

CORINIUM



Short Term Income Protection Insurance

Contents

Section 1 Are you eligible for cover?.....	2
Section 2 What the words mean	4
Section 3 Payment of premiums.	5
Section 4 The Cover & Payment of Claims.....	6
Section 5 Claim re-qualification.....	7
Section 6 How to Claim.....	7
Section 7 Cancellation and Termination	7
Section 8 Making Changes to Your Cover	8
Section 9 General Conditions	8
Section 10 Complaints Procedure.....	9
Section 11 Privacy Notice	9

Thank you for choosing this Short Term Income Protection Insurance. This **Policy** is underwritten 100% by AmTrust Europe Limited ('**We**/'**Our**/'**Us**'), whose registered office is at Market Square, St. James's Street, Nottingham, NG1 6FG United Kingdom (01229676). AmTrust Europe Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Firm Reference Number 202189. These details can be checked on the Financial Services Register by visiting www.register.fca.org.uk or by calling 0800 111 6768.

This insurance is administered by Trent-Services (Administration) Limited (the '**Administrator**') of Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD. Trent-Services (Administration) Limited, is authorised and regulated by the Financial Conduct Authority, FRN 315285.

Trent-Services (Administration) are the appointed agent of AmTrust Europe Limited for the purposes of administering **Premium** collections and issuing **Premium** refunds under this **Policy**. **Premiums** are collected by Trent-Services (Administration) Limited under a risk transfer agreement from the insurer.

Claims are also handled by Trent-Services (Administration) Limited.

Corinium Insurance Services is a trading name of Trent-Services (Administration) Ltd who are authorised and regulated by the Financial Conduct Authority 315285.

Please contact the **Administrator** if **You** need any documents to be made available in large print.

The Insurance Contract

You have applied for, and **We** have accepted **Your** application for this Short Term Income Protection Insurance. In return for the payment of **Your Premium**, **We** will provide the insurance cover detailed in this **Policy**, subject to the terms and conditions. **Your Schedule** and this booklet form **Your** insurance contract (the '**Policy**').

Your Policy is valid for the **Period of Cover** shown on **Your Schedule**. Please refer to the **Schedule** for details of the type and level of cover **Your Policy** provides.

This is an annual **Policy** and lasts for a period of 12 months. The annual **Premium** is payable in 12 monthly instalments which will be collected by Direct Debit.

The Cooling-off Period

If **You** change **Your** mind within 14 days of the **Policy Start Date** or the date **You** receive **Your Policy** documentation (whichever is the later) **You** have a statutory right to cancel this **Policy** and obtain a full refund of any **Premium** paid provided that **You** have not, and do not intend to make a claim. Details of **Your** cancellation rights are set out under Section 7 - Cancellation and Termination in this booklet.

If **You** have any queries about **Your Policy** please contact the **Administrator**. Their contact details are:

Trent-Services (Administration) Limited
Trent House
Love Lane
Cirencester
Gloucestershire
GL7 1XD
Telephone: 01285 626020 (local rate)
Email: admin@trent-services.co.uk

Section 1 Are you eligible for cover?

You are eligible to take out this cover if on the **Policy Start Date**:

- **You** are aged 18 or over and are under the state pension age applicable to **You**; and
- **You** have been **Working** and residing in the United Kingdom continuously for the last 6 months

You are not eligible for cover if:

- **You** are in casual, seasonal or temporary **Work**; or
- **You** are **Working** less than 16 hours per week; or
- **You** are currently unable to attend **Work** due to an **Accident** or **Sickness** (this does not apply if **You** are on maternity leave, paternity leave, adoption leave or parental leave);
- **You** live or **Work** outside of the United Kingdom.

*If **You** are a private individual the following applies to **You**:*

Giving Us all the important information

When **We** accept **Your** application for this insurance, **We** will rely on the information **You** give. **You** must take reasonable care to provide complete and accurate answers to the questions asked when **You** take out, or make changes to, **Your Policy**. If the information provided by **You** is not complete and accurate the extent of cover may be affected and:

- **We** may cancel **Your Policy** and refuse to pay any claim or
- **We** may not pay any claim in full.

