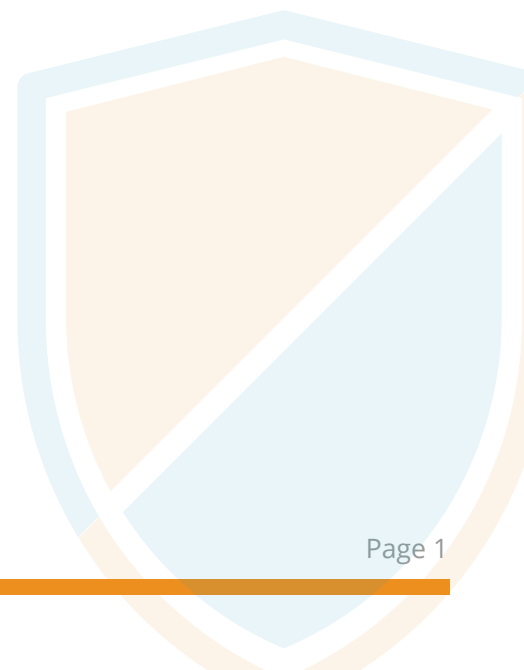




Income Protection Policy

Policy Booklet



Best Income Guard

Issued by Best Risk Management and Financial Service Limited

Underwritten by Lloyd's Syndicate 4444 which is managed by Canopus Managing Agents Limited

This document explains the full insurance terms and conditions. **You** will be issued with a **Policy Schedule** which will contain the specific details of **your** insurance.

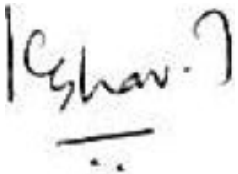
In this Policy Document, certain words have specific meanings wherever they appear. These words have been highlighted in bold type. A full list of these words and their meanings can be found in the 'Meaning of Words' section on pages 10 to 14.

You will be covered for one month from the **policy transfer date** and for each further consecutive monthly period for which **we** accept a premium from **you**, until **your** 70th birthday or until the insurance is cancelled.

This Policy Document and **your Policy Schedule** are **your** insurance documents and together they make up the contract between **you** and **us**. It is important that **you** read this Policy Document carefully, along with **your Policy Schedule**, so **you** can be sure of the cover provided and to check that it meets **your** needs.

This Policy Document and **your Policy Schedule** are issued to **you** by Best Risk Management and Financial Service Limited in its capacity as **our** agent under contract reference B6839/CR713. In exchange for **you** paying the premium amount referenced in **your Policy Schedule**, **you** are insured in accordance with the terms & conditions contained in these documents (and any amendments made to them) for the duration of **your** policy.

Signed by Keshav Thukaram



Authorised signatory of Best Risk Management and Financial Service Limited

Your policy has been arranged by Best Risk Management and Financial Service Limited (trading as Best Insurance). Best Risk Management and Financial Service Limited is also the policy administrator. They are referred to as the **administrator** in this Policy Document. The contact details are: Best Insurance, Gemini Business Centre, 136-140 Old Shoreham Road, Hove BN3 7BD, Telephone: 0330 330 9465, Email: info@bestinsurance.co.uk

The insurance is underwritten by Lloyd's Syndicate 4444, which is managed by Canopus Managing Agents Limited (referred to as "**we**", "**us**" and "**our**" in this policy). Canopus Managing Agents Limited's registered office is: Floor 29, 22 Bishopsgate, London EC2N 4BQ. Registered in England no: 01514453. Canopus Managing Agents Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference: 204847

Claims are handled by Trent-Services (Administration) Limited on **our** behalf. Trent-Services (Administration) Limited are referred to as the **claims administrator** in this Policy Document. Their contact details, and full details of how to make a claim under this insurance are given in Sections Two & Three of this document.

All insurance documents and all communications with **you** about this policy will be in English.

Please contact the **administrator** if **you** need any documents to be made available in braille and/or large print and/or in audio format.

We recommend that **you** periodically review **your** personal circumstances to make sure that this insurance is still suitable and that **you** would still be able to claim.

Cancellation

You can cancel **your** cover under this policy by contacting the **administrator** (contact details are given above) and quoting **your** policy number within 30 days of the **policy transfer date** as shown on **your Policy Schedule** and **we** will refund any premium **you** have paid since the **policy transfer date**, provided that **you** have not made a claim under this policy or are not aware of circumstances giving rise to a claim under this policy.

Thereafter **you** may cancel **your** cover under this policy at any time by contacting the **administrator** and quoting **your** policy number. No refund of premium will be made if **you** cancel **your** cover under this policy more than 30 days after the **policy transfer date** as shown on **your Policy Schedule** as **you** will only have paid for the cover **you** have already received.

We may cancel **your** policy by giving **you** 60 days' written notice. If **we** cancel cover under **your** policy, no further premium will be payable by **you** and **you** will continue to receive any benefits for a valid claim if **your claim date** was before the date this policy was cancelled.

Some common reasons why **we** may cancel **your** policy are:

- if there is a change to the risk which means **we** can no longer provide cover; or
- if **you** display threatening or abusive behaviour towards **us**, the **administrator** or the **claims administrator**; or
- if **you** do not co-operate with **us**, the **administrator** or the **claims administrator**, or fail to supply any information requested.

