



## **Pet Insurance**

# **Emergency, Classic and Deluxe Plans**

Policy Wording

Effective 3 August 2020

Issued and Underwritten by Pacific International Insurance Pty Ltd (NZBN 942 9041356500, FSP 394846)

# Welcome to PD Insurance

## Important Information

Thank **you** for choosing PD Insurance, a product underwritten by Pacific International Insurance Pty Ltd.

This policy is designed to cover **your** domestic dog or cat who lives with you. The policy is designed to reimburse you for unexpected Vet bills if **your** pet becomes ill or injured.

Pet Insurance does not generally cover pre-existing conditions and there are exclusions and limits. **You** can get reimbursed for preventative care, such as vaccinations and check-ups, depending on the coverage/plan **you** choose.

**We** have designed this document to help **you** clearly understand the terms of **your** policy, but if **you** are unsure about anything please call **us** on **0800 738 467** and **our** friendly team will be happy to explain.

With PD Insurance **you** can choose to pay **your** premium's annually or pay month to month. For an annual policy, a premium discount will apply, and **you** will be charged a one-off annual premium. Please remember, just before the 12 months expire, **we** will contact **you** via email to invite **you** to renew this policy.

If **you** choose to pay month to month, this option provides **you** a truly flexible option. By agreeing to a month to month term insurance, **your** policy renews monthly, there are no hidden fees, no complexity at claims time and there will be no requirement to pay any outstanding premiums that other insurers may deduct from **you** before **your** claim is settled.

At PD Insurance **we** offer **you** the benefits of paying and enjoying month to month terms knowing that if **your** pet requires treatment then they are fully covered to the plan limits regardless of how long **you** have been with us. If the claim is valid and the applicable Stand-down period has passed, **we** will pay **your** claim.

Please take the time to read this policy. The policy outlines, the benefits, terms, features, conditions, exclusions and should be read along with the Certificate of Insurance which contains the terms and conditions of **your** insurance cover.

If there is an error of any sort, or if **you** are in doubt then please call **us** on **0800 738 467**.

## Financial Strength Rating

PD Insurance is underwritten by Pacific International Insurance Pty Ltd.

**We** have been helping New Zealanders protect what is important to them for over 20 years. **Our** local heritage enables **us** to deliver trusted, quality insurance products to **our** customers, with full international endorsement.

Pacific International Insurance Pty Ltd has a **Financial Strength Rating of B++ (Good)** from the USA rating agency A.M. Best. **Our** Financial Strength Rating is also shown on **your** Certificate of Insurance.

The rating is reviewed by A.M. Best on an annual basis, with the rating scale outlined below:

### Secure

A++ and A+	Superior
A and A-	Excellent
B++ and B+	Good

### Vulnerable

B and B-	Fair
C++ and C+	Marginal
C and C-	Weak
D	Poor
E	Under Regulatory Supervision
F	In Liquidation
S	Suspended

Pacific International Insurance Pty Ltd is regulated by the Reserve Bank of New Zealand (**RBNZ**)

## Jurisdiction

The New Zealand courts have exclusive jurisdiction over legal proceedings in relation to this insurance product.

## About this policy

This policy consists of this document, the information provided to **us** when **you** applied for pet insurance and the Certificate of Insurance issued to **you**. This insurance commences at the date and time **you** pay the premium and covers the plan shown on **your** Certificate of Insurance.

This document has been arranged on the basis **you** or **your** representative has agreed to the qualifying statements online or verbally through **our** call centre.

**You** must pay **your** insurance premium by the date stated on the Certificate of Insurance. **You** cannot make a claim unless **you** have paid **your** premium. If **you** do not pay **your** premium **your** policy will cease to operate.

## Guarantee

We agree to provide **you** with insurance cover for **your** pet as long as **you** meet certain conditions. If **you** do not meet these conditions, **we** may decide not to accept a claim or to cancel **your** policy or treat it as it never existed.

## Headings

The headings in this policy are for reference only and do not form part of it. These must not be used when interpreting the policy.

## Words in Bold

In this policy some words are in bold, e.g. "**you**" or "**us**". This may indicate that the words have a special meaning. To find out the meaning, please refer to the section – Meanings of words on page 9.

Please keep this policy wording for future reference.

## What you must tell us

We would like to point out some of the important obligations **you** have.

The correctness of all information provided, or statements made in relation to this policy or any claim under this policy is essential before **we** have any liability under this policy or pay **your** claim. It is important **we** receive all relevant information.

This means that **we** need **you** to tell **us** everything **you** know, or could reasonably be expected to know, that may influence **our** decision to insure **your** pet.

If any circumstances change during the time **we** provide **your** insurance, it is important **you** tell us.

This applies at time of inception/application and during the term of **your** policy.

If **you** are in any doubt **you** should disclose information, whether **we** have asked questions that relate to **your** pet or not. Please call **us** on **0800 738 467**.

If **we** are not informed, **we** have the option to decline any claim or avoid this policy from the date of change.

Be truthful and correct in everything **you** tell **us**.

