



MortgageShield
PRO



Mortgage Shield Pro

MORTGAGE PROTECTION POLICY WORDING

Policy booklet



Mortgage Shield Pro

This **policy** is managed and arranged by Best Risk Management and Financial Service Limited (trading as Best Insurance). Registered office: 4th Floor, Telecom House, 125-135 Preston Rd, Brighton BN1 6AF, United Kingdom. Telephone: 0330 330 9465. Email: info@bestinsurance.co.uk. Best Risk Management and Financial Service Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Authorisation Number: 583497.

In this booklet, 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 page 10.

YOUR INSURER

This insurance is underwritten by AmTrust Europe Limited, referred to in this **policy** as the **insurer**. AmTrust Europe Limited's Registered Office is at Market Square House, St James's Street, Nottingham, NG1 6FG and it is registered in England and Wales under company number: 1229676. AmTrust Europe Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority under Financial Services Number: 202189. These details can be checked on the Financial Services Register at <https://register.fca.org.uk/s/>

CERTIFICATION OF COVER

Best Risk Management and Financial Service Ltd is an agent of the **insurer**. As an agent it has sent **you** this wording and the **policy schedule**. If **you** pay the **premium**, **you** have cover under the terms & conditions contained in these documents (and any changes to them) until the **policy** ends.

Please call **us** if **you** are visually impaired and would like this document in Braille or large print.



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DO I QUALIFY FOR COVER?

It is important that **you** check that **you** meet all of the criteria below. If **you** are not sure if **you** are qualify for cover, please contact **us** for advice. Contact details are given on page 2 of this booklet.

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** on pages 10-15.

On the **policy start date you** must:

- be aged 18 or over and 63 or under;
- be a permanent lawful resident of the **UK**;
- be **employed** or **self-employed** and:
 - » have been for at least 6 months continuously;
 - » **work** no less than 16 hours a week;
 - » **your work** is not temporary, seasonal or casual;
- not be off **work** due to illness or injury. If **you** are off **work** with a minor illness, for example a cold or flu, **you** can have cover but **your accident & sickness** cover will not start until **you** return to **work**;
- not know of any:
 - » impending **unemployment** or a risk **you** might become **unemployed**;
 - » redundancies, restructure, reorganisation, financial or contractual threats within the organisation **you work** in, even if **you** do not believe these actions will result in **you** becoming **unemployed**. If **you** are **self-employed**, **you** must not know of any reasons which would mean **your** business is likely to close;
 - » reason which might mean **you** to give up **work** to become a full-time **carer**;
- not be subject to any ongoing enquiry or disciplinary action by **your** employer;
- have a **mortgage agreement** and be the occupier of the property secured under this **policy**. This must be **your** main home.
- not have:
 - » a criminal conviction, or
 - » received a police caution for

fraud, theft, or any financial crime. But, if the conviction or caution is 'spent' under English law, **you** do not have to tell **us** about it.

The **insurer** will not give any cover if **you** do not meet these eligibility requirements at the **start date** of **your policy**.



IMPORTANT NOTICE FOR CUSTOMERS

IF YOU ARE A PRIVATE INDIVIDUAL THE FOLLOWING APPLIES TO YOU:

GIVING US ALL THE IMPORTANT INFORMATION

When the **insurer** accepts **your** application for this insurance, it will rely on the information **you** give. **You** must take reasonable care to give complete and accurate answers to the questions asked when **you** take out, or make changes to, the **policy**. If the information given by **you** is not complete and accurate the extent of cover might be affected and:

- the **insurer** can cancel the **policy** and refuse to pay any claim; or
- the **insurer** might not pay any claim in full.

We will write to **you** if the **insurer**:

- intends to cancel the **policy**; or
- needs to amend the terms of the **policy**; or
- needs **you** to pay more for **your** insurance.

If **you** know that information **you** have given is incomplete or inaccurate, **you** must tell **us**. **Our** contact details are given on page 2 of this booklet.

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 the **insurer** before the **policy** starts, at each renewal and when **you** make any amendment(s) to cover.

What is a Material Fact?

A material fact is Information that would influence the **insurer's** 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:

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):

- 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).
- what should reasonably be revealed by a reasonable search of the information available



to **you**. The information might be held within **your** organisation (for example 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 the **insurer** if **you** have not done so. The search can 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 the **insurer**, then:

- where the breach was deliberate or reckless, the **insurer** can avoid this policy, refuse all claims and keep all **premiums** paid.
- where the breach was neither deliberate nor reckless and, but for the breach, the **insurer** would not have agreed to provide cover under the **policy** on any terms, the **insurer** can avoid this policy and refuse all claims, but any **premiums** paid will be returned.
- where the breach was neither deliberate nor reckless and, but for the breach, the **insurer** would have agreed to provide cover under this **policy** but on different terms (other than **premium** terms), the **insurer** can require that this policy includes such different terms with effect from its **start date**, and/or
- where the breach was neither deliberate nor reckless and, but for the breach, the **insurer** would have agreed to provide cover under this **policy** but would have charged higher **premiums**, the **insurer's** liability for any loss amount payable will be limited to the proportion that the **premium** it charged bears to the higher **premium** that it would have charged. For example: if, due to a breach of fair presentation, the **insurer** charged a **premium** of £250 but it should have charged £1,000, then for any claim submitted and agreed at a settlement value of £1,000, will only be paid £250.

CHANGES OF CIRCUMSTANCES

You must tell **us** as soon as possible if any of the following circumstances change, at any point during the **period of cover**:

- **You** change job, employer, or **your working** hours;
- **You** change from being **employed** to **self-employed**;
- **You** stop **working** or permanently retire;
- **You** no longer **work** within the **UK**;
- **You** are no longer a permanent lawful resident of the **UK**;
- **You** change **your** address;
- **Your monthly mortgage payments** decrease.