We will write to **You** if **We**:

- intend to cancel **Your Policy**; or
- need to amend the terms of **Your Policy**; or require **You** to pay more for **Your** insurance.

If **You** become aware that information **You** have given **Us** is incomplete or inaccurate, **You** must inform the **Administrator**.

*If **You** are part of a partnership, a sole trader, a limited company or other legal entity the following applies to **You**:*

Your Duty of Disclosure

Under the Insurance Act 2015 **You** have a duty to make fair presentation of the risk to **Us** before this **Policy** starts, at each renewal and when **You** make any amendment(s) to cover.

This means **You** must:

- (a) disclose all material facts of which **You** know or ought to know.
- (b) make the disclosure in a reasonably clear and accessible way.
- (c) make sure that every material representation of fact is substantially correct and made in good faith.

What is a Material Fact?

A material fact is information that would influence **Our** decision as to whether to insure **You** and, if so, on what terms.

For the purposes of the duty of fair presentation, **You** are expected to know the following:

- (a) If **You** are an individual (such as a sole trader or individual partner):
 - what is known to **You** and anybody who is responsible for arranging this insurance, or

If **You** are not an individual (such as a limited company or partnership):

- (a) what is known to anybody who is part of **Your** organisation's senior management (this means those people who play significant roles in the making of decisions about how **Your** activities are to be managed or organised or anybody who is responsible for arranging this insurance).
- (b) what should reasonably be revealed by a reasonable search of the information available to **You**. The information may be held within **Your** organisation (including, but not limited to, subsidiaries, affiliates, the broker or any other person who will be covered under this insurance).

If the insurance is intended to insure subsidiaries, affiliates, or other parties, **You** are expected to have included them in **Your** enquiries and inform **Us** if **You** have not done so. The reasonable search may be conducted by making enquiries or by any other means.

Breach of duty

If **You** breach **Your** duty to make fair presentation of the risk to **Us**, then:

- where the breach was deliberate or reckless, **We** may avoid this **Policy**, refuse all claims and keep all **Premiums** paid.
- where the breach was neither deliberate nor reckless and, but for the breach, **We** would not have agreed to provide cover under the **Policy** on any terms, **We** may avoid this **Policy** and refuse all claims, but **We** will return any **Premiums** paid.
- where the breach was neither deliberate nor reckless and, but for the breach, **We** would have agreed to provide cover under this **Policy** but on different terms (other than **Premiums** terms), **We** may require that this **Policy** includes such different terms with effect from its commencement, and/or
- where the breach was neither deliberate nor reckless and, but for the breach, **We** would have agreed to provide cover under this **Policy** but would have charged higher premiums, **Our** liability for any loss amount payable shall be limited to the proportion that the **Premium** **We** charged bears to the higher **premium** that **We** would have charged.
- For example: if, due to a breach of fair presentation, **We** charged a **Premium** of £200 but **We** should have charged £400, then for any claim submitted and agreed at a settlement value of £700, **You** will only be paid £350.

Section 2 What the words mean

Some of the words and phrases **We** use in this booklet have special meanings. They appear in bold typeface and start with a capital letter wherever they have the meanings given below.

Accident or Sickness

Means an illness or accident which is certified by a **Doctor** or **Consultant** as preventing **You** from doing **Your** normal **Work** or any similar **Work** for which **You** are reasonably qualified and as a result of which **You** are not doing any **Work**.

Administrator

Means Trent-Services (Administration) Limited.

Benefit Period

Means the maximum number of 6 **Monthly Benefit** payments that would be payable for any **Claim Period**.

Claim Period

Means any separate period of time during which **You** are unable to **Work** due to an **Accident** or **Sickness** and during which **You** are receiving **Monthly Benefit** under this **Policy**.

College

Means the Royal College of Surgeons, the Royal College of Physicians or any other Royal College of medical practitioners.