Index

Cancellation	Page 3
Are you eligible for cover	Page 6
Important Notices For Customers	Page 6
Section One – Your Policy	
Important Policy Information	Page 8
Meaning of Words	Page 10
Section Two – Accident, Sickness & Hospitalisation Cover	
What is Covered & Making a Claim	Page 15
What is Not Covered	Page 16
Section Three – Unemployment & Carer Cover	
What is Covered & Making a Claim	Page 18
What is Not Covered	Page 19
Temporary Work	Page 20
Government Supported Training	Page 20
Section Four – Conditions Applying to All Covers	
Making Another Claim	Page 21
If Your Claim Changes From Accident, Sickness or Hospitalisation to Unemployment or Vice Versa	Page 21
If You Wish to Make Amendments to Your Policy Cover	Page 21
Our Right to Change Your Cover or the Price of Your Insurance	Page 22
Fraudulent Claims or Misleading Information	Page 23
General Policy Conditions	Page 23
General Exclusions	Page 23

Section Five - Complaints

How to Make a Complaint	Page 24
-------------------------------	---------

Section Six - Legal, Regulatory & Other Information

Law and Jurisdiction	Page 26
----------------------------	---------

Data Protection	Page 26
-----------------------	---------

Sanctions	Page 27
-----------------	---------

Several Liability	Page 27
-------------------------	---------

Financial Services Compensation Scheme	Page 27
--	---------

Are you eligible for cover?

Please note that there are special terms and conditions in this policy that apply if **you** are a **contract worker** or if **you** are **self-employed**, in addition to the requirements below. Further details can be found in the "Meaning of Words" section of this policy – please refer to the definitions of "**Contract worker**", "**Self-employed**" and "**Unemployed, Unemployment**".

You are eligible for cover under this policy if, on the **original policy start date you**:

- Were aged 18 or over and under 64 years of age;
- Were a permanent lawful resident of the **UK**;
- Had been continuously **employed** for at least 6 months;
- Were not subject to any ongoing enquiry or disciplinary action by **your** employer;
- Were not aware of any impending **unemployment** or that there was a risk **you** may become **unemployed**. If **you** are **self-employed**, **you** must not have been aware of any reasons which would mean **your** business was likely to close;
- Were not in temporary, seasonal or casual work;
- Were **working** at least 16 hours per week;
- Were not aware of any **pre-existing condition**, illness, disease or injury that may have caused **you** to make a claim under **your** policy, unless **you** have disclosed any **pre-existing conditions** to the insurer and the insurer confirmed in writing that it accepted these conditions and offered **you** cover;
- Were not aware of any circumstances which may have led to **you** giving up **work** to become a full-time **carer**.

IMPORTANT NOTICES FOR CUSTOMERS

Information You Give to Us

You must take reasonable care to provide complete and accurate answers to any questions **we** or the **administrator** ask if **you** make changes to **your** policy. If the information provided by **you** is not complete and accurate:

- **We** may cancel **your** policy and refuse to pay any claim; or
- **We** may not pay the claim in full.

If **you** become aware that any information **you** have given **us** or the **administrator** is incomplete or inaccurate, please contact the **administrator** as soon as possible. Contact details are provided on page 2.

Change of Circumstances

You must immediately advise **the administrator** if any of the following circumstances change, at any point during the **period of cover**:

- **You** change jobs or employers, or change **your working** hours;
- **You** change from being **employed** to **self-employed**;
- **You** stop **working** or permanently **retire**;
- **You** have been convicted of and/or charged with any offence (other than motoring convictions and/or spent convictions);
- **Your** earnings reduce;
- **You** no longer **work** within the **UK**;

- **You** are no longer a permanent lawful resident of the **UK**;
- **You** change **your** address;
- **You** have insurance cancelled, or declined, or withdrawn by any other insurance provider.

If **you** are not sure if a change in circumstances is relevant to **your** policy, please contact the **administrator** for advice. Contact details are given on page 2.

Monthly Benefit

It is important to note that the **monthly benefit** under this policy will not change automatically with any increase or decrease in interest rates. **You** should review **your monthly benefit** level on a regular basis, in line with **your** income.

Other Policies

If, at the **claim date**, **you** have any other insurance policies in force which entitle **you** to receive benefit in the event of **accident, sickness, hospitalisation** or **unemployment**, **we** may seek a recovery of some or all of **our** costs from the other insurer(s). **You** must give **us** or the **claims administrator** any help or information needed to assist with **our** loss recoveries.

Section One

IMPORTANT POLICY INFORMATION

State Benefits

Please note that the benefits paid by this insurance may, in some cases, affect **your** entitlement to certain state benefits. If **you** make a claim under this policy and also apply for any means tested state benefit, the Department for Work and Pensions may treat some of **your** claim payment as income when calculating **your** benefit entitlement.

Policy Start Date

Your cover under this policy will commence on the **policy transfer date** shown on **your Policy Schedule**.

Policy End Date

Cover under this policy will end when the first of the following events occurs:

- **You** stop **work** and permanently **retire**, or
- **You** reach the age of 70. However, where **you** have a valid claim in progress on this date, or if an event has occurred prior to this date which leads to a valid claim, **we** will accept and/or continue to pay **your** claim until it would otherwise have ended under the terms and conditions of **your** policy; or
- **You** are no longer permanently resident in the **UK** or **you** are no longer registered with the **UK** tax authorities in respect of **your employment** or **self-employment**; or
- **You** or **we** cancel this policy; or
- **You** do not pay the premium associated with this policy on the date that it becomes due. If this happens, **you** will be contacted and given the opportunity to make the missed payment. If payment is not received within 10 working days, **you** will be written to notifying **you** that **your** policy has been cancelled; or
- **You** die.

Payment of Premiums

Premiums are paid by monthly Direct Debit.

You must pay the premium associated with this policy in order to maintain cover; this includes periods when **you** may be in receipt of or awaiting **monthly benefit** under this policy. If **you** do not pay the premium on the date it becomes due, **you** will be contacted and given the opportunity to make the missed payment. If payment is not received within 10 working days, **you** will be written to notifying **you** that **your** policy has been cancelled.

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 date when those changes take effect. The premium will alter if **you** alter **your monthly benefit** and/or cover option.