If **you** are not sure if a change in circumstances is relevant to **your policy**, please contact **us** for advice. **Our** contact details are given on page 2 of this booklet.

Important Note:



If **your mortgage agreement** ends after the **policy start date**, **you** can still have the **policy**. **Your** cover can be up to 65% of **your normal income**.

MONTHLY BENEFIT

Important: a change in interest rates will not automatically change the **monthly benefit**. **You** should review **your** cover on a regular basis to check that it is still right for **you**.

CHANGING YOUR POLICY

Please contact **us** if **you** need to change the level of **your monthly benefit**. Contact details are given on page 2 of this booklet.

Please note: If **you** increase **your** level of monthly benefit, we will re-apply some exclusions to the increase from the **amendment date**. They are:

- Section Two – Accident & Sickness Cover under ‘What is not covered’: the exclusion for **‘pre-existing conditions’**, and
- Section Three – Unemployment & Carer Cover under ‘What is not covered’: the exclusions for
 - » ‘claims during the **initial exclusion period**’ and
 - » ‘knowing about unemployment’.

If **you** add Unemployment & Carer Cover to your existing Accident & Sickness Cover, we will apply the exclusions for:

- b) ‘claims during the **initial exclusion period**’ and
- f) ‘knowing about **unemployment**’

from the **amendment date**.

MAKING A CLAIM

There are procedures **you** need to follow and requirements **you** need to meet when making a claim under this **policy**. These can be found in sections 2 and 3 of this booklet. If **you** do not follow these procedures or meet these requirements **your** claim may not be paid or the amount of the claim payment could be reduced.

To make a claim, **you** should contact the **claims administrator**.

Claimscog Limited,
4th Floor, Telecom House, 125-135 Preston Rd,
Brighton BN1 6AF

Telephone: 0333 344 7508 (9am to 5pm on all days except weekends and bank holidays, and all calls are recorded for training, compliance and claims purposes. This is a basic rate number)



Email: contact@claimscog.co.uk

You will be asked to complete a claim form. It is important that **you** answer all questions accurately and honestly. Please see 'Fraudulent Claims' on page 23.

If **you** delay contacting the **claims administrator** and this affects the **claims administrator's** ability to fully assess **your** claim or to keep the **insurer's** losses to a minimum, **your** claim may not be paid, or any payment could be reduced.

OTHER POLICIES

Please note that if **you** hold other policies that provide **Accident & Sickness, Unemployment** or **Carer** cover then, on acceptance of any claim, the amount payable under this **policy** will be reduced by the amount which the combined benefit would exceed 65% of **normal income**. If **you** are uncertain as to how this might affect **you**, please contact Best Insurance.

CHOICE OF LAW

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



Section 1

IMPORTANT POLICY INFORMATION

YOUR RIGHT TO CANCEL

If you cancel during the first 30 days

If **you** cancel this **policy** within 30 days from the day **you** bought it or the day **you** get **your policy** documents (whichever happens later), any **premium** paid will be refunded provided that **you** have not made, and do not intend to make, a claim.

If you cancel after 30 days

After the initial period of 30 days from the day **you** bought it or the day on which **you** get **your policy** documents (whichever happens later), **you** can cancel **your policy** at any time by telling **us**. **You** will not get a refund of **premium** as **you** will only have paid will for the cover **you** have already received.

How to cancel

You can cancel this **policy** by:

- telephone: 0330 330 9465 (09:00 am to 05:00 pm Monday — Friday excluding bank holidays. Calls are charged at **your** standard network rate). All calls are recorded for training, compliance and claims purposes.
- email: customersupport@bestinsurance.co.uk

When we can cancel

We or the **insurer** can cancel this insurance:

- immediately if **we** or the **insurer** suspect fraud; or
- if **you** do not pay the **premium** when it is due. If this happens, **we** will contact you asking for payment within 14 days. If **we** do not receive payment within this period, **we** will write to give **you** 30 days' notice that the **policy** will end if **you** do not pay any **premium** due.

We or the **insurer** can cancel this insurance at any time by giving 30 days' notice in writing if there is a valid reason for doing so. **We** will send a cancellation letter to **you** at the address on the **policy schedule**. Valid reasons include:

- Threatening and abusive behaviour.
- Non-compliance with **policy** terms and conditions.
- Where it is found that **you**, deliberately or recklessly, gave false information or did not tell **us** important information.
- Where **you** have not taken care to provide complete and accurate answers to the questions **we**



or the **insurer** ask.

POLICY START DATE

You can see the **policy start date** on **your policy schedule**.

POLICY END DATE

Cover under this **policy** will end when:

- **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 the **insurer** cancel this **policy**; or
- the **policy** is not renewed;
- **you** do not pay the **premium** instalments when they are due.
- **you** die; or
- **you** stop **work** or **retire**; or
- **you** reach the age of 70. However, where **you** have a valid claim in progress on this date, or if any event has happened before this date which leads to a valid claim, the **insurer** will accept and/or continue to pay **your** claim until it would otherwise have ended under the terms and conditions of **your policy**, provided that **you** continue to pay the **premium** instalments when they are due

whichever of these events happens first.

PAYMENT OF PREMIUMS

This is an annual **policy** with the **premium** payable in monthly instalments. **You** must pay the **premium** instalments for this **policy** throughout **period of cover**.

Premium instalments are paid by monthly Direct Debit.

COVER OPTIONS

There are two cover options available under this **policy**:

- Accident & Sickness Cover
- Accident & Sickness Cover with Unemployment & Carer Cover.



The **schedule** will show which cover option **you** have chosen.