Consultant

Means a medical specialist, other than **You**, **Your Partner** or any of **Your Relatives** who is a member of a **College** and recognised by that **College** to be a **Consultant**. The **Consultant** must also not be any form of internet, web based or online **Consultant**. Any documentation supplied by an internet, web based or online **Consultant** will not be accepted as evidence to support **Your** claim.

Doctor

Means a medical practitioner, other than **You**, **Your Partner** or any of **Your Relatives**, practising in the United Kingdom being a fully registered person under the Medical Act 1983 and registered with the General Medical Council. The **Doctor** must also not be any form of internet, web based or online **Doctor**. Any documentation supplied by an internet, web based or online **Doctor** will not be accepted as evidence to support **Your** claim.

Excess Period

Means the 30 day period for which no cover is provided.

Fixed Term Contract

Means a contract of employment which is for a specific term.

Monthly Benefit

Means the amount of cover **You** have selected as shown on **Your Schedule**, up to a maximum of £2,000 or 60% of **Your Normal Monthly Income** - whichever is the lesser.

Normal Monthly Income

Means either of the following:

- If **You** are employed - the average of the gross amounts shown on **Your** payslips from **Your** employer during the last 12 months; or
- If **You** are **Self Employed** the monthly average of the gross income **You** declared to HM Revenue & Customs for the tax year preceding the **Policy Start Date**.

Partner

Your spouse, **Your** civil partner (as defined in Section 1 of the Civil Partnership Act 2004) or the person (whether or not of the same sex) with whom **You** are permanently cohabiting in a relationship equivalent to marriage.

Period of Cover

Means the period between the **Policy Start Date** and the **Policy Renewal Date** for which **We** accept a premium from **You**.

Permanent Employment

Means **You** have an open-ended contract of employment with no specific termination date and which could continue until **You** retire.

Policy

Means the cover provided to **You** under this booklet and the **Schedule**.

Policy Renewal Date

Means the date 12 months after **Your Policy Start Date** and annually thereafter.

Policy Start Date

Means the date cover commences as shown on **Your Schedule**.

Pre-existing Condition

Means any **Sickness**, condition or injury whether diagnosed or not about which **You**:

- Knew or should reasonably have known about at the **Policy Start Date**; or
- Had seen or arranged to see a **Doctor** during the 12 months prior to the **Policy Start Date**.

Premium

Means the annual amount due for cover under this **Policy**. The **Premium** is payable in 12 monthly instalments.

Relative

Means a parent, brother, sister or child (whether adopted or not).

Schedule

Means the document accompanying this booklet which confirms the **Benefit Period**, **Excess Period**, **Policy Start Date**, **Policy Renewal Date** and **Monthly Benefit** applicable to **You**.

Self Employment / Self Employed

Means **You** are a sole trader, director or partner or a shareholder of 20% or more in a company which employs **You**. **We** will also consider you to be self-employed if **You** are employed in a company or business where **Your** spouse, civil partner, parent, child, brother or sister meet any of these conditions.

We / Us / Our

Means AmTrust Europe Limited

Work or Working

Means receiving payment for **Working** at least 16 hours per week under a permanent contract, a **Fixed-Term Contract** or as **Self-Employed**. A period of maternity leave will still count as **Work**. If **You** have more than one job, the hours **You Work** for each job will be added together.

You or Your or Yourself

Means the person named on the **Schedule**.

Section 3 Payment of premiums

This is an annual **Policy** with **Premiums** payable in monthly instalments. **You** must pay the **Premium** associated with this **Policy** for the **current Period of Cover** in order to maintain cover; this includes periods when **You** may be in receipt of, or awaiting, a **Monthly Benefit** under this **Policy**. If **You** do not pay the **Premium** instalment on the date it becomes due then **We** reserve the right to cancel **Your Policy** from the date when payment became due and all cover under this **Policy** will cease.

