or the **Sum Insured** whichever is the lesser of the **Saddlery and Tack** if the cost of repair is more than it was worth or it is stolen or destroyed.

What You pay

The first \$200 for each incident where **Saddlery and Tack** is stolen, damaged or destroyed.

What We will not pay

1. More than the **Sum Insured** for each incident.
2. More than \$800 for any saddle or item of **Tack** **You** do not have

formal proof of purchase for, that show the make, model and the date of purchase.

3. Any amount for rugs, clothing or personal effects.
4. Any amount if the **Saddlery and Tack** is stolen when it is left unattended, unless it has been stolen from;
 - the locked boot or covered luggage area or any other specially designed covered area of a locked vehicle; or,
 - the house, flat, or other domestic building that **You** live in that has been locked with a deadlock, or equivalent locks on all doors; or,
 - a building or part of a building that **You** do not live in that has been locked with a deadlock, or equivalent locks on all doors and has steel bars or a steel grid on all windows.
5. Any amount for **Saddlery and Tack** **You** do not own.
6. Any amount if the **Saddlery and Tack** is damaged or destroyed by wear and tear or the actions of moths, insects, vermin, pest or any other cause that happens slowly.
7. Any amount if the **Saddlery and Tack** is damaged when it is being cleaned, dyed, repaired or restored.
8. Any amount if **Your Saddlery and Tack** is being used by a **Riding** establishment or by someone for professional lessons if they are not a member of **Your Immediate Family**.
9. Any amount to have the **Saddlery and Tack** adjusted to fit **Your Horse**.
10. Any amount if the **Saddlery and Tack** is stolen or damaged as a result of any business activity, **Your** profession, **Your** occupation or while **You** are working for someone, whether **You** are paid or not.
11. More than the **Saddlery and Tack** was worth at the time it was stolen, damaged or destroyed.

Special conditions that apply to this section

1. If **You** have not insured all the **Saddlery and Tack** **You** own for its full value **We** will only pay a percentage of **Your** claim. The percentage **We** will pay will be based upon how much of the full value the amount **You** have insured **Your Saddlery and Tack** for represents.
2. **You** must notify the police as soon as **You** discover any of **Your Saddlery and Tack** has been stolen or deliberately damaged.
3. If **Your Saddlery and Tack** is found, **You** must immediately advise **Us** and if **We** have paid **Your** claim **You** must repay the full amount **We** have paid **You**.

Section 5 - Loss of irrecoverable entry fees

What We will pay

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

What We will not pay

1. More than \$1000 for any entry fee **You** are unable to recover.
2. Any amount if **You** are in hospital if it is not the result of an injury or illness.
3. Any amount if **You** do not have Section 1a - Death by **Injury** or **Illness**, shown as covered on **Your Certificate of Insurance Horse Details**.
4. Any amount if **We** have not paid a claim for the death or destruction of **Your Horse** under Section 1 a - Death by **Injury** or **Illness**.

Section 6 - Permanent loss of use

What We will pay

The **Market Value of Your Horse** if an **Injury** happens or an **Illness** first shows **Clinical Signs**, during the **Period of Insurance**, which results in **Your Horse** never being able to take part in any one of the activities as set out on the **Certificate of Insurance Horse Details**, or of the percentage of the **Sum Insured** or the **Market Value of Your Horse** whichever is the lesser, as set out on the **Certificate of Insurance**.

What You pay

The first \$200

What We will not pay

1. More than the **Sum Insured** or the **Market Value of Your Horse** whichever is the lesser, or the percentage of the **Sum Insured** or the **Market Value of Your Horse** whichever is the lesser, as set out on the **Certificate of Insurance Horse Details**.
2. Any amount if the permanent loss of use happens more than 12 months after the date the **Injury** happened or the **Illness** first showed **Clinical Signs**.
3. Any amount for permanent loss of use if **Your Vet** and **Our Vet** do not agree that **Your Horse** will never be able to take part in any one of the activities set out on the **Certificate of Insurance Horse Details**.
4. To the extent permitted by law, any amount for permanent loss of use caused by;
 - an **Injury** that happened or an **Illness** that first showed **Clinical Signs**; or
 - an **Injury** or **Illness** which is the same as, or has the same diagnosis or **Clinical Signs** as, an **Injury** that happened or an **Illness** which first showed **Clinical Signs**; or
 - an **Injury** or **Illness** that is caused by, relates to or results from an **Injury** that happened or an **Illness** or **Clinical Signs** which first showed **Clinical Signs**

before;