EXCESS PERIODS

There are three **excess period** options under this **policy**. The option which **you** have selected and which is applicable to **you** is shown on **your schedule**.

Under each option **you** must be **unemployed** or unable to **work** due to **accident** or **sickness** for the duration of the **excess period** before **we** will consider a claim under this **policy**.

Excess Period	First Monthly Benefit Payable On
30 Days Back to Day 1	Day 31
30 Days	Day 61
60 Days	Day 91

If you have chosen the “30 days Back to Day 1” excess period option

When **you** have not worked because of:

- **unemployment, accident** or **sickness**
- for 30 consecutive days,

we will backdate **your monthly benefit** to the first of those 30 days. This means a full **monthly benefit** is due on day 31. After day 30:

- for each further day **you** still haven't **worked** because of the same **unemployment, or accident** or **sickness**,
- **you** will get 1/30th of **your monthly benefit**.

If you have chosen the “30 days” excess period option

When **you** have not **worked** because of:

- **unemployment, or**
- **accident** or **sickness**

for 30 consecutive days, **you** will get 1/30th of **your monthly benefit** for each further day **you** still haven't returned to **work** because of the same **unemployment, or accident** or **sickness**. This means **your** first full **monthly benefit** is due on day 61.

If you have chosen the “60 days” excess period option

When **you** have not **worked** because of:

- **unemployment, or**
- **accident** or **sickness**



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for 60 consecutive days, **you** will get 1/30th of **your monthly benefit** for each further day **you** still haven't returned to **work** because of the same **unemployment**, or **accident** or **sickness**. This means **your** first full **monthly benefit** is due on day 91.

We pay all **monthly benefits** in arrears. Only one **monthly benefit** is payable at any time, for example if **you** are **unemployed** and also unable to **work** because of **accident** or **sickness**.



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 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 **your work** absence - including the first day - a **Doctor or Consultant** must:

- certify that **you** are unfit to **work** as a direct result of **your accident or sickness**, and
- treat **you** and continue to care for **you** because of the **accident or sickness**

for the duration of **your** claim.

The start of any **accident or sickness** claim **you** make will be the day when **you** first became unfit to **work** as a result of the **accident or sickness**.

AMENDMENT DATE

The date a change to **your policy** has taken place.

BENEFIT PERIOD

The period where **you** get **monthly benefit** payments. This is a maximum of 12 months.

BACK CONDITION

Accident or sickness which arises from or is because of 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.

For **us** to consider **back condition** claims, a **doctor or consultant** must confirm that there is radiological medical proof of an abnormality or injury. **We** do not cover general back pain where a cause cannot be found.

CARER

You are a **carer** if **you** have given up **work** entirely as a result of having to look after a **relative** on a full-time basis. **You** must be getting Carer's Allowance from the Department of Work & Pensions.

CEASED TO TRADE

Your self-employment has permanently ended because of failure of **your** business because it became financially insolvent (was unable to pay its debts) and this has been confirmed by a qualified, certified or chartered accountant and formally confirmed to HM Revenue and Customs; a temporary break in trading does not count as cessation. Please note:

You must give accounts made up to **your** final day of trading along with proof that **your** declaration that **your** business has ended has been submitted to the relevant tax authorities in the **UK**.



CLAIM ADMINISTRATOR Means Claimsco Limited who handle claims on behalf of the **insurer**.

CLAIM PERIOD Means any separate period of time during which:

- **you** are unable to **work** because of **accident, sickness** or **unemployment** or becoming a **carer**, and
 - **you** are getting **monthly benefit**.
-

COMPANY DIRECTOR Where **you** or a close **relative** of **yours** (or together) are a director of **your employer** and own or control more than 5% of the shares of the company, or where **you** or a close **relative** of **yours** (or together) own or control (whether through trust or otherwise) more than 5% 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** 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 getting 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 does not include 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** or someone **employed** by **you** or with whom **you work**. 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 proof to support **your** claim.



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** ends as shown on **your schedule**.

EXCESS PERIOD

The period shown on **your schedule** where **you** will need to be continuously **unemployed** or unable to **work** because of an **accident** or **sickness**, or because of becoming a full-time **carer**, before the **insurer** can consider a claim under this **policy**.

HEALTHCARE PROFESSIONAL

Doctors, Consultants, registered nurses, occupational therapists, pharmacists and physiotherapists who are:

- authorised to practise, and registered, by their relevant professional healthcare regulator and
 - have completed the necessary training to issue statements of fitness for **work** ('fit notes'). The **healthcare professional** must not be **you** or a **relative of yours**.
-

INITIAL EXCLUSION PERIOD

90 days immediately after:

- the **policy start date** or
- **amendment date**

when **you** cannot claim for **unemployment**.

The **insurer** can (but does not have to) waive the **initial exclusion period** if **you**:

- are transferring cover from another insurer, and
- that policy covered you for **unemployment** for no less than 6 months, and
- the **monthly benefit you** have asked for under this **policy** is no more than on **your** previous policy.

If **you** have a higher **monthly benefit** on this **policy** than on **your** previous policy for the last 6 months, **we** will apply **initial exclusion period** to the difference between the two monthly benefits.

If **you** have a lower **excess period** on this **policy** than on **your** previous policy, **we** will apply the higher **excess period** during the **initial exclusion period**. The **insurer** will not waive the **initial exclusion period** if **you** have made a claim under **your** previous policy within the last 6 months.

If the **insurer** waives the **initial exclusion period**, **you** must cancel **your** other policy within 7 days of the **start date** of this **unemployment** cover.



INSURER

AmTrust Europe Limited.