If there are any changes to the rate of insurance **Premium** tax or if **We** are required to impose any other tax or charges in respect of **Your Premium**, then **We** will amend **Your Premium** payment from the first **Policy Renewal Date** following the date when those changes take effect.

Annual Review

We will review **Your Policy** each year in advance of **Your Policy Renewal Date**, which shall be the date 12 months from **Policy Start Date** and annually after that.

Any changes **We** wish to make will be implemented with effect from the next **Policy Renewal Date**.

We may make changes to **Your Policy** cover and/or terms and conditions as a result of the cost of providing this cover to **You**, therefore **Your Premium** may increase or decrease or remain unchanged as a result of the annual review. Please note that there is no limit to the size or nature of the changes.

You will be notified in writing at least 30 days prior to **Your Policy Renewal Date** each year, of any changes which **We** intend to make to **Your Policy**.

If **You** have chosen to pay by Direct Debit, payments will be continued to be taken from **Your** designated account, unless **You** call **Us** and instruct otherwise. **You** must make **Us** aware of any change in **Your** circumstances at the time of the renewal.

If **You** are one year under the statutory retirement age at the **Policy Renewal Date**, **Your Policy** will not be renewed. **We** will contact **You** at least 30 days before **Your** current **Period of Cover** ends.

Section 4 The Cover & Payment of Claims

What is covered

If **You** are **Working** and become unable to **Work** due to an **Accident** or **Sickness** during the **Period of Cover** for longer than the **Excess Period**, **We** will pay you 1/30th of the **Monthly Benefit** for each day **You** remain continuously unable to **Work** after the **Excess Period** due to **Accident** or **Sickness**. Payment will be made monthly in arrears.

We will continue to pay **Monthly Benefit** until the first of the following:

- a) The last consecutive days of **Your Accident** or **Sickness**; or
- b) The date **You** stop providing proof that **You** remain continuously unable to **Work**; or
- c) The date **We** have paid **You** a sum equivalent to the maximum number of **Monthly Benefit** payments allowed in the **Benefit Period** as shown in **Your Schedule**.

What is not covered

No benefit will be payable to **You** if **Your Accident** or **Sickness**:

- 1) Is due to **You** deliberately injuring **Yourself**;
- 2) Is due to alcohol, solvent abuse or drugs (other than drugs taken under the direction of a **Doctor** or **Consultant** and not for the treatment of drug addiction);
- 3) Is due to stress, anxiety, depression or any mental or nervous disorder unless **You** are referred to a **Consultant** psychiatrist by **Your Doctor** and, provided that the condition solely prevents **You** from **Working**, **Your** claim will be considered from the date of diagnosis by the **Consultant** psychiatrist until **You** are released from their care; or
- 4) Results directly or indirectly from **Pre-Existing Condition** (but this exclusion will not apply to a **Pre-Existing Condition** if **You** have been free from its symptoms, and have not consulted any **Doctor** nor received any treatment for or in connection with it, for a two year period prior to **Your** claim);
- 5) Is due to pregnancy, childbirth or abortion other than a medical complication which directly occurs as a result of **Your** pregnancy or pregnancy related conditions;
- 6) Is due to a back related condition unless there is radiological evidence of medical abnormality, visible wound, contusion, or **You** are referred to a **Consultant** by **Your Doctor** and, provided that the condition solely prevents **You** from **Working**, **Your** claim will be considered from the date of diagnosis by the **Consultant** until **You** are released from their care; or
- 7) Arises from medical operations or treatment which in the opinion of **Our** chief medical officer are not medically necessary, including cosmetic or beauty treatments.

No benefit will be payable as a result of:

- 8) War, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, civil commotion, riot, revolution or military or usurped power.
- 9) Radioactive contamination from:
 - Ionising radiation or contamination from any nuclear fuel, or from any nuclear waste arising from burning nuclear fuel; or
 - The radioactive, toxic, explosive or other dangerous effect of any explosive nuclear equipment or part of that equipment.
- 10) Directly or indirectly caused by or contributed to by or arising from Biological or Chemical contamination due to or arising from terrorism.
- 11) Any loss, damage, liability or expense directly or indirectly caused by or contributed to, or arising from, the use or operation, as a means for inflicting harm, of any computer, computer system, computer software programme malicious code, Computer Virus or process or any other electronic system.