Cover Options

There are three cover options available under this policy:

- **Accident & Sickness** only cover

- **Unemployment** only cover
- **Accident, Sickness & Unemployment** cover

The cover option which **you** selected prior to the **original policy start date** is shown on **your Policy Schedule**.

Payment of Monthly Benefits

Once the **claims administrator** has accepted a claim from **you**, they will pay **you** one **monthly benefit** upon expiry of:

- **Your excess period** (as stated on **your Policy Schedule**); and
- **Your waiting period** (as stated on **your Policy Schedule**).

Thereafter, 1/30th of the **monthly benefit** will be paid for each day **you** remain continuously unable to **work** or are without **work**. All **monthly benefits** are paid monthly in arrears.

We will not pay more than one **monthly benefit** at a time, for example if **you** are **unemployed** and also unable to **work** due to **accident** and/or **sickness**.

Excess Period	Waiting Period	Monthly Benefit Payable On
0 days / Back to Day One	30 Days	Day 31
30 Days	60 Days	Day 61
60 Days	90 Days	Day 91

N.B. **You** must be **unemployed** and/or unable to **work** for the duration of the **waiting period** applicable to **your** claim in order to receive **your** first **monthly benefit** payment.

Meaning of Words

The following words have the meanings given below wherever they appear in this wording in **bold type**:

Accident or Sickness

A bodily injury or illness or disease commencing on or after the **policy transfer date** and which results in **you** being unable to **work** in **your** normal occupation.

Please note:

Your accident or **sickness** must start while **you** are in **work** and after seven continuous days of absence – including the first day of **your** absence – from **your work you** must be certified as unfit to **work** by a **doctor** or **consultant** as a direct result of **your accident** or **sickness**. **You** must be receiving treatment and under the continued care of a **doctor** or **consultant** due to the **accident** or **sickness**, for the duration of **your** claim. The commencement of any **accident** or **sickness** claim submitted by **you** will be deemed as the day when **you** first became unfit to **work** as a result of the **accident** or **sickness**.

Active War

Your active participation in a **war** where **you** are deemed under English Law to be under instruction from or **employed** by the armed forces of any country.

Administrator

Best Risk Management and Financial Service Limited (trading as Best Insurance). Authorised and regulated by the Financial Conduct Authority. Firm Reference: 583497

Amendment Date

The date a change to **your** policy has taken place, as confirmed to **you** in writing by the **administrator**.

Back Condition

Accident or **sickness** which arises from or is due to any disorder of the neck or spine, or any injury to the neck or spine, its intervertebral discs, nerve roots or ligaments or supporting musculature. In order for **the claims administrator** to consider **back condition** claims, there must be radiological medical evidence of an abnormality or injury confirmed by a **doctor** or **consultant**.

Carer

You have given up **work** entirely as a result of having to look after a **relative** on a full-time basis. **You** must be registered with the appropriate government authority as a full-time carer and **you** must also be in receipt of Carer's Allowance.

Claim Date

The date **your** claim starts.

- For **accident** or **sickness** claims, this is the date **you** first became unfit to **work** as a result of the **accident** or **sickness**.
- For **hospitalisation** claims, it is the date **you** are first confined to a **hospital** on the recommendation of a **doctor** or **consultant**.
- For **unemployment** claims it is the date **you** first register as **unemployed** and actively seeking **work** with the appropriate **UK** government office. Please note that if **you** receive a payment instead of completing a notice period, **your** claim cannot start until the end of the notice period that would otherwise apply.
- If **your unemployment** claim is due to **you** giving up **work** to become a full-time **carer**, it is the effective date of **your** Award Notice.

Claims Administrator	Trent-Services (Administration) Limited. Authorised and regulated by the Financial Conduct Authority. Firm Reference: 315285.
Company Director	Where you or a close relative of yours (or together) are a director of your employer and are recorded as such at Companies House, or own or control (whether through trust or otherwise) more than 20% of the shares of the company that you work for.
Consultant	A medical specialist who is a member of an appropriate Royal College and recognised by that College as a medical specialist. The consultant must be registered and practising in the UK and must not be you or a relative of yours .
Contract Worker	Where you are working for at least 16 hours a week under an employment or service contract for a fixed period of time or which has a specified end date or ends when a specific task is completed. You must be receiving a salary or wages and paying Income Tax and National Insurance Contribution Credits. Please note: This includes working as a subcontractor, for example where you have agreed to perform part or all of the obligations of another's contract. This excludes casual and temporary work.
Doctor	A qualified medical practitioner who is registered with the General Medical Council and practising in the UK . The doctor must not be you or a relative of yours .
Employed, Employment	You are contracted to work for at least 16 hours a week on a permanent basis, or you are a contract worker , in exchange for a salary or wage from which your employer is deducting P.A.Y.E tax and National Insurance Contributions at the appropriate rate applicable to employees, on your behalf. Your employer must be declaring any such deductions to the relevant tax authorities in the UK .
End Date	The date when cover under this policy will cease, as described in 'Section 1 – Important Policy Information'.
Excess Period	The excess period is as chosen by you and will be shown on your Policy Schedule .
Hospital	Any government controlled or managed hospital, a National Health Service hospital or trust, or a private hospital but will not apply to any long term nursing homes or geriatric unit or any such facilities.
Hospitalisation / Hospitalised	You are an in-patient of a hospital under the sole request of a doctor or consultant .
Maximum Benefit	The most we will pay for any one claim, being 12 monthly benefit payments.
Monthly Benefit	The amount of cover under this policy as shown on your Policy Schedule . This will be the LOWER amount of: a. £2,000; or b. 65% of your normal income ; or c. The amount shown on your Policy Schedule .

Normal Income

If **you** are **employed** or a **contract worker**, this is the average of **your** monthly gross taxable earnings for the 12 month period immediately preceding the commencement of **your** claim. This includes commission and bonus payments which **you** have received for the 12 month period immediately preceding the commencement of **your** claim.