MONTHLY BENEFIT

The amount chosen by **you** and shown on **your schedule**. This will be the LOWER amount of:

- £2,000; or
 - 65% of **your** normal gross income; or
 - the amount shown on **your schedule**.
-

MONTHLY MORTGAGE PAYMENT

The monthly payment **you** make to a lender under a **mortgage agreement**.

MORTGAGE AGREEMENT

Means a **mortgage agreement** secured on a residential property which **you** occupy as **your** main residence. The property must not be used for business purposes.

NORMAL INCOME

For people who are **employed** or a **contract worker**:

The average of **your** monthly gross taxable earnings for the 12-month period before the start of **your** claim. This includes regular commission and bonus payments which **you** have received in that time. It does not include car allowances, overtime payments and expenses claims.

For people who are **self-employed**:

The monthly average of the annual income (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 before the start of **your** claim.

The **insurer** will not consider claims for income which has not been declared to and processed by the relevant UK tax authorities.

PAYMENT IN LIEU OF NOTICE

The payment received by **you** in relation to the notice period **your** employer should have given **you** under **your** contract of **employment** or letter of appointment; or

Any part of a compensation payment for loss of **employment** (including any part of a payment under a compromise agreement) that is in any way related to the notice period **your** employer should have given **you** under **your** contract of **employment** or letter of appointment.

PERIOD OF COVER

The 12-month period shown on **your schedule**.

PERMANENT EMPLOYMENT

You are **employed** with no fixed or pre-defined finish date other than the usual **retirement** age for **your** occupation. If **you** are a **contract worker**, please refer to the '**contract worker**' definition in 'Meaning of Words'.



POLICY

The contract of insurance between **you** and the **insurer**. This is made up of this booklet, **your schedule** and any endorsements that might be issued.

PRE-EXISTING CONDITION

Any injury, **sickness**, disease or medical condition (this includes any related conditions and associated symptoms) that:

- **you** received advice, treatment, medication or a consultation for; or
- **you** knew of, or experienced symptoms of, or should reasonably have known about; or
- **you** have seen or arranged to see a **healthcare professional** about;

in the 24 months immediately before the **policy start date** or the **amendment date**. It does not matter whether a diagnosis was made or not.

We will no longer consider any injury, **sickness**, disease or medical condition to be a **pre-existing condition** if you have been symptom free and have not received any medical advice or treatment for a continuous period of 24 months

PREMIUM

The annual amount (including insurance premium tax (IPT) at the prevailing rate) payable by **you** in return for this insurance cover which is paid in monthly instalments, as shown on **your schedule**.

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.

RENEWAL DATE

The annual 12-month anniversary of the date when **your** cover under this **policy** first started. This is shown on **your schedule**.

RETIREMENT/RETIRE

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

SCHEDULE

The document issued to **you** by **us** on the **insurer's** behalf which accompanies this booklet and confirms details specific to **you**. For example, details of the cover **you** have selected.

SELF-EMPLOYED/ SELF-EMPLOYMENT

- **You** are a company director, or
- **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
 - » **you** are liable to pay Income Tax and National Insurance contributions, at the rate which applies to self-employed persons.



START DATE

The date when **your** cover under this **policy** first started. This is shown on **your schedule**.

TEMPORARY WORK

Engagement including, seasonal work, irregular work, agency work, zero hours contract, overarching contract or work that is not guaranteed.

UK, UNITED KINGDOM

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

UNEMPLOYED, UNEMPLOYMENT

You are without **work** because of **your employment** ending unexpectedly and because of circumstances beyond **your** control. **You** must:

- be registered as **unemployed** with the appropriate **UK** government office, meeting their eligibility criteria and actively seeking **work** throughout the duration of **your** claim; and
- not be getting **payment in lieu of notice**, including any compensation payment for loss of **employment** or payment received under a settlement agreement.

For **self-employed** people: **your** business must also have **ceased to trade**.

For **company directors**: **your** company must also have been wound-up by a creditor who is not a director of that company.

WE, US, OUR

Best Risk Management and Financial Service Ltd (trading as Best Insurance).

WORK, WORKING

You are in **permanent employment**, are a **contract worker**, **self-employed** or a **company director**. It includes maternity, paternity or adoption leave if **your** employer treats **you** as an employee for that period of time.

YOU, YOUR, YOURS

The person named as the **policyholder** on the **schedule**.



Section 2

ACCIDENT & SICKNESS COVER

THIS COVER WILL ONLY APPLY IF IT IS SHOWN ON **YOUR SCHEDULE**.

WHAT IS COVERED?

This section of the **policy** gives cover if **you** are unfit for **work** during the **period of cover** because of **accident** or **sickness**.

WHEN DO YOU START GETTING BENEFITS?

This depends on the **excess period** option **you** have chosen, as explained on page 9 (please refer to **your schedule**).

Excess Period	First Monthly Benefit Payable After
30 Days Back to Day 1	Day 31
30 Days	Day 61
60 Days	Day 91

30 days back to day one option

If **you** are unfit to **work** during the **period of cover** because of **accident** or **sickness** for at least 30 consecutive days, **we** will pay **you** the **monthly benefit** shown on **your schedule**. **We** will then pay **you** 1/30th of **your monthly benefit** for each further day that **you** remain unfit to **work**, subject to the **policy** terms and conditions.

30 days excess and 60 days excess options

If **you** are unfit to **work** during the **period of cover** because of **accident** or **sickness** for at least 30 or 60 consecutive days (please refer to **your schedule**), the **insurer** will pay **you** 1/30th of **your monthly benefit** shown on **your schedule** for each further day that **you** remain unfit to **work**, subject to the **policy** terms and conditions.

In order for the **insurer** to pay **your** claim **you** must have been certified as unfit to **work** by **your healthcare professional** throughout **your excess period** including the first day of **your** absence from **work**, as a direct result of the **accident** or **sickness** where **you** are claiming.