We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit under this insurance if:

- 12) If the provision of such cover, payment of such claim or provision of such benefit would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Section 5 Claim re-qualification

An **Excess Period** will not be applied by **Us** in respect of a claim which occurs within 6 months of a prior **Claim Period** if the subsequent claim is in respect of the same **Accident** or **Sickness** and the claim will be treated as one **Claim Period**.

Claims in quick succession

If **You** return to **Work** before the maximum **Benefit Period** has been paid but then find that **You** need to claim again, the way **We** treat the subsequent period of **Accident** or **Sickness** depends on how long **Your** return to **Work** lasted:

- If it was less than three consecutive months, it will be considered part of the original claim event. An **Excess Period** will not apply and benefit will continue straight away. The benefit already paid will count towards the maximum of 6 **Monthly Benefit** payments for the claim as a whole.
- If **You** return to **Work** for three consecutive months or more, any future claim will be treated as a completely new claim. A new **Excess Period** will apply and **You** will be entitled to a further 6 **Monthly Benefit** payments.
- If you have received the maximum amount of **Monthly Benefit** payments, **You** will need to return to **Work** for at least 6 continuous months before **You** can claim again.

Section 6 How to Claim

If **You** need to make a claim, please let **Us** know as soon as possible by contacting the **Administrator** in one of the following ways:

Email: admin@trent-services.co.uk
Telephone: 01285 626020 (local rate)
Trent-Services (Administration) Limited
Trent House
Love Lane
Cirencester
Gloucestershire
GL7 1XD

In all correspondence please tell **Us** **Your** unique **Policy** number from **Your Schedule**. This will help **Us** to confirm **Your Policy** details and deal with **Your** claim as quickly as possible.

You should do so as soon as reasonably possible and, if possible, within 30 days of an event occurring which may give rise to a claim. The **Administrator** will send **You** the claim forms. **You** will need to complete these and return them to the **Administrator** as soon as possible, giving all the information they ask for to enable them to process **Your** claim. This should include at least **Doctor** and **Consultant** reports and medical records. **You** will be responsible for providing the proof they need.

Delay in submitting a claim may make **Your** claim harder to confirm and lead to delay in making payment or result in the non-payment of **Your** claim. **You** may be asked to take a medical examination at **Our** expense. If **You** do not do this **Your** claim could either be stopped or denied.

Payment of benefit will be made when **We** receive satisfactory evidence of **Your** entitlement to claim. Throughout the period for which the claim is made under this **Policy** **We** will require **You** to provide evidence of continuing to be unable to **Work** due to **Accident** or **Sickness**. Benefit will not be paid for any period of **Accident** or **Sickness** for which the evidence required by **Us** is not provided. Once a claim has been accepted, benefit will be paid to **You** monthly in arrears.

Section 7 Cancellation and Termination

Your rights to cancel Your Policy

You have the right to cancel this **Policy** within 14 days of the date **You** purchased the **Policy** or when **You** received the **Policy** documents, if this is later. **You** do not need to provide a reason for cancellation, and **We** will provide a full refund of any **Premium** instalments paid, unless **You** have made a claim or there has been an incident likely to result in a claim.

If **You** wish to cancel the **Policy** after 14 days, **You** will not be entitled to a refund of **Premium** instalments as **You** will only have paid for the cover **You** have already received. However, if **You** have already made a claim, or there has been an incident likely to result in a claim, the full **Premium** will be due.

Our rights to cancel Your Policy

We may cancel this insurance immediately

- If **We** suspect fraud or
- If **You** do not pay a **Premium** instalment when it becomes due. If this happens, **You** will be contacted requesting payment within 14 days. If **We** do not receive payment within this period, **You** will be written to again notifying **You** that **Your Policy** will be cancelled.