Please note that **we** will not include car allowances, overtime payments and expenses claims as part of **your normal income**.

If **you** are **self-employed**, this is the average of the annual income and regular dividends before deduction of Income Tax and National Insurance, which **you** declared to the relevant **UK** tax authorities on **your** self-assessment return for the complete tax year immediately preceding the commencement of **your** claim. The **claims administrator** will not consider claims for income which has not been declared to and processed by the relevant **UK** tax authorities.

Nuclear Risks

Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

Original Policy Start Date

The date **your** policy with the previous insurer, the Association of Underwriters known as Lloyd's, led by S.A.Meacock, No 727 commenced, as shown on **your Policy Schedule**.

Payment in Lieu of Notice

Is one of the following:

- The payment received by **you** in relation to the notice period **your** employer should have given **you** according to the terms of **your** contract of **employment** or letter of appointment; or
 - Any compensation payment or part payment made for loss of **employment** which relates to the notice period - whether directly or indirectly - that **your** employer should have given **you** according to the terms of **your** contract of **employment** or letter of appointment. This includes payments made under a settlement agreement.
-

Period of Cover

The period of time between the **policy transfer date** and the **end date**. This is a monthly rolling policy.

Permanent Employment

You are **employed** with no fixed or pre-defined finish date other than the usual retirement age for **your** occupation.

Policy Schedule

The document which accompanies this Policy Document and which confirms **your** personal details and specific details of **your** cover.

Policy Transfer Date

The date the insurance cover set out in this Policy Document commences with Lloyd's Syndicate 4444, which is managed by Canopus Managing Agents Limited. This date is shown on **your Policy Schedule**.

Pre-existing Condition

Any injury, sickness, disease or medical condition including any related conditions and/or associated symptoms:

- for which **you** received advice, treatment, medication or a consultation; or
- **you** were made aware of, or experienced symptoms of, or should reasonably have known about; or
- **you** had seen or arranged to see a **doctor** about

in the 12 months immediately preceding the **original policy start date** or the **amendment date**, whether a diagnosis was made or not.

Relative

Your spouse, civil partner as detailed by the Civil Partnership Act 2004, domestic partner, parent or child, related to **you** by blood, law, marriage or domestic partnership, or a permanent member of **your** household.

Retire / Retirement

The date when **you** stop **work** and are no longer in **employment** and have no intention of returning to **work**.

Self-Employed

You are **working** in the **UK** alone or in partnership with others and **you** are registered as **self-employed** with the relevant **UK** tax authorities and are liable to pay Income Tax and National Insurance contributions, at the rate applicable to **self-employed** persons; or **you** are a **company director**.

Terrorism

An act including, but not limited to, the use or threat of force and/or violence of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

UK, United Kingdom

England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

**Unemployed,
Unemployment**

You are without **work** after the **policy transfer date** due to **your employment** ending unexpectedly and due to circumstances beyond **your** control. **You** must be:

- Registered as **unemployed** and actively seeking **work** with the appropriate **UK** government office and meeting their eligibility criteria throughout the duration of **your** claim; and
 - Not in receipt of **payment in lieu of notice**, including any compensation payment for loss of employment or payment received under a settlement agreement.
 - If **you** are **self-employed**, then in addition to all of the above, **you** must have ceased trading because **you** could not find enough **work** to meet all of **your** day-to-day business and living expenses. **You** must also be able to show that HM Revenue & Customs are aware that **you** ceased trading for this reason.
-

Waiting Period

The period shown on **your Policy Schedule** in which **you** will need to be continuously **unemployed** or unable to **work** due to an **accident, sickness, or hospitalisation** or due to becoming a full-time **carer**, in order to be entitled to receive **your monthly benefit**.

War

(a) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion assuming the proportions of, or amounting to, an uprising, military or usurped power; or
(b) Any act of **terrorism**; or
(c) Any act of war or **terrorism** involving the use of, or release of a threat to use, any nuclear weapon or device or chemical or biological agent.

We, Us, Our

Lloyd's Syndicate 4444, which is managed by Canopus Managing Agents Limited.

Work, Working

You are in **permanent employment**, a **contract worker** (as defined in this policy), or are **self-employed** or a **company director** for 16 hours or more each week in the **UK**. This includes if **you** are on maternity, paternity or adoption leave as agreed with **your** employer as long as **you** are still classed as being their employee for that period of time.

You, Your, Yours

The person named as the policyholder on the **Policy Schedule** which attaches to this policy.

Section Two

ACCIDENT, SICKNESS & HOSPITALISATION COVER

This cover will only apply if it is shown on **your Policy Schedule**.

What is Covered & Making a Claim

If **you** are **working** and, after the **policy transfer date**, **you** suffer from an **accident** or **sickness**, including **hospitalisation**, one **monthly benefit** will be paid to **you** on expiry of:

- **Your excess period** (as stated on **your Policy Schedule**); and
- **Your waiting period** (as stated on **your Policy Schedule**).

N.B. **You** must be unable to **work** for the duration of the **waiting period** applicable to **your** claim in order to receive **your** first **monthly benefit** payment.

Thereafter, 1/30th of the **monthly benefit** will be paid for each day **you** remain continuously unable to **work** due to an **accident** or **sickness**, or **hospitalisation**, monthly in arrears.

In order for the **claims administrator** to pay **your** claim **you** must have been certified as unfit to **work** by **your doctor** or **consultant** as a direct result of the **accident**, **sickness** or **hospitalisation** for which **you** are claiming.

You must supply the **claims administrator** with evidence in order to support **your accident**, **sickness** or **hospitalisation** claim, including but not limited to - sick notes from **your doctor** or **consultant**, letters from **your** employer confirming **your** absence from **work**, and access to **your** medical records. If **you** are unwilling or unable to supply the **claims administrator** with evidence to support **your accident**, **sickness** or **hospitalisation**, then they may not be able to accept **your** claim or be able to continue paying **your** claim.