You must supply the **claims administrator** with proof in order to support **your accident** or **sickness**



claim, for example - fit notes from **your healthcare professional** letters from **your employer** confirming **your** absence from **work**, or access to **your** medical records. If **you** are unwilling or unable to supply proof to support **your accident** or **sickness** claim, then **your** claim might not be accepted or continue to be paid.

Benefit will be paid until the date when:

- **your healthcare professional** advises that **you** are no longer unfit for **work** as a result of the **accident** or **sickness** which prevented **you** from **working** at the start of **your** claim; or
- **you** do not supply proof that **you** are unfit for **work** as a result of **accident or sickness**; or
- **you** return to **work**; or
- **we** have paid 12 **monthly benefits** for a single claim under this section.

Please note that **you** must continue to pay **your premium** instalments during a claim, until the end of the current **period of cover**.

WHAT IS NOT COVERED

- a. Claims where **your** absence from **work** because of **accident** or **sickness** is not supported by medical proof from **your healthcare professional**.
- b. **Pre-existing conditions: Accident** or **sickness** which is caused by a **pre-existing condition**.
Note: This exclusion does not apply if:
 - » **you** have been free of all symptoms of the **pre-existing condition** and
 - » **you** have not received medical advice about or treatment for the **pre-existing condition** for 24 consecutive months.
- c. Claims for a **back condition** where **you** are unfit to **work**. This exclusion will not apply if a **doctor** or **consultant** confirms there is radiological medical proof of an abnormality or injury. (Please refer to "Meaning of Words" on page 13 of this **policy** for a full definition of a **back condition**.)
- d. Claims for anxiety, depression, stress or any other mental health condition where **you** are unfit to **work**. This exclusion does not apply if:
 - » a **consultant** or **your** local Primary Care Trust's mental health trust or action team has diagnosed your condition, and
 - » they have certified that **you** are unfit for **work** solely as a result of that condition. **You** must be under their continuing care for that condition.
- e. **Accident** or **sickness** which is alcohol or drug related. This exclusion does not apply to drugs:



- » which **you** take under the direction of **your healthcare professional** and
- » where **you** have followed their advice about taking such drugs, and
- » where **you** have not taken more than the prescribed dose.

However, the exclusion always applies if those drugs are to treat drug or alcohol addiction.

- f. **Accident or sickness** which is the result of treatment or surgery which was not medically necessary or carried out at **your** request. This includes cosmetic surgery and beauty treatments. This exclusion does not apply to any **accident or sickness** which arises as a direct result of any unforeseen complication directly relating to such treatments or procedures.
- g. Claims where **you** are unfit for **work** because of self-inflicted injuries, deliberate exposure to danger (unless this was in connection with an attempt to save a human life) or self-harm.
- h. Claims where **you** are already getting **unemployment** benefit under this **policy** – please refer to ‘If **Your** Claim Changes’ on page 27 of this **policy** for further details.
- i. Claims where the **insurer** has already paid 12 **monthly benefits** for an **accident or sickness** claim, unless **you** have returned to **work** for a minimum of 6 consecutive months immediately before **your** new claim for **accident or sickness** – please refer to ‘Making Another Claim’ on page 26 of this **policy** for more details.
- j. Claims arising outside the **period of cover**.

Section 3

UNEMPLOYMENT & CARER COVER

THIS COVER WILL ONLY APPLY IF IT IS SHOWN ON YOUR SCHEDULE.

WHAT IS COVERED

This section of the **policy** gives cover if **you** become **unemployed** or have to stop **work** entirely to become a **carer** to a **relative** during the **period of cover**.

WHEN DO YOU START RECEIVING BENEFITS?

This depends on the **excess period** option **you** have chosen (please refer to **your schedule**).

Excess Period	First Monthly Benefit Payable After
30 Days Back to Day 1	Day 31
30 Days	Day 61
60 Days	Day 91

30 days back to day one option

If **you** become **unemployed** or have to stop **work** entirely in order to become a **carer** to a **relative** during the **period of cover** for at least 30 consecutive days, the **insurer** will pay **you** the **monthly benefit** shown on **your schedule**. The **insurer** will then pay **you** 1/30th of **your monthly benefit** for each further day that **you** remain **unemployed** or a carer, subject to the **policy** terms and conditions.

30 days excess and 60 days excess options

If **you** become **unemployed** or have to stop **work** entirely in order to become a **carer** to a **relative** during the **period of cover** for at least 30 or 60 consecutive days (please refer to **your schedule**), the **insurer** will pay **you** 1/30th of **your monthly benefit** shown on **your schedule** for each further day that **you** remain **unemployed** or a **carer**, subject to the **policy** terms and conditions.

Benefit will be paid until the date when:

- **you** return to **work**; or
- **you** do not supply suitable proof that **you** are **unemployed**; or
- the **insurer** has paid 12 **monthly benefits** for a single claim under this section; or
- when **you** stop being a **carer** or are no longer getting Carer's Allowance.



You will be asked to complete a claim form and supply the **claims administrator** with proof to support **your** claim. This might include; letters from **your** employer confirming compulsory redundancy, bank statements, tax returns, payslips, or proof showing that **you** are getting Carer's Allowance. Please note that if **you** are unwilling or unable to supply proof to support **your unemployment** or **your** requirement to stop **work** because of being a **carer**, then **your** claim might not be accepted or continue to be paid.

Please also note that **you** must continue to pay **your premium** instalments during a claim, until the end of the current **period of cover**.