- **Your Horse's** cover started; or
 - the date this section was added to **Your** insurance, no matter where the **Injury, Illness** or **Clinical Signs** were noticed or happened in or on **Your Horse's** body.
5. Any amount for permanent loss of use caused by;
 - an **Illness** first showing **Clinical Signs**; or
 - an **Illness** which is the same as, or has the same diagnosis or **Clinical Signs** as, an **Illness** which first showed **Clinical Signs**; or
 - an **Illness** that is caused by, relates to or results from an **Injury, Illness** or **Clinical Signs** which first showed **Clinical Signs**,

within;

- 21 days of **Your Horse's** cover starting; or
 - 21 days of the date this section was added to **Your** insurance; or
 - the dates of a temporary cover note, no matter where the **Injury, Illness** or **Clinical Signs** were noticed or happened in or on **Your Horse's** body.
6. Any amount for permanent loss of use if the **Injury** or **Illness** results from an activity not shown as covered on **Your Certificate of Insurance Horse Details**.
 7. Any amount for permanent loss of use resulting from or connected with any activity **Your Horse** has never taken part in or been trained to do.
 8. Any amount for permanent loss of use if **Your Horse** cannot breed

- if this is caused by something that is not an **Illness** or **Injury**.
9. Any amount for permanent loss of use if **Your Horse** is under 2 years of age or 17 years old or over at the beginning of the **Period of Insurance** as set out on **Your Certificate of Insurance Horse Details**.
 10. Any amount if the permanent loss of use for **Your Horse** results from a vice or it's behaviour.
 11. Any amount for permanent loss of use if **Your Horse** is not allowed to take part in any show because of the show regulations about horses that have had a hobday operation or any other operation for a respiratory system disorder.
 12. Any amount for permanent loss of use unless the **Illness** or **Injury** prevents **Your Horse** from physically taking part in an activity.
 13. Any amount for permanent loss of use that results from a blemish or a scar.
 14. If a claim has not been submitted within 12 months of **Your Horse** receiving **Treatment**, **We** may reduce the amount of a benefit, or may refuse to pay the claim to the extent that **We** are prejudiced by the late notification of the claim.

Special Conditions that apply to this section

1. **You** must immediately arrange, at **Your** expense, for a **Vet** to examine and treat **Your Horse** if it shows **Clinical Signs** of an **Injury** or an **Illness**.
2. If it is **Your Vet's** opinion that **Your Horse** will never take part in any one of the activities set out on the **Certificate of Insurance Horse Details** **You** must send **Us** a report from **Your Vet** giving **Details** of **Your Horse's Illness** or **Injury** and the reasons for the opinion.
3. **We** may decide that **We** need **Our Vet** to agree with **Your Vet** that **Your Horse** will never be able to take part in any one of the activities set out on the **Certificate of Insurance Horse Details**.
4. If **Your Vet** and **Our Vet** do not agree that **Your Horse** will never take part in any one of the activities set out on the **Certificate of Insurance Horse Details**, **We** may employ another specialist **Vet**, who **You** agree **We** can employ. The specialist **Vet** will examine **Your Horse** and all parties will accept this **Vet's** opinion.
5. The period of 12 months will always start from the date in the **Period of Insurance**
 - the **Injury** first happened; or
 - the **Illness** or **Clinical Signs** were first noticed; or
 - an **Illness** with the same diagnosis or **Clinical Signs** as the **Illness** or **Clinical Signs** that caused the permanent loss of use were first noticed,no matter how many times the same **Illness** or the same **Clinical Signs** are noticed in or on any part of **Your Horse's** body.
6. If a number of **Injuries**, **Illnesses**, or **Clinical Signs** are diagnosed as one **Injury** or **Illness**, or it is found that they are caused by, or relate to another **Injury** or **Illness**, the period of 12 months will start from the date in the **Period of Insurance** that the first **Injury** happened or the first **Clinical Signs** of any of the **Illnesses** were noticed.
7. Once **We** have agreed the settlement of **Your** claim, **You** must agree to have the loss of use freeze mark placed on **Your Horse**. **We** will not make any claim payment until **We** have