# Eligibility, Benefits and Cover Options

## Eligibility for Cover

Eligibility or acceptance criteria is dependent on the Pet Insurance plan **you** select. These are as follows:

- **Emergency Plan:** 8 weeks – 12 years of age
- **Classic/Deluxe:** 8 weeks - 8 years & 11 months of age
- Select breed dogs older than 6 years will only qualify for the **Emergency Plan**
- If the pet is older than 9 years, they can only qualify for **Emergency Plan**

Once **your** pet is insured with **us**, it can be insured for the rest of the **pet's** natural life provided **you** continue to renew **your** policy without a break in cover.

The following dogs are not eligible for cover:

- Working dogs (except for assistance dogs)
- Breeds of dogs that are listed as banned by the New Zealand Government on any banned local authority register or listing
- Dogs that are a cross breed with either a Pit Bull Terrier | Dogo Argentino | Perro De Presa Canario | Dogo Canarioa | Dingo | Japanese Tosa | Fila

## Cover options

We offer three Pet Insurance plans to suit **your** individual needs.

**Your** selected option and the applicable limits will be reflected in **your** Certificate of Insurance.

### Emergency Plan \$5,000 - \$6,800

Covers Veterinary expenses incurred as a result of accidental injury to the insured pet(s).

#### Cover provided:

- Veterinary treatment expenses incurred for the diagnosis and/or treatment of the insured pet's accidental injury subject to the maximum cover per category, as listed in the benefit table in the Certificate of Insurance.
- Third party liability
- Non-elective euthanasia

### Classic Plan \$9,000 - \$11,100

Cover for Veterinary expenses incurred as a result of accidental injury to and illness of the insured pet(s), including illnesses arising from hereditary conditions. (Stand-down period applies).

### Cover provided:

- Veterinary treatment expenses incurred for the diagnosis and/or treatment of the insured pet's accidental injury or illness subject to the maximum cover per category, as listed in the benefit table in the Certificate of Insurance.
- Third party liability
- Non-elective euthanasia

**The Wellness Benefit** is an optional extra addition to this plan.

### Cover provided:

- Advertising and reward in the event of the insured pet(s) going missing
- Cremation
- Annual vaccinations
- De-sex / micro-chip
- Boarding fees
- Death from illness

These benefits are subject to a 21-day Stand-down period.

If **you** have selected this cover, the limits to each benefit will be outlined in **your** Certificate of Insurance.

## Deluxe Plan \$15,000

Cover for Veterinary expenses incurred as a result of accidental injury to and illness of the insured pet(s), including illnesses arising from hereditary conditions. (Stand-down period applies).

### Cover provided:

- Veterinary treatment expenses incurred for the diagnosis and/or treatment of the insured pet's accidental injury or illness subject to the maximum cover per category, as listed in the benefit table in the Certificate of Insurance.
- Third party liability
- Non-elective euthanasia
- Dental Illness

**The Wellness Benefit** is an optional extra addition to this plan.

### Cover provided:

- Advertising and Reward in the event of the insured pet(s) going missing
- Cremation
- Annual Vaccinations
- De-sex / Micro-chip
- Boarding Fees
- Death from illness

These benefits are subject to a 21-day Stand-down period.

If **you** have selected this cover, the limits to each benefit will be outlined in **your** Certificate of Insurance.

Subject to the limit as shown on **your** Certificate of Insurance, cover applies to certain treatments for Dental Illness under the Deluxe Plan.

### Dental Cover Provided:

**We** will pay for expenses incurred as a result of **your** insured pet requiring treatment for the following conditions:

- Abscesses
- Gingivitis
- Tooth removal where it is medically required
- Cavities
- Tooth fracture
- Dental disease as a result of infection
- Retained deciduous teeth

**We** will not pay any benefits for Dental Illness unless documentation is provided to **us** on submission of a claim showing annual dental checks have been performed at a medical facility.

These benefits are subject to a 6-month Stand-down period for Dental Illness.

### Dental Cover Not Provided:

**We** will not pay for expenses incurred as a result of **your** insured pet requiring treatment for the following:

- Orthodontic treatment
- Crowns
- Root canal
- Cosmetic dental surgery
- Corrective treatment
- Odontoclastic resorptive lesions
- Any elective dental treatment, checks or cleaning

## Changes to your Pet's cover and Renewal

A Certificate of Insurance will be issued:

- if **your** cover is upgraded or downgraded during the policy period, **you** will be issued a new Certificate of Insurance
- **we** are not obliged to renew or issue **you** a new policy and any decision to renew or issue a policy is at **our** sole discretion
- **we** may also change the terms and conditions of the policy and premiums.
- **We** will notify **you** in writing if this is to occur and if **you** decide not to renew **your** policy **you** will need to call **us** on **0800 738 467** or notify **us** via email **contactus@pd.co.nz**

## Policy upgrades and downgrades

Policy changes may be made at any time, but the consequences of making a change will be different depending on whether **you** do so with effect from **your** policy renewal or at another time. In particular:

- **you** can upgrade to a higher plan at any time up until **your** pet reaches its 8th birthday, or if **your** pet is a select breed, up to its 5th birthday.
- upgrades are not allowed after **your** pet has reached the upper age limit, whichever limit is relevant
- a claim Stand-down period applies when **you** upgrade **your** pet's policy from an Emergency Plan to a Classic Plan, and from a Classic Plan to a Deluxe Plan.
- if **you** need to make a claim for a newly qualifying condition that first started (or for which signs or symptoms first showed) during that claims Stand-down period, the benefit limits of the Emergency Plan will continue to apply to that condition and the same would apply for a Classic Plan to a Deluxe Plan upgrade.
- policy downgrades may be made for pets of any age