WHAT IS NOT COVERED

- a. Claims where the **claims administrator** has not received sufficient proof to confirm **your unemployment**; for example claims where **you** cannot show that **you** were previously **employed** or where **you** cannot show that **you** are registered as **unemployed** with the appropriate government agency or **you** are getting Job Seeker's Allowance and actively seeking **work**.
- b. Claims where **you** have not given sufficient proof to confirm **your** need to stop **work** entirely because of becoming a full-time **carer**. For example where **you** are not getting Carer's Allowance.
- c. Claims during the **initial exclusion period** if **you**:
 - are notified of **your unemployment** even if **your** last day in **work** falls outside this period;
 - knew that there was a risk **you** could be made **unemployed** even if the formal notification of **your unemployment** was issued outside this period;
 - knew of circumstances which might lead to **you** having to stop **work** in order to become a **carer**.
- d. Claims where **you** have not been in continuous **employment** for at least 6 months before the **policy start date**.
- e. Claims where **you** have agreed to take voluntary redundancy, permanently **retire** or resign.
- f. Knowing about **unemployment**: Claims where **you** knew of the risk or possibility **you** could be made **unemployed** or have to stop **work** in order to become a **carer** at or before the **start date** of this **policy**.
- g. Claims where **your unemployment** is because of **you** breaching **your** employer's conduct code, including fraud, dishonesty and breach of contract, or where **your unemployment** is because of **your** employer taking disciplinary action against you.
- h. Claims where **you** have been **working** as a **contract worker** and **your** contract has reached its natural expiry date. This exclusion does not apply if **you** have been a **contract worker** for a period of at least 24 consecutive months with the same **employer** immediately before being made **unemployed**. If **your** contract was for a period of less than 24 months, then **you** are only covered if **your** employer ended the contract early (not if they did not renew it when it



reached its expiry date). Please note that **monthly benefit** will not be paid after the contract would have expired normally. For example, if **you** are on a 12-month contract and have been with **your** employer less than 24 months and are made **unemployed** before the end of the 12-month contract, **you** will only be covered until the original **end date** of that contract.

- i. **Unemployment** which is normal or seasonal in **your** occupation.
- j. Claims where **you** have been **self-employed** and cannot show satisfactory proof that **your** business has **ceased to trade**.
- k. Claims where the person **you** are caring for is not a **relative**.
- l. Claims where **you** are already getting **monthly benefit** payments for **accident or sickness** under this **policy** – please refer to ‘If **Your** Claim Changes’ on page 27 of this **policy** for further details.
- m. Claims where **you** have already received 12 months of benefit for an **unemployment** or **carer** claim. This exclusion does not apply if **you** have returned to **work** for at least 6 consecutive months immediately before **your** new claim for **unemployment** or **carer** cover. Please refer to ‘Making Another Claim’ for more details.
- n. Claims arising outside the **period of cover**.
- o. Claims for any period where **you** are getting, or are entitled to, **payment in lieu of notice**, even if that payment forms part of a settlement or settlement agreement between **you** and **your** employer.
- p. Claims for periods whilst **you** are **working** including periods of **temporary work** – please see below section regarding taking up **temporary work** during a claim.
- q. Claims where **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 industrial action.

Temporary Work

If **you** are offered **temporary work** during the period of **your unemployment** claim, the **insurer** may consider suspending **your** claim to enable **you** to take up this **work** as long as:

- **you** obtain written permission from the **claims administrator** prior to taking up the **temporary work**; and
- the **temporary work** lasts for a minimum of one week and no longer than twelve months.

You will be able to resume **your unemployment** claim once **your temporary work** has ended and as long as **you** continue to meet the **policy** terms and conditions, the **insurer** will resume paying **you** **monthly benefits** in respect of **your unemployment**.

For example, if **you** have received 2 **monthly benefit** payments and then take up 6 months’ **temporary work**, the **insurer** might agree to suspend **your** claim for the 6-month period to enable **you** to carry out the **work**. Once the 6-month **temporary work** has ended, **your** original claim will be resumed, and **you** would be able to claim for up to 10 further **monthly benefit** payments.



Please note: if **you** choose to stop **working** before the end of the **temporary work** contract period:

- the **insurer** will consider that **you** have made **yourself** redundant, and
- **your** claim will end.

You will not get any further **monthly benefit**.

If **you** take up **temporary work** without prior written permission from the **claims administrator**, the **insurer** can stop **your** claim and pursue the recovery of any **monthly benefit** which it has paid to **you**.



Section 4

CONDITIONS APPLYING TO ALL COVERS

FRADULENT CLAIMS

The **insurer** takes 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, the **insurer** might:

- not pay **your** claim; and
- get back (from **you**) any payments it has already made in respect of that claim; and
- end **your** insurance from the time of the fraudulent act; and
- inform the police of the fraudulent act.

If **your** insurance is ended from the time of the fraudulent act, the **insurer** will not pay any claim for any incident which happens after that time and might not return any of the **premium** already paid.

MAKING ANOTHER CLAIM

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

ACCIDENT OR SICKNESS CLAIMS

- If **you** have claimed for **accident** or **sickness** and wish to make another claim for the same or related **accident** or **sickness** within 6 consecutive months of **your** original claim:
 - » Subject to the **policy** terms and conditions **we** can treat **your** new claim as a continuation of the previous claim. **We** will not apply the **excess period**. However, if the claim is valid, **we** will only pay **you** the remaining balance of the 12 months of **benefit** – please see 'Continuing a Claim' for further details.
- If **you** return to **work** for 6 consecutive months or more:
 - » **We** will treat any future **accident or sickness** claims as a completely new claim. A new **excess period** will apply and **you** will be entitled to a further 12 **monthly benefits**.
- If **you** have claimed for **accident** or **sickness** and received 12 monthly benefits for that claim:



- » We will only pay another claim for the same or related **accident** or **sickness** if **you** have:
 - » returned to **work**, and
 - » **worked** for a continuous period of at least 6 consecutive months for the period immediately before the start of **your** new claim.
- » **We** will only pay another claim that is totally unrelated to the previous claim if **you** have:
 - » returned to **work**, and
 - » **worked** for 1 month immediately before the start of **your** new claim.