We may cancel this insurance at any time by giving 30 days' notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **You** at **Your** last known address as shown on the **Schedule**. Valid reasons include:

- Threatening and abusive behaviour
- Non-compliance with **Policy** terms and conditions
- Where it is found that **You**, deliberately or recklessly, disclosed false information or failed to disclose important information

Where **You** have not taken reasonable care to provide complete and accurate answers to the questions **We** or **Your insurer** ask.

Section 8 Making Changes to Your Cover

Our right to make changes

We will only make changes to **Your Policy** at the **Policy Renewal Date**. Any changes will be notified to **You** in good time prior to renewal.

Your right to make changes

You can make only changes to **Your Policy** at the **Policy Renewal Date**. Please contact the **Administrator** if **You** need to change the level of **Your Monthly Benefit**. They will tell **You** what to do.

Please note that, in respect to any increased level of cover that **You** request, **We** will not pay benefit for any sickness, condition or injury, whether diagnosed or not, which **You**:

- knew or should reasonably have known about at the **Policy Start Date**; or
- had seen or arranged to see a **Doctor** during the 12 months prior to the **Policy Start Date**.

This exclusion will not apply to the increase in **Monthly Benefit** once the increased amount has been continuously insured for two years, so long as **You** were attending **Work** at the start of **Your** claim.

A new **Excess Period** will also be applied in respect of any increase in **Monthly Benefit**.

Section 9 General Conditions

- a) This **Policy** and any endorsements to it together with the **Schedule** make up the insurance contract between **You** and **Us**.
- b) No alterations, variations or relaxation of any of the terms of this **Policy** can be made except in writing by one or more of **Our** authorised official.
- c) This **Policy** is governed by English law.
- d) If at any time any provision or part of this insurance becomes invalid, illegal or unenforceable the remaining parts and/or provisions shall continue in full force and effect.
- e) All benefits under this insurance contract are currently non-taxable, although this may change in line with any amendments to legislation. In this event, **We** will deduct from any **Monthly Benefit** any sums which by law **we** are required to deduct.
- f) A person who is not a party to this insurance contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.
- g) The benefits of this insurance contract may not be assigned to a third party.
- h) **We** may be entitled to take legal action in **Your** name for **Our** own benefit against any other party in order to recover any payment **We** have made.
- i) If at the time of a claim, there is any other policy in force, insuring anything covered by this **Policy**, **We** shall only be liable for **Our** proportional share.
- j) This **Policy** will not have any cash-in or surrender value.
- k) Fraud
If any claim made by **You** or anyone acting on **Your** behalf under this insurance is fraudulent claim, deliberately exaggerated or intended to mislead, **We** may:
 - not pay **Your** claim; and
 - recover (from **You**) any payments **We** have already made in respect of that claim; and

- terminate **Your** insurance from the time of the fraudulent act; and
- inform the police of the fraudulent act.

If **Your** insurance is terminated from the time of the fraudulent act, **We** will not pay any claim for any incident which happens after that time and may not return any of the insurance **premium(s)** already paid.

Section 10 Complaints Procedure

It is **Our** intention to give **You** the best possible service but if **You** do have any cause for complaint about this insurance or the handling of any claim **You** should follow the complaints procedure below:

If **You** have a query or complaint regarding the way this **Policy** was sold, **You** should refer to the agent who arranged this **Policy** for **You**.

If **You** have a query or complaint regarding claims, the general administration or service of **Your Policy** **You** should refer to the **Administrator**.

Their contact details are:
 Trent Services (Administration) Ltd
 Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD.
 Tel: 01285 626020 (local rate)
 Email: admin@trent-services.co.uk

In all correspondence please state that **Your** unique **Policy** number from **Your Schedule**.

The **Administrator** will contact **You** within three days of receiving **Your** complaint to inform **You** of what action they are taking. They will try to resolve the problem and provide their response within four weeks. If it will take longer than four weeks they will explain the current position and let **You** know when **You** can expect their response.