Monthly benefit will be paid until:

- The date when **your doctor** or **consultant** advises that **you** are no longer unfit for **work** as a result of the **accident**, **sickness** or **hospitalisation** which prevented **you** from **working** at the start of **your** claim; or
- The date when **you** do not supply the **claims administrator** with proof that **you** are unfit for **work** as a result of **accident**, **sickness** or **hospitalisation**; or
- The date when **you** return to **work**; or
- The date when the **claims administrator** has paid 12 **monthly benefits** for a single claim under this section; or
- The policy **end date**.

If **you** need to make a claim, please contact the **claims administrator** as soon as possible. The contact details are as follows:

Trent-Services (Administration) Limited, Trent House, Love Lane, Cirencester, Gloucestershire GL7 1XD

Telephone: 01285 626020 (this is a basic rate number). Lines are open between 9am and 5pm Monday to Friday (excluding bank holidays).

Email: admin@trent-services.co.uk.

Please Note – If **you** delay reporting of **your** claim and this results in all the information to support the claim not being available and/or prejudices the **claims administrator's** ability to fully assess the claim, then **your** claim may not be paid or the amount paid could be reduced.

All calls are recorded for training, compliance and claims purposes. **You** will be asked to complete a claim form which **you** will need to complete and return to the **claims administrator** as soon as reasonably possible.

You are responsible for providing the proof required to validate **your** claim at **your** own expense. If **we** wish **you** to be medically examined at **our** expense **you** must allow it or **your** claim could either be stopped or denied.

What is Not Covered

Please note there are also General Exclusions which apply to all covers under this policy. These can be found under "General Exclusions" on page 23 of this document.

- a. Any claim for **accident, sickness or hospitalisation** which occurs before the **policy transfer date**.
- b. Claims where **your** absence from **work** due to **accident, sickness or hospitalisation** is not supported by medical evidence from **your doctor or consultant**.
- c. **Accident, sickness or hospitalisation** which is caused by a **pre-existing condition**. This exclusion will not apply to a **pre-existing condition** once **you** have been free from its symptoms and have not received any medical advice or treatment for or in connection with it for a continuous period of 12 months.
- d. Claims for a **back condition** where **you** are unfit to **work**, unless there is radiological medical evidence of an abnormality or injury confirmed by a **doctor or consultant**. (For a full definition of **back condition** please refer to the "Meaning of Words" section).
- e. Claims for any condition caused or aggravated by any psychiatric illness or any mental, nervous or stress related disorder, unless **you** are receiving care and attention from a psychiatric specialist or psychiatric nurse.
- f. **Accident, sickness or hospitalisation** which is alcohol and/or drug related. This exclusion does not apply to drugs which are taken under the direction of **your doctor** and where **you** have not exceeded the prescribed dose and have followed their advice in connection with taking such drugs.
- g. **Accident, sickness or hospitalisation** which is the result of treatment or surgery which was not medically necessary or was carried out at **your** request. This includes cosmetic surgery and beauty treatments. However **we** will pay for any **accident, sickness or hospitalisation** which arises as a direct result of any unforeseen complication directly relating to such treatments or procedures, subject to the policy terms and conditions.
- h. Claims where **you** are unfit for **work** due to self-inflicted injuries, deliberate exposure to danger (unless this was in connection with an attempt to save a human life) or self-harm.
- i. Claims where **you** are already receiving **unemployment** benefit under this policy.
- j. Claims where **we** have already paid 12 months of benefit for an **accident, sickness or hospitalisation** claim, unless immediately prior to **your** new claim for **accident, sickness or hospitalisation** **you** have returned to **work** for 6 continuous months if **you** want to claim again for the same or a related condition, or for one month if **you** want to claim for a totally unrelated condition. Please refer to 'Making Another Claim' in Section Four of this document for more details.

- k. Claims arising after the policy **end date**.
- l. Claims where **you** have delayed reporting the claim to the **claims administrator** and this delay means that all evidence to support the claim is not available and/or the delay has prejudiced the **claims administrator's** ability to fully assess the claim.

Section Three

UNEMPLOYMENT & CARER COVER

This cover will only apply if it is shown on **your Policy Schedule**.

If **you** are a **contract worker**, please refer to the “**Special Note for Contract Workers**” at the end of this Section Three for details of the circumstances under which cover for **unemployment** is provided under this policy.

What is Covered & Making a Claim

If **you** are **working** and, after the **policy transfer date**, **you** become **unemployed** or **you** have to stop **work** entirely in order to become a **carer** for a **relative**, one **monthly benefit** will be paid to **you** on expiry of:

- **Your excess period** (as stated on **your Policy Schedule**); and
- **Your waiting period** (as stated on **your Policy Schedule**).

N.B. **You** must be **unemployed** for the duration of the **waiting period** applicable to **your** claim in order to receive **your** first **monthly benefit** payment.

Thereafter, 1/30th of the **monthly benefit** will be paid for each day **you** remain continuously **unemployed**, monthly in arrears.

Monthly benefit will be paid until:

- The date when **you** return to **work**; or
- The date when **you** do not supply the **claims administrator** with suitable proof that **you** are **unemployed**; or
- The date when the **claims administrator** has paid 12 **monthly benefits** for a single claim under this section; or
- The date when **you** stop being a **carer** or are no longer registered with the appropriate government authority as a **carer** or;
- The policy **end date**.

If **you** need to make a claim, please contact the **claims administrator** as soon as possible. The contact details are as follows:

Trent-Services (Administration) Limited, Trent House, Love Lane, Cirencester, Gloucestershire GL7 1XD

Telephone: 01285 626020 (this is a basic rate number). Lines are open between 9am and 5pm Monday to Friday (excluding bank holidays).