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**:
 - » Subject to the **policy** terms and conditions **we** can treat **your** new claim as a continuation of the previous claim. **We** will not apply the **excess period**. However, if the claim is valid, **we** will only pay **you** the remaining balance of the 12 months of benefit – please see 'Continuing a Claim' for further details.
- If **you** return to **work** for 6 consecutive months or more, **we** will treat any future **unemployment** as a completely new claim. A new **excess period** will apply and **you** will be entitled to a further 12 **monthly benefits**.
- If **you** have already received 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 before the start of **your** new claim.

CONTINUING A CLAIM

Where **we** have advised **you** that **you** have a continuous claim, **we** will not apply **your excess period** to the second part of the claim. However this will only apply if **you** have not already received the maximum of 12 months of **monthly benefit** applicable under the **policy**.

The remainder of the balance of 12 **monthly benefits** will be paid as appropriate, subject to the **policy** terms and conditions. The claim will end once the total of 12 months of **monthly benefit** has been paid to **you**. Once the **monthly benefit** limit has been reached, **you** will need to return to **work** to be able to claim again. **We** explain this in 'Making Another Claim'.

IF YOUR CLAIM CHANGES

If **you** are in getting **monthly benefit** under this **policy** for either **accident** or **sickness** cover or **unemployment** or **carer** cover and **your** circumstances change **you** must notify the **Claims Administrator**, ClaimscoG Limited, 4th Floor, Telecom House, 125-135 Preston Rd, Brighton BN1 6AF. Telephone: 0333 344 7508 (all calls are recorded for training, compliance and claims purposes. This is



a basic rate number.) or email contact@claimscog.co.uk immediately.

■ For **unemployment** or **carer** claims, if **you**:

- » are already getting **monthly benefit** and
- » become unfit to seek **work** due to **accident** or **sickness**

your unemployment or **carer** claim will stop on the day **you** tell the **Claims Administrator** of the change in **your** circumstances. The **insurer** will then consider **your accident** or **sickness** claim. If it is a valid claim, they will pay **monthly benefits** based on **you** being unfit for **work**.

■ For **accident** or **sickness** claims, if **you**:

- » are already getting **monthly benefit** and
- » become **unemployed** or become a **carer**,

the **insurer** will continue to pay **your monthly benefit** for **accident** or **sickness** as long as the claim is valid. **Your monthly benefit** will stop when:

- » **you** are fit for **work**, or
- » **you** have received the maximum benefit, or
- » **you** are no longer able to give the **claims administrator** satisfactory proof of **your accident** or **sickness** claim.

Once benefit has stopped, **you** will need to find **employment** and have been in **work** before you can claim again. **We** explain this in Section 4 'Making Another Claim'.

In all cases where the reason for **your** claim changes:

The maximum amount of **monthly** benefit payable for either **accident** or **sickness** cover combined with **unemployment** or **carer** cover is the **benefit period** shown on **your schedule**.

Section 5

GENERAL POLICY CONDITIONS & EXCLUSIONS

These general conditions and exclusions apply to the whole **policy** and all covers under the **policy**:

- a. All **monthly benefit** will be paid to **you** only.
- b. Payments made under the **policy** can affect **your** entitlement to certain state benefits. If you make a claim, it is **your** responsibility to tell the relevant authorities that **you** are getting **monthly benefit** from the **policy**.
- c. **Monthly benefits** are not taxable, although if taxation legislation changes in the future, **we** will take off any sums from **your monthly benefit** as required by law.
- d. This **policy** is not transferable.
- e. No person, persons, company or other party who or which is not covered under this **policy** will 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. In the event that **you** are entitled to get benefit from any other **accident** or **sickness** or **unemployment policy**, the **insurer** reserves the right not to pay any claim **you** might make under this **policy**.
- g. The **insurer** will not pay claims where **you** are unwilling or unable to give them with all the information that they might need in order to validate **your** claim and throughout the duration of **your** claim.
- h. The **insurer** will not pay for loss or damage caused by any direct or indirect consequence of war, civil war, invasion, acts of foreign enemies (whether war be declared or not), rebellion, revolution, insurrection, military or usurped power, or confiscation, nationalisation, requisition, destruction of or damage to property by or under the order of any government, local or public authority.
- i. The **insurer** will not pay claims occurring in any way as a result of an act of terrorism. This includes, for example, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- j. The **insurer** will not pay for loss or damage caused by any direct or indirect consequence of:
 - Irradiation, or contamination by nuclear material; or
 - The radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter; or
 - Any device or weapon which employs atomic or nuclear fission or fusion or other comparable reaction; or radioactive force or matter



- k. The **insurer** will not pay for any loss, damage, liability or expense in any way 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 program malicious code, computer virus or process or any other electronic system.
- l. The **insurer** will not give cover and or be liable to pay any claim or give any benefit under this insurance if doing so 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.

ANNUAL REVIEW

The **insurer** will review **your policy** each year, in good time, before the **renewal date**.

The **insurer** might make changes to **your policy** cover or terms and conditions as a result of the cost of providing this cover to **you**. This means that **your premium** might change as a result of the review. Please note that there is no limit to the size or nature of the changes. The changes will take effect from the next **renewal date**.

Please note: the **premium** is based on **your** age. This means it will automatically change at the **renewal date** after **you** move into the next age band.