received confirmation the freeze mark has been done. If **You** have decided to euthanase **Your Horse** **We** will not make any claim payment until **We** have **Veterinary** confirmation that the **Horse** has been euthanased.

8. If **Your Horse** is covered for 100% of the **Sum Insured** or the **Market Value** of **Your Horse** whichever is the lessor, and **We** pay a claim for it, **Your Horse** will continue to belong to **You**. **We** will reduce the amount **We** pay **You** by what **Your Horse** is worth at the date of payment.
9. **You** must tell **Us** as soon as possible if **Your Horse** shows **Clinical Signs** of an **Injury** or an **Illness**, that may lead to a loss of use claim.
10. If **We** pay a claim under this section **Your Policy** will be cancelled from the date of settlement of the claim, and there will be no refund of money **You** have paid for the **Period of Insurance** after the cancellation date. If **Your** premium is being paid by instalments, **We** will deduct from **Your** claim monies any premium due for the balance of the **Period of Insurance**.
11. **We** will not make any claims payment until **We** have received the following:
 - **Vet** Certificate verifying that the horse has an **Injury** or **Illness** that has rendered it permanently incapable of ever being able to take part in any one of the activities set out on the **Certificate of Insurance Horse Details**.
 - Evidence of **Your** legal ownership of the Horse (proof of purchase)
 - If **Your Horse** was on **Loan** or **Leased**, a copy of the **Loan/Lease** agreement

Section 7 - Horse floats, trailers and Horse drawn vehicles

What We will pay

If **Your Horse Float, Trailer** or **Horse Drawn Vehicle** is stolen, damaged or destroyed during the **Period of Insurance**, **We** will pay;

1. the cost of repairing **Your Horse Float, Trailer** or **Horse Drawn Vehicle** if it is damaged to bring it back to the same condition it was in before it was damaged; or,
2. the **Sum Insured** of **Your Horse Float, Trailer** or **Horse Drawn Vehicle** or the **Market Value** whichever is the lessor if the cost of repair is more than it was worth or it is stolen or destroyed.

This section does not cover legal liability in respect to the use of a **Horse Float, Trailer**, or **Horse Drawn Vehicle**.

What You pay

The first \$200 for each incident where **Your Horse Float, Trailer** or **Horse Drawn Vehicle** is stolen, damaged or destroyed.

What We will not pay

1. More than the **Sum Insured** or the **Market Value** whichever is the lesser, for each incident.
2. More than **Your Horse Float, Trailer** or **Horse Drawn Vehicle** was worth at the time it was stolen, damaged or destroyed.
3. Any amount if **Your Horse Float, Trailer** or **Horse Drawn Vehicle** is damaged or destroyed by wear and tear or the actions of moths, insects, vermin, pest, mildew, mechanical or electrical breakdown, or any other cause that happens slowly.
4. Any amount if **Your Horse Float, Trailer** or **Horse Drawn Vehicle** is damaged or destroyed when it is being cleaned, repaired or restored.
5. Any extra costs if replacement parts or accessories are not

- available.
6. Any amount for tyres that are damaged by punctures, cuts, bursts or braking.
 7. Any amount if **Your Horse Drawn Vehicle** is damaged while it is being used for training, or taking part in, competitions or trials or cross country events.
 8. Any amount if **Your Horse Float, Trailer or Horse Drawn Vehicle** is stolen or damaged or destroyed while the thief is trying to steal it, if **You** have not fitted a wheel clamp, tow hitch lock or put it in a building that is properly locked.
 9. Any other financial loss, legal compensation, costs or expenses.
 10. **Your** legal liability for payment of compensation in respect of:
 - Death, bodily injury or illness, and/or
 - Physical loss of or damage to property.