## Summary of Benefits

Plan	Emergency	Classic	Deluxe
	<b>\$5,000 - \$6,800 Benefit Limit</b>	<b>\$9,000 - \$11,100 Benefit Limit</b>	<b>\$15,000 Benefit Limit</b>
Accident Cover*	✓	✓	✓
Illness Cover*		✓	✓
Hereditary conditions		✓	✓
Third Party Liability	✓	✓	✓
Prescribed Medication	✓	✓	✓
Radiology	✓	✓	✓
Pathology	✓	✓	✓
Operating Theatre Costs	✓	✓	✓
Hospitalisation	✓	✓	✓
Non-Elective Euthanasia	✓	✓	✓
Other Costs – Vet visits and Medically Required Non-Elective Procedures	✓	✓	✓
Dental Illness			✓
<b>Wellness Benefit</b> <sup>^</sup>		✓	✓
Advertising & Reward		✓	✓

Boarding fees	✓	✓
Cremation	✓	✓
Desex & Microchip	✓	✓
Replacement for loss due to illness	✓	✓
Vaccination	✓	✓

\***Accident** and **Illness** limits are subject to the overall benefit limits.

<sup>^</sup>**Wellness Benefit** is an additional benefit and extra premium is applicable.

## Stand-down periods

Accident	0 days
Illness	21 days
Third Party Liability	21 days
Poisoning, Intervertebral disc disease, Ingestion of a foreign object.	21 days
Wellness Benefit	21 days
Cruciate Ligament, Patella Luxation	90 days
Hereditary conditions	90 days
Dental	6 months

## What You Are Covered For

**You** are covered for the events (subject to the limits/any applicable Stand-down periods as stated in **your** Certificate of Insurance in the plan **you** have chosen). **Your** cover option will reflect in **your** Certificate of Insurance.

## General Conditions

### Taking Due Care

**You** and **your** family must take all reasonable steps to maintain the health and wellbeing of **your** insured pet and prevent any injury, illness, and loss.

This includes all vaccinations and/or any normal treatment recommended by a Veterinarian. **We** may ask **you** to provide proof of this when **you** make a claim.

### The Premium

The Premium **you** pay is shown in **your** Certificate of Insurance and includes all government taxes and/or charges and any loading that may apply based on the age or breed of **your** insured pet.

The Premium for certain breeds may be higher due to the increased health risks of certain breeds. These Select breeds include, but may not be limited to, the following:

Airedale Terrier | All Bulldogs | All Mastiff Breeds | Azawakh | Boxer | Beauceron | Bull Terrier | Corinne Mountain Dog | Dalmatian | Deerhound | Dobermann | Dogue de Bordeaux | Great Dane | Greater Swiss | Mountain Dog | Italian Corso Dog | Leonberger | Lhasa Apso | Newfoundland | Original English Bulldogge.

## Premium/Payment terms

**Your** premium is calculated at the policy start date and thereafter at each renewal date. The premium will be displayed in **your** Certificate of Insurance, if there is a change in premium at renewal time, an updated Certificate of Insurance will be issued.

If there is a change in **your** premium this is payable in accordance with any payment terms agreed between **us**.

All premiums will be charged to **your** nominated credit/debit card or direct debited from **your** bank account on the agreed date.

**Your** premium must always be paid on or before its due date. If the date on which the premium is to be charged falls on a day other than a business day, it will be done on the next available business day.

If there are insufficient funds or if **your** payment is dishonoured when the premium is due, **we** may notify **you** by email, SMS, or phone as a courtesy, and attempt to collect your premium again as soon as practical.

**We** may charge **your** account again within fourteen (14) calendar days unless **you** advise **us** to charge an alternative credit/debit card.

Please note all recovery/bank charges for non-payment of premium are always for **your** account, and if **we** have to attempt to charge **your** account more than once, there may be additional fees charged.

**You** need to update the payment information immediately if there are any changes to the nominated credit/debit cards provided, or if these are stopped, or **your** account closed.

**You** must provide alternative credit/debit card details at least seven (7) business days before **your** next debit date.

**We** reserve the right to make any changes to **your** premium should there be any changes to **your** policy.

Any changes will be communicated to **you** in writing at least 30 days before it becomes effective.

Claims are paid on the basis that **you** have paid all owing premiums for that period of insurance. If **you** do not pay **your** premium by the due date, **we** may reject **your** claim.

**We** reserve the right to deduct any premium amount that **you** owe **us** from any claim payment or other payment **we** make to **you** if applicable.

If the unpaid premium remains in arrears for more than forty-five (45) days after the due date, **we** may cancel **your** policy.

Should **you** wish to stop any future payments please notify **us** at [contactus@pd.co.nz](mailto:contactus@pd.co.nz)

## Premium Refunds

In situations where **your** policy is changed, cancelled or where **you** over-pay **us**, **we** will endeavour to notify **you** and arrange a refund, where applicable.

## Third Party Liability Cover

**You** are covered (subject to the limits stated in **your** Certificate of Insurance) for amounts **you** may become legally liable to pay for:

- Physical loss of or damage to property, death, bodily injury to any person occurring during the period of Insurance and which is caused by an accident involving **your** pet.
- the incident occurred within New Zealand.