We will write to **you** at least 30 days before the **renewal date** to explain any changes which the **insurer** plans to make.

You pay by Direct Debit, so **we** will continue to take payments from **your** account unless **you** call and tell **us** not to. **You** must tell **us** of any change in **your** circumstances at the time of the renewal.

If **you** are aged 69 at the **renewal date**, **your policy** will not be renewed. **We** will contact **you** at least 30 days before **your policy** ends.

DATA PROTECTION

The **insurer** will keep **your** personal information safe and private. There are laws that protect **your** privacy and the **insurer** follows them carefully. Under the laws, the **insurer** (AmTrust Europe Ltd) is the company responsible for handling **your** information (Data Controller). Here is a simple explanation of how the **insurer** uses **your** personal information. For more information visit www.amtrusteurope.com

What the insurer does with your personal information

The **insurer** might need to use the information they have about **you** for different reasons.

For example, the **insurer** might need it:

- to run through their computerised system to decide if they can offer **you** this insurance.
- to help **you** if **you** have any queries or want to make a claim.
- to give **you** information, products or services if **you** ask the **insurer** to.



- for research or statistics.

The **insurer** will need it:

- to provide this insurance.
- to contact **you** to ask if **you** want to renew it.
- to protect both **you** and the **insurer** against fraud and money laundering.
- to comply with the law and any regulations that apply.

There are some types of personal information that are extremely private/sensitive and important such as information about **your** health or any criminal convictions **you** might have. The **insurer** might need this kind of information to decide if they can offer **you** this insurance or to help **you** with a claim. The **insurer** will only use this information for these specific reasons and in line with regulatory conditions.

The **insurer** might need to share **your** information with other companies or people who provide a service to them, or to **you** on their behalf. They include companies that are part of the **insurer's** group, people they work with, insurance brokers, their agents, reinsurers, credit agencies, medical professionals, insurance reference bureaus, fraud detection agencies, regulatory authorities and anyone else they might need to share it with by law. The **insurer** will only share **your** information with them if they need to and if it is allowed by law.

Sometimes the **insurer** might need to send **your** information to another country outside of the UK and the EEA (European Economic Area) so that it can be processed, (stored etc). The **insurer** currently sends it to the USA and Israel. The **insurer** will make sure that **your** information is always kept safely and treated in line with the law and this notice.

You can tell the **insurer** if **you** do not want them to use **your** information for marketing. **You** can also ask the **insurer** to give **you** with the information they have about **you** and, if there are any mistakes or updates, **you** can ask the **insurer** to correct them. **You** can also ask the **insurer** to delete **your** information (although there are some things the **insurer** cannot delete). **You** can also ask the **insurer** to give **your** information to someone else involved in **your** insurance. If **you** think the **insurer** did something wrong with **your** information, **you** can complain to the local data protection authority.

The **insurer** will not keep **your** information longer than they need to. The **insurer** will usually keep it for 10 years after **your** insurance ends unless they have to keep it longer for other business or regulatory reasons.

If **you** have any questions about how the **insurer** uses **your** information, **you** can contact their Data Protection Officer. **You** can find their contact details on (www.amtrusteurope.com).

COMPLAINTS

It is the intention to give **you** the best possible service but if **you** do have any questions or concerns about this insurance (including how this **policy** was sold and the information **you** were given before **you** bought the policy) or the handling of a claim **you** should follow the Complaints Procedure below.

If **you** have a query or complaint regarding the sale of **your** policy, please contact the broker from whom



you have bought this policy. If **you** have bought **your policy** directly from **us** (or for any administration complaints or claim of **your policy**), please contact:

Best Insurance
Complaints Team
4th Floor, Telecom House,
125-135 Preston Rd,
Brighton BN1 6AF
Telephone: 0330 330 9465 (9am to 5pm on all days except weekends and bank holidays. This is a basic rate number)

Email: customersupport@bestinsurance.co.uk

If **you** would like to make a complaint regarding a claim, please contact the **claims administrator**:

Claimscog Limited
4th Floor, Telecom House,
125-135 Preston Rd,
Brighton BN1 6AF
Telephone: 0333 344 7508 (9am to 5pm on all days except weekends and bank holidays. This is a basic rate number)

Email: contact@claimscog.co.uk

Depending on the nature of the complaint, **we** or the **claims administrator** might refer it to the **insurer**. **We**, the **claims administrator** or the **insurer** will acknowledge and record **your** complaint and try to resolve it by the close of business on the fifth **working** day after they receive it. Some complaints can take longer to resolve. Within four weeks **you** will get either a final response or an explanation of why the complaint has not been resolved plus an indication of when **you** will get a final response. Within eight weeks **you** will get a final response or, if this is not possible, a reason for the delay plus an indication of when **you** will get a final response.

After eight weeks, if **you** are unhappy with the delay, **you** might refer the complaint to the Financial Ombudsman Service which can review complaints from 'eligible complainants', but **you** must do so within 6 months of getting a final response from **us**, the **claims administrator**, or the **insurer**. Further information can be found at www.financial-ombudsman.org.uk

The service they provide is free and impartial. Their contact details are as follows:

Financial Ombudsman Service
Exchange Tower
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.)



MortgageShield
PRO

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

This complaints procedure does not affect **your** rights.

FINANCIAL SERVICES COMPENSATION

The **insurer** is covered by the Financial Services Compensation Scheme (FSCS). **You** might be entitled to compensation from the scheme if the **insurer** is unable to meet its obligations to **you** under this policy. **You** can get more information about compensation scheme arrangements 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



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Best Insurance

4th Floor, Telecom House,
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Brighton BN1 6AF
United Kingdom

03303 309 465
info@bestinsurance.co.uk

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