Email: admin@trent-services.co.uk.

Please Note – If **you** delay reporting of **your** claim and this results in all the information to support the claim not being available and/or prejudices the **claims administrator's** ability to fully assess the claim, then **your** claim may not be paid or the amount paid could be reduced.

All calls are recorded for training, compliance and claims purposes. **You** will be asked to complete a claim form which **you** will need to complete and return to the **claims administrator** as soon as reasonably possible.

You are responsible for providing the proof required to validate **your** claim at **your** own expense. This may include but is not limited to; letters from **your** employer confirming redundancy, bank statements, tax returns, pay slips, or evidence showing that **you** are registered as **unemployed** and actively seeking **work**, or registered as a **carer**. Please note that if **you** are unwilling or unable to supply the **claims administrator** with evidence to support **your unemployment** or **your** requirement to stop **work** due to being a **carer**, then they may not be able to accept **your** claim or be able to continue paying **your** claim.

What is Not Covered

Please note there are also General Exclusions which apply to all covers under this policy. These can be found under "General Exclusions" on page 23 of this document.

- a. Any claim for **unemployment** which occurs before the **policy transfer date**.
- b. Any claim if **you** become a **carer** before the **policy transfer date**.
- c. Claims where the **claims administrator** has not received sufficient evidence to confirm **your unemployment**; for example claims where **you** are unable to provide evidence that **you** were previously **employed** or where **you** are unable to provide evidence that **you** are registered as **unemployed** with the appropriate government agency and actively seeking **work**.
- d. Claims where the **claims administrator** has not received sufficient evidence to confirm **your** requirement to stop **work** entirely due to becoming a full-time **carer**. For example where **you** are not registered with the appropriate government authority as a **carer** or **you** are not in receipt of Carer's Allowance.
- e. Claims where **you** were not in continuous **employment** for a minimum of six months immediately prior to the **original policy start date**.
- f. Claims where **you** were aware of the risk or possibility of **you** becoming **unemployed** or having to stop **work** in order to become a **carer** at or prior to the **original policy start date**.
- g. Claims where **you** voluntarily leave **your** last **employment**, including taking voluntary redundancy, or **retire**.
- h. Claims where **your unemployment** is due to **you** breaching **your** employer's conduct code, including fraud, dishonesty and breach of contract, or where **your unemployment** is due to **your** employer taking disciplinary action against **you**.
- i. Claims where **your work** is seasonal or temporary and **unemployment** is a normal or regular occurrence in **your work**.
- j. Claims where **you** have been **self-employed** and are unable to provide satisfactory evidence that **your** business has ceased trading because **you** could not find enough **work** to meet all of **your** day-to-day business and living expenses. **You** must also be able to show that HM Revenue & Customs are aware that **you** ceased trading for this reason.
- k. Claims where the person **you** are caring for is not a **relative**.
- l. Claims where **you** are already in receipt of **monthly benefit** payments for **accident, sickness** or **hospitalisation** under this policy.

- m. Claims where the **claims administrator** have already paid 12 **monthly benefits** for an **unemployment** or **carer** claim, unless **you** have returned to **work** for a minimum of 6 consecutive months immediately prior to **your** new claim for **unemployment** or **carer** cover – please refer to 'Making Another Claim' on page 21 in Section Four of this document for more details.
- n. Claims arising after the policy **end date**.
- o. Claims for any period where **you** are in receipt of, or are entitled to, **payment in lieu of notice**, even if that payment forms part of a settlement agreement between **you** and **your** employer.
- p. Claims where **you** have delayed reporting the claim to the **claims administrator** and this delay means that all evidence to support the claim is not available and/or the delay has prejudiced the **claims administrator's** ability to fully assess the claim.
- q. **Your employment** ends as a result of the expiry of an apprenticeship or a training contract.
- r. **You** are made **unemployed** as a result of participating in an industrial action.

Special Note for Contract Workers

If **you** are a **contract worker** and **you** become **unemployed**:

a) **You** are covered if **your** employer terminated the contract or did not renew it again, provided **your** employer had originally intended the contract to be renewed and:

- **You** have been continuously **employed** on a fixed term contract for a minimum of 12 consecutive months which has been renewed by the same employer at least twice for a contract of the same duration; or
- **You** have been continuously **employed** on a fixed term contract for a minimum of 24 consecutive months which has been renewed by the same employer at least once for a contract of the same duration; or
- **You** were in **permanent employment** but were transferred to a fixed term contract by **your** employer with no break in **your employment**.

b) If **your** contract and **work** record with **your** employer was any type other than as described in a) above, **you** are only covered if **your** employer terminated the contract early (not if they did not renew it when it reached its natural expiry date). Please note that benefit will not be paid after the contract would have expired normally.

Temporary Work

It is not the intention to penalise **you** if, during an **unemployment** claim, **you** have the opportunity of temporary employment.

We can help at this time by simply suspending **your** claim and agreeing a suspension period with **you**. Please keep the **claims administrator** informed so **you** can take full advantage of the cover provided by this insurance.

Government Supported Training

You can take part in government supported training during an **unemployment** claim for a maximum period of 12 months without the claim being affected, provided that **you** still have a Jobseeker's Agreement in place and can provide evidence that **you** are still actively seeking **work**.