Please note the following exclusions apply:

- The property is not owned, held in trust, in **your** custody, controlled by **you**, **your** family or anyone residing with you.
- the injury was not suffered by a member of **your** family residing with you;

Third Party Liability cover is subject to a 21-day Stand-down period.

**Your** cover under this section is limited to events that do not fall within the scope of the New Zealand No-Fault Accident Compensation Scheme.

This policy does not cover any loss, damage, or liability if **you** are covered for that same loss, damage, or liability to any extent under any insurance policy with another insurer. **We** will not contribute towards a claim under any other policy with another insurer.

## How to Claim

Please check **your** policy by reading the appropriate sections and general exclusions before submitting **your** claim.

Please note **your** limitations, conditions and exclusions that may affect **your** claim.

- **you** can register a claim on the PD Insurance website by accessing the Managed Portal or email **us** at [claims@pd.co.nz](mailto:claims@pd.co.nz)

All **you** need to do is complete the claim form and attach a copy of the itemised invoice and other supporting documents including all necessary information **we** reasonably ask for to support **your** claim, including but not limited to **your** pet's clinical notes, medical reports, receipts, itineraries, police reports and any other documentation necessary to assess **your** claim.

**You** will be reimbursed for the expenses incurred subject to the terms and conditions of this policy and **your** Certificate of Insurance less any excess applicable.

When an insured event giving rise to a potential claim occurs, **you** must do the following:

- report the claim as soon as practicable and possible, but no later than 12 months after the event giving rise to the claim
- all documentation and information which **you** provide as evidence or support of any claim must be true and correct.

## Please take note of these further important terms

**We** settle **your** claims in the following ways:

- **we** will pay directly into a bank account in the policy holders name and always in New Zealand dollars. **We** do not contract any third-party service providers on **your** behalf nor will **we** ever indemnify **you** against claims from any third-party service providers.
- the most **we** will pay for any one claim is the amount stated as the cover limit in **your** Certificate of Insurance. **We** will not pay any interest on the amounts insured under this policy.
- **you** must provide us, at **your** own expense, with any information and assistance that **we** may reasonably require to facilitate the application of this policy or to settle a claim.
- even if **you** have already claimed and there is information outstanding from **you** (or the Veterinary surgeon) which is needed to finalise the claim, **your** claim is no longer valid after 12 months from the date of the event which caused **your** claim, unless **we** agree.

If **we** do not pay **your** claim and **you** disagree with **our** decision or if **you** are not happy with the amount **we** agree to pay for **your** claim under this policy **you** can write to **us** about **your** complaint. When settling claims disputes please refer to **our** compliments / complaints section on **our** website [www.pd.co.nz](http://www.pd.co.nz)

## Insurance Fraud

Insurance fraud places additional costs on all policy holders. Fraudulent claims force insurance premiums to rise. **We** encourage the community to assist in the prevention of insurance fraud. **You** can help by reporting insurance fraud by calling PD Insurance on **0800 738 467**.

All information will be treated as confidential and protected to the full extent permitted under New Zealand Law.

## Excess

**You** have an option of choosing a **10%** **20%** or a **30%** excess when purchasing this policy. The excess is the amount **you** pay towards **your** Vet expenses which **we** will deduct from the amount payable to **you** for every treatment claimed.

## Example

Vet Expenses	Excess	Amount payable to you
\$2,000	10%	\$1,800
\$2,000	20%	\$1,600
\$2,000	30%	\$1,400

## Conditions

**You** will be responsible for any excess stated in **your** Certificate of Insurance for every event giving rise to a claim.

- For a hospitalisation claim to be considered under "accidental cover" the invoice must reflect a charge for accommodation or overnight stay and a procedure must have been completed or treatment for a diagnosed condition must have been completed.
- A diagnosis must be done within 48 hours from the time of the event giving rise to a claim.
- At **our** expense **we** may require the insured pet to undertake a medical examination to validate a claim.
- It is **your** responsibility to seek medical attention immediately once **you** become aware of any condition that requires medical treatment or **your** insured pet shows signs of an injury, illness, or accident. **We** will not be liable for any costs incurred consequential to **you** not having sought medical attention timeously.
- **We** reserve the right to claim from **you** any amount that **you** receive from a third party as payment or compensation for an event covered and for which a payment has been made by **us** under this policy.
- It is **your** duty to declare all medical and health information regarding **your** insured pet when applying for this policy. It is **your** responsibility to obtain and supply any medical history reports from any Veterinarian or facility if requested by us.
- This policy only covers insured events occurring within New Zealand.
- **Your** cover is limited to one PD Insurance policy per insured pet.
- There is no cover for any additional medical costs incurred as a result of pre-existing injuries.
- During the period of insurance, **we** will cover only one occurrence of ingestion of a foreign object that causes a blockage or obstruction requiring endoscopic removal or surgery, within a 12-month period.
- Any Stand-down period indicated on the Certificate of Insurance does not apply if **you** are moving to **us** from another insurer with no interruption in cover, and where that policy was current for a period of at least 12 months. **We** may require proof of **your** previous insurance policy and details of any past claims, on submission of a new claim with us.
- If any additional pet/s are included in the cover during the period of insurance, any applicable Stand-down period will apply from the commencement date that the additional pet/s are included.