Referring Your complaint to the Financial Ombudsman Service

In the event that **You** are unhappy with the response to **Your** complaint, or **You** have not received a response within 8 weeks of the date **Your** complaint was received, **You** may be eligible to refer **Your** case to the Financial Ombudsman Service, who can review complaints from 'eligible complainants', but **You** must do so within 6 months of receiving the **Administrator's/Our** final response. Further information can be found at: www.financial-ombudsman.org.uk

The Financial Ombudsman Service exists to help resolve complaints when **We** have not been able to resolve matters to **Your** satisfaction and the service they provide is free and impartial. Their contact details are as follows:
 Financial Ombudsman Service
 Exchange Tower
 Harbour Exchange Square
 London E14 9SR

Telephone: 0800 023 4567 (calls to this number are free on mobile phones and landline) or 0300 123 9123 (Calls to this number cost no more than calls to 01 and 02 numbers.)
 Email: complaint.info@financial-ombudsman.org.uk
 This complaints procedure does not affect **Your** legal rights.

Compensation

If Amtrust Europe Limited cannot meet their obligations, **You** may be entitled to compensation from the Financial Services Compensation Scheme (FSCS).

You can get more information about compensation scheme arrangements by contacting the Financial Services Compensation Scheme, PO Box 300, Mitcheldean GL17 1DY; by telephoning: 0800 678 1100 (Freephone) or 020 7741 4100 or by visiting www.fscs.org.uk.

Section 11 Privacy Notice

We are committed to protecting and respecting **Your** privacy in accordance with the current Data Protection Legislation ("Legislation"). For the purposes of the Legislation, the Data Controller is AmTrust Europe Ltd. Below is a summary of the main ways in which **We** process **Your** personal data, for more information please visit **Our** website at: <https://www.amtrustinternational.com/legal/privacy-cookies/>.

Sensitive Personal data

Some of the personal information, such as information relating to health or criminal convictions, may be required by **Us** for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for **Us** to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in **Our** notice.

How We use Your Personal Data and who We share it with

We may use the personal data **We** hold about **You** for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), for offering renewal, research or statistical purposes and to provide **You** with information, products or services that **You** request from **Us** or which **We** feel may interest **You**. **We** will also use **Your** data to safe-guard against fraud and money laundering and to meet **Our** general legal or regulatory obligations.

Disclosure of Your Personal Data

We may disclose **Your** personal data to third parties involved in providing products or services to **Us**, or to service providers who perform services on **Our** behalf. These include **Our** group companies, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, solicitors/barristers, accountants, regulatory authorities, and as may be required by law.

International Transfers of Data

The personal data that **We** collect from **You** may be transferred to, processed and stored at, a destination outside the UK and European Economic Area ("EEA"). **We** currently transfer personal data outside of the UK and EEA to the USA and Israel. Where **We** transfer **Your** personal data outside of the UK and EEA, **We** will take all steps necessary to ensure that it is treated securely and in accordance with this privacy notice and the Legislation.

Your Rights

You have the right to ask **Us** not to process **Your** data for marketing purposes, to see a copy of the personal information **We** hold about **You**, to have **Your** data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask **Us** to provide a copy of **Your** data to any controller and to lodge a complaint with the local data protection authority.

Retention

Your data will not be retained for longer than is necessary and will be managed in accordance with **Our** data retention policy. In most cases the retention period will be for a period of ten (10) years following the expiry of the insurance contract, or **Our** business relationship with **You**, unless **We** are required to retain the data for a longer period due to business, legal or regulatory requirements.

If **You** have any questions concerning **Our** use of **Your** personal data, please contact The Data Protection Officer, AmTrust International - please see website for full address details.

For Policy or Claims Queries please call 01285 626020 (local rate)

This **Policy** is underwritten 100% by AmTrust Europe Limited.

AmTrust Europe Limited

Office Address

FCA Number: 202189 Market Square, St. James's Street, Nottingham, NG1 6FG United Kingdom