Section Four

CONDITIONS APPLYING TO ALL COVERS

Making Another Claim

If **you** have already made a claim under this policy and wish to make another claim, the following will apply:

Accident, Sickness or Hospitalisation Claims

- If **you** have claimed for **accident, sickness or hospitalisation** and returned to **work** before the **maximum benefit** has been paid, and **you** wish to make another claim for the same or a related condition within 6 consecutive months of **your** original claim then, subject to the policy terms and conditions, **your** new claim will be treated as a continuation of the previous claim and no **waiting period** will apply. However, the benefit already paid will count towards the maximum of 12 **monthly benefits** for the claim as a whole. If **your** claim is in respect of an **accident, sickness or hospitalisation** which **you** have not already claimed for, then it will be treated as a new claim. A new **waiting period** will apply to the new claim and **you** will be entitled to a maximum of a further 12 **monthly benefits**.
- After being paid the **maximum benefit** for an **accident, sickness or hospitalisation** claim, **you** need to return to **work** for 6 continuous months before **you** can claim again for the same or a related condition, or for one month if the next **accident, sickness or hospitalisation** is totally unrelated.

Unemployment & Carer Claims

- If **you** become **unemployed** or become a **carer** within 6 consecutive months of having made an **unemployment or carer** claim under this policy and **you** returned to **work** before the **maximum benefit** was paid under **your** previous claim, then subject to the policy terms and conditions **your** new claim will be treated as a continuation of the previous claim and no **waiting period** will apply. However, the benefit already paid will count towards the maximum of 12 **monthly benefits** for the claim as a whole. If **you** return to **work** for 6 consecutive months or more, **your** next claim will be treated as a completely new claim. A new **waiting period** will apply to the new claim and **you** will be entitled to a maximum of a further 12 **monthly benefits**.
- If **you** have already received the maximum of 12 **monthly benefits** for **your** previous claim for **unemployment or carer** cover under this policy, then **you** must have returned to **work** for a period of 6 consecutive months preceding the commencement of **your** new claim.

If Your Claim Changes From Accident, Sickness or Hospitalisation to Unemployment or Vice Versa

If **you** have chosen cover for both **accident or sickness** and **unemployment**, then should the nature of **your** claim change from **accident, sickness or hospitalisation** to **unemployment**, or vice versa, this will be considered a continuation of the original claim event. It will not be treated as a new claim and a **waiting period** will not apply. The maximum of 12 **monthly benefits** will apply to the claim as a whole.

If You Wish to Make Amendments to Your Policy Cover

You can apply to the **administrator** if **you** wish to add an additional cover to **your** existing policy or increase **your** **monthly benefit**.

Any changes **you** make to **your** policy will take effect from the **amendment date**, provided **you** are not receiving **monthly benefit** under the policy and **you** are not aware of any impending claim.

The following exclusions apply to any increase in **your monthly benefit** or if **you** add an additional cover to **your** existing policy:

1. **We** will not pay any claim caused by or resulting from any injury, sickness, disease or medical condition including any related conditions and/or associated symptoms:

- for which **you** received advice, treatment, medication or a consultation; or
- **you** were made aware of, or experienced symptoms of, or should reasonably have known about; or
- **you** had seen or arranged to see a **doctor** about

in the 12 months immediately preceding the **amendment date**, whether a diagnosis was made or not.

This exclusion will not be applied once **you** have been free from symptoms and have not received any medical advice or treatment for or in connection with the injury, sickness, disease or medical condition for a continuous period of 12 months.

2. **We** will not pay any claim for **unemployment** where:

- **your work** ends within 120 days of the **amendment date**; or
- **you** knew the **unemployment** to be impending at the **amendment date**, whether or not **you** had received official notice.

3. **We** will not pay any claim for **you** becoming a **carer** where:

- on or before the **amendment date** **you** were aware of the need, or likely need at any time in the future, for a **relative** to require a **carer**; or
- within the first 120 days of the **amendment date** **you** apply for a Carer's Allowance, or are notified of receipt of a Carer's Allowance. (This exclusion will not be applied if the condition of **your relative** was due to or caused by an unforeseen event happening after the **amendment date**).

Our Right to Change Your Cover or The Price of Your Insurance

We will give **you** at least 2 months written notice if **we** decide, or need, to change **your** policy cover or the price of **your** insurance. Notice of the change will be sent to **your** last known address.

We will only change **your** premium and/or the terms and conditions of **your** policy for the following reasons:

- to make minor changes to **your** policy wording that do not affect the nature of the cover and benefit provided such as changes to make the policy easier to understand;
- to reflect changes in the law, in regulation (including any decision of a regulatory body), or to any code of practice or industry guidance affecting **us** or **your** policy;
- to reflect changes to taxation applicable to **your** policy (including, but not limited to, insurance premium tax);
- to reflect increases or reductions in the cost (or projected cost) of providing **your** insurance, including, but not limited to, increases or decreases caused by changes to the number, length, cost or timing of claims which **we**, as part of **our** pricing policy, have assumed or projected will be made under this insurance;
- to cover the cost of any changes to the cover/benefits provided under this insurance including, but not limited to, the removal of one or more policy exclusion(s); or
- to cover the cost of changes to the systems, services or technology in support of this insurance.

Once **we** have made an alteration, no further changes will be made to the terms and conditions or the premium for **your** policy for at least 6 months - unless **we** are obliged to do so by law, regulation or any code of practice or industry guidance.

We can make changes immediately and advise **you** within 30 days of the change having been made if the change is favourable to **you**. A favourable change could include, but is not restricted to, a reduction in the rate of Insurance Premium Tax, a general reduction in the price of **your** policy or an improvement to the cover and benefits.

Upon receiving notice of any changes or proposed changes, **you** may cancel cover if **you** are unhappy with the change or proposed change.

Fraudulent Claims or Misleading Information

We take a robust approach to fraud prevention in order to keep premium rates down so that **you** do not have to pay for other people's dishonesty. If any claim made by **you** or anyone acting on **your** behalf under this insurance is fraudulent, 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.