## Other insurance

This policy does not cover any loss/cover or liability if **you** are covered for that same loss/cover or liability to any extent under a policy with another insurer.

**We** will not contribute towards any claim under any other policy with another insurer.

## Updating this Policy Wording

**We** may need to update this Policy Wording from time to time if certain changes occur where required and permitted by law. **We** will issue **you** with a new Policy Wording or a Supplementary Policy Wording or other compliant documents to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this insurance, **we** may issue **you** with notice of this information in other forms or keep an internal record of such changes (**you** can get an electronic copy by contacting us). Other documents may form part of **our** Policy Wording. If they do, **we** will tell **you** in the relevant document. Further information and confirmation of transactions about this insurance, please [contactus@pd.co.nz](mailto:contactus@pd.co.nz)

## Changes in your circumstances

Whenever **yours** (or **your** insured pets') circumstances change, **you** must let **us** know as soon as **you** are aware of the change and no more than 30 days after the change happened.

Any changes which will be updated in a new Certificate of Insurance which will be emailed to you. If **you** are not sure whether a change may affect **your** cover, please contact **us** on [contactus@pd.co.nz](mailto:contactus@pd.co.nz) to enquire.

## What You Are Not Covered For

This policy is designed to help cover Vet fees for accidents, injury, or illness, however there are some conditions and treatments not covered:

There is **No Cover** for the following:

- Diagnosis or treatment of pre-existing conditions.
- Diagnosis or treatment of congenital conditions.
- Diagnosis or treatment of the insured pet's injury that was caused intentionally by **you** or any other member of **your** household.
- Special diets, pet foods, or dietary or nutritional supplements used to treat or manage a condition or to preserve or improve general nutrition or health, even if prescribed by a Veterinarian.
- Diagnosis, treatment, training, or therapy that results from behavioural / psychological conditions or a psychiatric disorder.
- Diagnosis or treatments that are experimental, investigational, or otherwise not generally accepted in the New Zealand Veterinary medical community.
- Elective or preventative procedures or cosmetic surgeries, apart from the benefits covered in the Wellness Benefit under the Classic and Deluxe Plans.
- Any cost relating to statutory quarantine.
- Any breed of dog that is banned by the New Zealand Government, Public or Local Authority, or that is crossed with any banned breed or Pit Bull Terrier or a cross of that breed.
- The replacement of a pet in the event of **your** insured pet's accidental death.
- Diagnosis or treatment of the insured pet for any condition resulting from or associated with breeding or pregnancy including caesarean section, dystocia, or termination of pregnancy.
- Pets used for law enforcement or security purposes.
- Claims where **your** premium has not been paid by **you** in advance and is not up to date or has lapsed.
- Claims caused by or contributed to by risks in the nuclear industry in general. These risks include, ionising, radiation, radioactive contamination from any nuclear fuel or nuclear waste, burning of nuclear fuel, radioactive, toxic, and explosive or other dangerous properties of any part of nuclear machinery, nuclear weapons, nuclear reaction, nuclear fission, and nuclear radiation.
- Any declared pandemic disease that causes widespread illness affecting dogs or cats, or any failure to vaccinate against any known illness.
- Treatment of the following, unless **your** pet's vaccination was current at the time of the condition as evidenced by a Vet:
  - Canine parvovirus | Canine distemper | Canine infectious hepatitis | Kennel cough | Leptospirosis or treatment for Feline Viral rhinotracheitis | Feline calicivirus and feline Panleukopenia | Feline immunodeficiency virus (FIV) | Feline leukaemia virus (FeLV) | Feline chlamydiosis
- Costs relating to joint replacements, implants, prosthetics, artificial limbs, or organ transplant surgery.
- Costs relating to **your** pet fighting with any other animal, where the pet has displayed a history of fighting any other animal prior to the policy start date.
- Treatment or allergic conditions or skin conditions caused by substances or chemicals used in products to maintain the cleanliness of the pet, or for the treatment of ectoparasites on the pet.
- Costs relating to the treatment of the pet caused through hunting, racing, or arranged or organised fighting.
- Cost for treatment due to the pet being overweight or obese.
- Elective diagnosis or treatment including but not limited to debarking, tagging or routine health checks.



- Organ transplants, stem cell transplants or joint replacements.
- Any declared epidemic causing widespread illness to dogs or cats.
- Experimental treatment, or treatment or medication which is not approved by the Ministry of Primary Industries or Veterinary Council of New Zealand.
- Any amounts charged by **your** Vet for providing information in relation to **your** claim for the destruction of **your** pet due to any court or council order.
- Brachycephalic airway syndrome (elongated soft palate, stenotic nares, everted laryngeal sacculles, laryngeal collapse, tracheal hypoplasia)
- Any health condition where the diagnosis is inconclusive, but where the treatment is similar to a treatment typically applied to a health condition which is not covered by **your** policy.
- Dental care of any kind including dental diseases, gingivitis, teeth cleaning/scaling, orthodontics removal of deciduous teeth or any oral disease (except for those treatments listed and provided by a Vet under the Deluxe Plan), unless the dental damage is as a result of an accident.
- Grooming and bathing (including medicated baths), boarding or transport expenses.
- Equipment or devices, including Elizabethan collars and cages.
- House calls and out of hours treatment will be limited to the amount that would have been payable had the qualifying treatment been provided during normal consultation hours.
- Autopsy, disposal, post-mortem, burial, or cremation of a deceased pet (except for those benefits listed where **you** have selected the Wellness Benefit).
- Medication not approved and registered for animal consumption in New Zealand by the Ministry of Primary Industries or the Veterinary Council of New Zealand;
- Any fees charged by **your** Vet for the provision of any information in relation to a claim made under this policy or assistance provided to **you** in the completion of any form relating to the policy, or administration or account fees, postage or couriers, commercial or occupational purposes.
- Any treatment to **your** pet outside of New Zealand or by a policy holder, family member or friend (regardless of whether they are a Vet).
- There is no cover for any claim caused by any illness that **you** are aware of before the policy start date or injury to **your** insured pet suffered before the policy start date.
- There is no cover for any event which has in any way resulted from an illegal activity and/or non-compliance with any common laws of New Zealand.
- **You** are not covered for anything caused by or contributed to by risks in the nuclear industry in