Special conditions that apply to this section

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

General Exclusions

This **Policy** does not cover the following:

1. Any **Horse** less than 30 days old and over 30 years of age.
2. Any amount if the incident or **Accident** causing an **Injury** takes place as a result of any business, profession, occupation or while **You** are working for someone.
3. Any amount if the **Injury, Illness** or incident is shown as excluded in **Your Policy** including **Your Certificate of Insurance**.
4. Any amount caused by radiation, nuclear explosion, nuclear fall out or contamination by radioactivity.
5. Any amount caused by an act of terrorism, the use or threatened use of violence to scare or intimidate malicious persons, civil disobedience, strikes, people taking part in labour disturbances or the involvement directly or indirectly of any unlawful organisation.
6. Any loss caused by or results from 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.
7. Any amount caused by the pressure waves of an aircraft, spacecraft or anything else travelling at sonic or supersonic speeds.
8. Any legal expenses resulting from criminal proceedings because of a deliberate act by **You**.
9. The cost of treating any **Injury** or **Illness** caused by a malicious act, deliberate **Injury** or gross negligence caused by **You** or a member of **Your Immediate Family** or anyone living with **You**.
10. **Your** failure to take all reasonable precautions to protect **Your Horse** from aggravating or pro-longing an **Injury** or **Illness**.

11. Any other financial loss, legal compensation, costs or expenses as a result of the death or humane destruction of **Your Horse**.
12. Any amount which results from **You** acting or behaving unlawfully, and any fines or penalties.
13. Any amount if **You** break the Australian laws or regulations including those relating to animal health and importation.
14. Any amount resulting from a disease transmitted from animals to humans.
15. Any pandemic disease that causes widespread **Illness**, death or destruction affecting horses.
16. Any amount resulting from an **Illness** that **Your Horse** contracted while outside Australia, or New Zealand that it would not normally have contracted in Australia or New Zealand.
17. Any costs caused because any Government or Public or Local Authority or any person or Body having the jurisdiction to do so, have put restrictions on **Your Horse**.
18. Legal expenses, fines and penalties connected with or resulting from a breach of the criminal law by **You** or an Act of Parliament.
19. Any amount if **Your Horse** is confiscated or destroyed under the order of any Government, Public or Local Authority or any other authority.
20. Any **Horse** not vaccinated against tetanus, strangles and Equine Influenza or any other disease that there is a known vaccine and **Vets** recommend vaccination.
21. Any **Horse** not wormed as regularly as normally recommended by a **Vet**.
22. **Your** legal liability for payment of compensation in respect of:
 - Death, bodily injury or illness, and/or
 - Physical loss of or damage to property.

The following exclusions only apply when **Your Horse** is on a journey in Australia or New Zealand.

1. Any amount if **You** or **Your Horse** lives permanently outside of Australia.
2. Any journey **You** take **Your Horse** on against a **Vet's** advice.

Other exclusions may apply to **Your Policy**, including the exclusions to all cover sections under the heading "What **We** will not pay". Other exclusions may also be shown on **Your Certificate of Insurance** and/or on any other document **We** give **You** that **We** tell **You** forms part of **Your Policy**.

How to claim

You must tell **Us** as soon as possible if anything happens which could lead to a claim. Please write to: **Petplan** Customer Centre, **Petplan**, 1-3 Smolic Crt, Tullamarine, Victoria, 3043 alternatively, **You** may phone Customer Services on 1300 791 311.

Administrator
Petplan Australasia Pty Ltd ABN 64 069
468 542 AFSL No. 245663 is the sole
Administrator of this policy.

Petplan® is a Registered Trade Mark,
products sold under this Trade Mark in
Australia are sold exclusively by Petplan
Australasia Pty Ltd under Licence to
Petplan UK Ltd.

Contact Details are as follows,
Head Office
1-3 Smolic Crt, Tullamarine, Victoria, 3043
Ph: 1300 738 225 Fax: (03) 9339 3377
info@petplan.com.au
www.petplan.com.au

Effective Date 11/05/08