General Policy Conditions

- a. All **monthly benefit** will be paid to **you** only.
- b. **Monthly benefits** are not taxable, although if taxation legislation changes in the future, **we** will deduct any sums from **your monthly benefit** as required by law.
- c. This policy is not transferrable.
- d. None of the policy terms and conditions may be waived or modified unless **we** have issued written confirmation of this waiver to **you**. If at any time any part or provision of this policy becomes illegal, invalid or unenforceable then the remaining parts and provisions shall continue in full force and effect.
- e. No person, persons, company or other party who or which is not covered under this policy shall have any right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term or condition of this policy. This will not affect any right or remedy of a third party that exists or is available apart from that Act.
- f. **Your** claim will not be paid if **you** are unwilling or unable to provide the **claims administrator** with all necessary information that it may require in order to validate **your** claim and throughout the duration of **your** claim.

General Exclusions

Benefit will not be paid for any claim arising directly or indirectly from:

- a. **war** or acts of **terrorism**.
- b. **you** engaging in **active war**.
- c. **nuclear risks**.

Section Five

HOW TO MAKE A COMPLAINT

Our aim is to provide **you** with a high quality service at all times, although **we** do appreciate that there may be instances where **you** feel it is necessary to lodge a complaint.

If **you** do wish to complain, please note the 3 steps below, along with the relevant contact details for each step.

Please take special note that should **you** wish to direct **your** complaint directly to Lloyd's in the first instance, **you** may do so by using the contact information referenced in Step 2 below.

Step 1:

In the first instance, if **your** complaint relates to a claim, please direct **your** complaint to the **claims administrator**:

Trent-Services (Administration) Limited
Trent House, Love Lane,
Cirencester GL7 1XD.

Tel: 01285 626020

Email: admin@trent-services.co.uk

If **your** complaint relates to anything other than a claim, please direct **your** complaint to the **administrator**:

Best Insurance
Gemini Business Centre
136-140 Old Shoreham Road Hove
BN3 7BD

Telephone: 0330 330 9465 Email: info@bestinsurance.co.uk

Step 2:

Should **you** remain dissatisfied with the outcome of **your** complaint, **you** may refer **your** complaint to Lloyd's. Lloyd's contact information is:

Complaints at Lloyd's
Fidentia House
Walter Burke Way
Chatham Maritime
Kent ME4 4RN

Tel: +44 (0)20 7327 5693

Email: complaints@lloyds.com

Website: www.lloyds.com/complaints

Details of Lloyd's complaints procedure are set out in a leaflet "How We Will Handle Your Complaint", which is available at the website address above. Alternatively, **you** may ask Lloyd's for a hard copy.

Step 3:

If **you** remain dissatisfied after Lloyd's has considered **your** complaint, **you** may have the right to refer **your**

complaint to an alternative dispute resolution (ADR) body.

If **you** live in England, Scotland, Wales, Northern Ireland or the Isle of Man, the contact information is:

Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Tel: 0800 0234 567 (calls to this number are free on mobile phones and landlines).

Tel: 0300 1239 123 (calls to this number cost no more than calls to 01 and 02 numbers).

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

If **you** live in the Channel Islands, the contact information is:

Channel Islands Financial Ombudsman
PO Box 114
Jersey, Channel Islands
JE4 9QG

Jersey +44 (0)1534 748610

Guernsey +44 (0)1481 722218

International +44 1534 748610

Facsimile +44 1534 747629

Email: enquiries@ci-fo.org

Website: www.ci-fo.org

Section Six

LEGAL, REGULATORY & OTHER INFORMATION

Law and Jurisdiction

This policy shall be governed by the laws of England and Wales and subject to the non-exclusive jurisdiction of the courts of England.

Data Protection

We and the **administrator** are the data controller(s) (as defined by the Data Protection Act 2018 and all applicable laws which replace or amend it, including the General Data Protection Regulation) who may collect and process **your** personal information.

For full details of what data **we** collect about **you**, how **we** use it, who **we** share it with, how long **we** keep it and **your** rights relating to **your** personal data, please refer to **our** Privacy Notice which is available on **our** website www.canopus.com/privacy.

If **you** do not have access to the Internet, please write to the Group Data Protection Officer (address below) with **your** address and a copy will be sent to **you** in the post.

In summary:

We may, as part of **our** agreement with **you** under this contract, collect personal information about **you**, including:

- Name, address, contact details and date of birth
- Financial information such as bank details
- Details of any claim

We may also collect sensitive personal information about **you** where the provision of this type of information is in the substantial public interest, including:

- Medical records to validate a claim should **you** be claiming for **accident or sickness**.

We collect and process **your** personal information for the purpose of insurance and claims administration.

All phone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

Your personal information may be shared with third parties which supply services to **us** or which process information on **our** behalf (for example, premium collection and claims validation, or for communication purposes related to **your** cover). **We** will ensure that they keep **your** information secure and do not use it for purposes other than those that **we** have specified in **our** Privacy Notice.

Some third parties that process **your** data on **our** behalf may do so outside of the European Economic Area ("EEA"). This transfer and processing is protected by EU Model Contracts which aim to provide the equivalent level of data protection to that found in the EU.

We will keep **your** personal information only for as long as **we** believe is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

We will share **your** information if **we** are required to by law. **We** may share **your** information with enforcement authorities if they ask **us** to, or with a third party in the context of actual or threatened legal proceedings, provided **we** can do so without breaching data protection laws.

If **you** have any concerns about how **your** personal data is being collected and processed, or wish to exercise any of **your** rights detailed in **our** Privacy Notice, please contact

Group Data Protection Officer
Canopus Managing Agents Limited
Floor 29
22 Bishopsgate
London EC2N 4BQ
UK

privacy@canopus.com

T + 44 20 7337 3700

Sanctions

We will not provide any benefit under this contract of insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

Several Liability

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **we** are unable to meet **our** obligations to **you** under this contract.

Further information can be obtained from the Financial Services Compensation Scheme, PO Box 300, Mitcheldean GL17 1DY. Tel: 0800 678 1100 (Freephone) or 020 7741 4100. Website: www.fscs.org.uk