general. These risks include ionising, radiation, radioactive contamination from any nuclear fuel or nuclear waste, burning of nuclear fuel, radioactive, toxic, and explosive or other dangerous properties of any part of nuclear machinery, nuclear weapons, nuclear reaction, nuclear fission, and nuclear radiation.

- There is no cover for anything which is caused in any way by participation in: war, riot, civil commotion, terrorism, natural disaster, or similar events.

The following specific plan exclusions are also applicable:

## Emergency plan

- Diagnosis or treatment of any illness/disease or any condition caused by or resulting from an illness/disease.
- Diagnosis or treatment of pre-existing and hereditary conditions.
- Diagnosis, treatment, or preventive diagnosis or treatment of the insured pet for internal or external parasites including fleas, heartworms, and roundworms.
- Medication prescribed more than one year after the insured pet's injury.
- Boarding, transportation, grooming, or bathing. Boarding includes medical boarding, and bathing includes medicated baths or dips.
- Routine examinations, preventive treatment (including vaccines) or diagnostics associated with preventive treatment.

## Meaning of words

**Accident/Accidental Injury** - an unforeseen event, which could not reasonably have been expected to occur. The event must result in injury or poisoning caused directly and independently of all other causes by some external and visible means arising from this event.

**Address** - the address that is shown on **your** Certificate of Insurance, where **your** pet normally resides in New Zealand.

**Alternative Treatment** - means acupuncture, chiropractic manipulations, homeopathy, hydrotherapy, massage therapy, osteopathy, behavioural therapy, Bowen therapy, herbal therapy, laser therapy, physiotherapy, TENS (transcutaneous electrical nerve stimulation) or similar therapies where they are administered by, prescribed by, or supervised by a Vet to treat.

**Behavioural or Psychological conditions** - means any behavioural or psychological problem and any associated treatment, products or medications, training, socialisation, behavioural therapy, or psychological therapy.

Benefit limit - means the maximum amount payable for the plan selected.

**Breeding or Obstetric conditions** - means health conditions relating to or arising from breeding or

obstetrics, including artificial insemination, caesareans, contraceptives or contraceptive procedures, and phantom pregnancy.

**Certificate of Insurance** - first issued to **you** or any further certificates issued following a change to the policy (whichever applies at the time of the event).

**Chronic condition** - means a health condition, diagnosed by a Veterinarian, and has one or more of the following:

- has no widely accepted cure
- may continue indefinitely
- may require longer than 3 months of medication, monitoring, treatment, consultations, check-ups, examinations, or tests, or
- may return or relapse after intervals of remission in between.

**Condition** – any illness, ailment, injury, lesion, disorder, or disease

**Congenital** - means a congenital anomaly or developmental defect which is present at birth or that develops during the first months of life or later in **your** pet's life. It may not show symptoms right away.

**Cosmetic treatment** - means any surgery or procedure or other treatment of any kind that improves, alters or enhances appearance, whether or not undertaken for other medical, physical, functional, psychological or emotional reasons, and includes tail docking, tattooing or costs associated with grooming, including where **your** pet requires sedation or general anaesthetic to undergo the grooming procedures.

**Dental** - treatment of an oral disease such as routine dental care or, unless a serious and traumatic accident occurs, and the dental treatment is carried out directly to repair serious injuries to **your** pet's face.

**Epidemic** - means a sudden development and rapid spreading of a contagious disease affecting dogs or cats in a region where it developed in an endemic state or within a previously unscathed community.

**Excess** - The amount **you** must pay when **you** make an insurance claim. **We** will pay the amount of the claim that is over the excess, subject to the benefit limits. Where the amount of the claim is less than the excess, no payment will be made by us. The amount of the excess payable will vary according to the plan type **you** have chosen. Please refer to the terms and conditions of the policy and **your** Certificate of Insurance.

**Exclusions** - means conditions, treatments or events that are not covered by this policy.

**Family** - any person related to the insured pet's owner, means **your** spouse, defacto partner, civil union partner, fiancé(e), parent, stepparent, child, stepchild, foster child, sibling, or stepsibling, grandparents.

**Hereditary condition** - means a genetic condition which is passed down through **your** pet's bloodline, and which is commonly breed specific. These include, but

are not limited to, hip dysplasia, elbow dysplasia, mange, displacement of the patella, entropion, ectropion, and cherry eye.

**Illness** - means a sickness or disease as diagnosed by a Veterinarian; or signs and symptoms which are indicative of a sickness or disease; and which is not an injury.

**Injury** - physical harm or damage to part of **your** insured pet's body caused by an unforeseen physical action or force originating from outside the pet's body. This does not include any injury or trauma that occurs gradually or over a period of time.

**Medical Expenses** - the costs resulting from treatment for a disease or an accident by a registered Veterinarian or other medical practitioner, in the form of medication or therapy, in a medical facility, medical practice or at home.

**Medical facility** - an institution for health care providing Veterinary treatment by specialised staff and equipment, for sick or injured pets where they are given surgical or medical treatment, and which provides for longer-term patient stays.

**Month to month** - means cover that renews upon payment of the month to month premium by you. Month to month will renew every month upon payment and can be cancelled at any time just like a monthly subscription.

**Period of insurance** - the period shown on **your** Certificate of Insurance.

**Pet** - means a domestic breed of dog or cat ordinarily residing with **you** in New Zealand, which is primarily a companion animal or assistance animal and whose name and description is reflected in **your** Certificate of Insurance.

**Policy Start / Inception date** - the date that the insurance cover and Stand-down periods start. This date is stated in **your** Certificate of Insurance.

**Pre-existing conditions** - means any condition, illnesses and injuries that existed or occurred prior to the policy start date of **your** insurance. **We** consider something as Pre-existing if diagnosed by a Vet, or if **your** pet is showing any symptoms.

**Premium** - the amount **you** pay for **your** policy. This amount is shown in **your** Certificate of Insurance and includes all government taxes and/or charges and any loadings that may apply based on the age and/or breed of **your** insured pet. **You** can choose to pay annually or month to month. If **you** choose to pay annually a discount will apply on the base premium.

**Stand-down periods** - the period(s) stated in **your** policy that must pass from the policy start /inception date before **your** cover will begin, or from the policy start/inception date that any additional pet/s are included during the period of insurance.

**Third party liability** –means **your** legal liability for payment of compensation in respect of physical loss of or damage to property, death, bodily injury to any person which is caused by an accident involving **your** pet.

**Treatment** - means reasonable, customary and essential examinations, consultations, hospitalisation, surgery, x-rays, medication, diagnostic tests, nursing, and other care and procedures provided in a registered animal care facility by a Vet, or a Veterinary nurse or technician under Vet supervision, that is medically justifiable and necessary as a result of an unforeseen accident, illness or other insured event, suffered by **your** pet, named on the policy, during the period of cover. To be claimable, treatment must have been conducted within the terms of reference of the New Zealand Veterinary Association.

**Vet Expenses** - means the reasonable, customary, and essential expenses incurred for the treatment of **your** pet for an injury or an illness during **your** period of cover.

**Vet/Veterinarian** - means either a registered Veterinarian or a specialist Veterinarian who is licensed in New Zealand, and who is practicing at a Veterinary clinic or hospital.

**We, us** or **Our** - PD Insurance, a product underwritten by Pacific International Insurance Pty Ltd.

**Wellness Benefit** – additional benefits as listed in the table in the Certificate of Insurance (and subject to the defined benefit limits).

**Working dog** - means a dog which is primarily kept and used to carry out work or an occupation and which is not kept first and foremost as a companion animal or assistance animal. Working dogs may include (but are not limited to): police dogs, dogs used by security, customs, and the armed forces, hunting dogs or farm dogs.

**You** or **your** - the person or persons named on **your** Certificate of Insurance as the Insured.

## If you have a concern

**We** always strive to give the best possible service. If **you** are not happy with something — anything, please let **us** know.

**We** will aim to get it sorted for **you** quickly and fairly. Often a quick conversation with **us** can help straighten things out. But every now and then there may be an issue that cannot be easily resolved.

If that is the case, **we** will take **you** through **our** internal dispute's resolution procedure, and if **we** still cannot agree, **we** will let **you** know how **you** can access **our** external disputes resolution provider.

**We** are a member of the Insurance & Financial Services Ombudsman (Ombudsman) Scheme of New Zealand, which is **our** approved external dispute resolution scheme. This scheme is free and independent. For more information or to access the Ombudsman please call **0800 888 202** or visit **www.ifso.nz**.

If **you** would like more information, go to **www.pd.co.nz**

For enquiries/compliments:

**contactus@pd.co.nz**

For claims:  
**claims@pd.co.nz**

To advise **us** of a complaint:  
**complaints@pd.co.nz**

**Phone: 0800 738 467**

**Service hours:** Monday – Friday - 08:30am – 5:00pm

**By Post:**

PD Insurance  
c/- Pacific International Insurance Pty Ltd  
B:HIVE, Smales Farm,  
72 Taharoto Road,  
Takapuna, Auckland 0622

**NEW ZEALAND**

## Cancellation

### Cooling-off period – you can change your mind

If **you** are not completely happy with this policy, **you** are welcome to change **your** mind, provided **you** tell **us** within 14 days of the date this policy started. **We** will treat **your** policy as being of no effect and to have never existed and **we** will refund in full any premium **you** have paid. This does not apply if **you** have made a claim on **your** policy.

### Cancellation by you

If **you** cancel **your** policy, **we** will refund any premium **you** have paid, less an amount that covers the period for which **your** pet was insured. The cancellation will be effective from the date that **we** receive cancellation notification from **you** over the phone or in writing.

### Cancellation by us

**We** can cancel **your** policy in any way permitted by law with immediate effect, with no refund of premium paid, if you:

- are found to have misrepresented **yourself**, or **your** pet
- have not complied with the terms of this policy
- have not paid **your** premium for a period of 45 days or longer

**We** will collect and use the information set out in this policy for the purpose for which it is provided and hold the information securely.

**We** may use it in developing and running PD Insurance and/or providing **you** with information about products and services that **we** think might be of interest to **you** (including **our** selected business partners).

**We** will not provide **you** with this information if **you** request it not to be, and **we** will show **you** any information

that **we** hold about **you** and make corrections to it.

**You** agree that **we** or any authorised agent of **us** may collect information from any person who can provide **us** with information that is of relevance to it.

**You** consent to **us** giving **your** information to any person who can assist it in developing or running **our** business.

**You** authorise **us** to provide this information to other parties including other insurance companies, any party with an interest in **your** policy and the Insurance Claims Register administered by the NZ Insurance Council, or to obtain information from them in relation to **your** insurance.

## Your Privacy

**We** value the privacy of personal information and are bound by the NZ Privacy Act 1993 when **we** collect, use, disclose or handle personal information. **We** collect personal information to offer, provide, manage, administer the many financial services and products **we** and **our** group of companies are involved in. Further information about **our** privacy practices can be found in **our** Privacy Policy that can be viewed on [www.pd.co.nz](http://www.pd.co.nz)

Please contact PD Insurance on [contactus@pd.co.nz](mailto:contactus@pd.co.nz) if **you** wish to seek access to, or to correct, the personal information **we** collect or disclose about you.

## How We Use Your Personal Information

**You** allow **us** to use information about **you** and **your** pet(s) for the following purposes:

- to determine the specific terms applicable to **your** policy;
- to determine **your** pet's eligibility for cover under **your** policy;
- to administer **your** policy;
- to contact **you** from time to time, including within a reasonable time of **your** policy cancelling, or annually renewing;
- to compare with information about **you** held by relevant business partners;
- to process or investigate any claims made and/or paid;
- to prevent, detect and investigate any potential fraud including where in **our** reasonable opinion **we** suspect any fraud;
- to conduct research or analysis; and
- to comply with laws and regulations.

## Who may we share your information with?

**You** authorise **us** to disclose information about **you** or **your** pet for the above purposes, directly to:

- you;
- **your** Vet;
- **your** previous pet insurance provider relating to previous claims **you** have made
- the Insurance Council of New Zealand, other insurers, and/or the Insurance Claims Bureau for the purposes of claim verification and/or fraud prevention
- any other party required by law;
- our inter-related companies and business partners and;
- any third party agreed upon by you.

**You** also authorise the disclosure of such information by these parties for any of the above purposes.

## Is your information safe with us?

Yes, **we** take all reasonable precautions to ensure that **your** information is safe from loss, theft, modification, or misuse. **We** do so in accordance with the NZ Privacy Act.

## Need more information about your information?

If **you** have any questions about the privacy of information held by us, please go to [www.pd.co.nz](http://www.pd.co.nz) to view **our** full privacy policy or email **us** at [privacy@pd.co.nz](mailto:privacy@pd.co.nz)

## Other Terms and Conditions

Any additional terms and conditions that **you** receive in writing from **us** will apply in addition to the terms and conditions already contained in this policy. The existing terms and conditions contained in this policy can only be changed by means of written notice to you. All written communications will be sent by email.

All premiums, benefit limits and claims payments include all applicable taxes or duties and are in New Zealand Dollars.

If any provision or part of a provision of this policy is held by any court or administrative body (including the Insurance & Financial Services Ombudsman Scheme ) to be illegal, void or unenforceable, the ruling will not affect the validity of the remainder of the provision and this policy, which will remain in force.

When **you** permit **us** to debit **your** account, **you** are instructing **us** to directly debit the relevant premiums calculated by **us** from **your** bank account or credit/debit card. **We** will automatically adjust the amount to debit the correct premium amount. If **you** have concerns about this process, or **you** need to make any changes please contact us.

## Our Commitment to You

At PD Insurance, **we** are committed to going the extra mile for **our** customers and wherever possible, exceeding their expectations. If **you** believe that **we** have not delivered the service **you** expected, or **you** are concerned about any aspect of **our** service, please let **us** know.

### How to contact us

To help **you** resolve **your** concerns quickly it is important that **you** speak to the right person. If, therefore, **your** complaint relates to **your** policy or a claim then please email **us** at [complaints@pd.co.nz](mailto:complaints@pd.co.nz)

**We** promise to:

- fully investigate **your** complaint.
- keep **you** informed of progress.
- do everything possible to resolve **your** complaint.
- learn from **our** mistakes.
- use the information from **your** complaint to proactively improve **our** service in the future.

PD Insurance is a product underwritten by Pacific International Insurance Pty Ltd, **NZBN** 9429041356500, **FSP**394846 and a member of the Insurance & Financial Services Ombudsman (Ombudsman) Scheme which is **our** approved dispute resolution scheme.

**We always value your feedback and at the heart of our brand we always remain dedicated to treating our customers and their pets as individuals and giving them the best possible service.**

**Thank you for choosing PD Insurance.**