



BRITISH INSURANCE



LOAN PAYMENT PROTECTION INSURANCE

PRICES START FROM ONLY £2.65
PER £100 OF MONTHLY BENEFIT

BACK-TO-DAY-ONE COVER
TAX FREE BENEFITS ARE PAID FROM THE FIRST DAY OF YOUR CLAIM

AGE RATED PREMIUMS
THAT WILL NOT INCREASE AFTER YOUR POLICY STARTS



This document provides a summary of cover only. A copy of the full terms and conditions are provided in the certificate of insurance.

1. Who underwrites this insurance?

This insurance is underwritten by Bankers Insurance Company Limited (a member company of Assurant Solutions), who are authorised and regulated by the Financial Services Authority.

2. What is this insurance designed to do?

This insurance is designed to meet your needs and demands if you are a borrower who is looking to protect your monthly loan or finance payment against the risks of involuntary unemployment and incapacity (accident and sickness).

Important Note - Please read all documentation carefully as it will assist you to determine if this insurance is suitable for your needs. Furthermore, if you are accepted for cover you must review your insurance regularly to ensure it remains suitable.

3. Are you eligible for this insurance?

You can be covered under this insurance if on the start date you:

- Are at least 18 and under 65 years of age; and
- Are permanently resident and working within the UK, Channel Islands or Isle of Man; and
- Are actively working (i.e. not off sick) when you apply and have been for at least 6 months immediately before this time.

4. What are the costs of cover?

The costs of cover are expressed as a rate per £100 of monthly benefit and include Insurance Premium Tax. They are collected monthly in advance by direct debit and the premium calculation is based upon your current age.

Please Note - Your premium is determined at the outset and will not automatically increase as you get older.

MONTHLY PREMIUM RATES FOR UNEMPLOYMENT AND INCAPACITY COVER	
AGE	RATE PER £100 OF MONTHLY BENEFIT
18-25	£2.65
26-30	£3.25
31-35	£3.85
36-40	£4.55
41-45	£5.55
46-50	£5.80
51-55	£6.50
56-60	£7.35
61-64	£8.45

5. Direct debit guarantee

The guarantee is offered by all banks and building societies that take part in the direct debit scheme. The efficiency and security of the scheme is monitored and protected by your own bank and building society. If the amounts to be paid or the payment dates change, you will be told of this in advance by at least 10 working days as agreed. If an error is made by Bankers Insurance Company Limited or your bank or building society, you are guaranteed a full immediate refund from your branch of the amount paid. You can cancel a direct debit at any time by writing to your bank or building society, please also send a copy of your letter to us.

6. How much can I be covered for?

The maximum claims benefit you can insure is your normal monthly loan payment, plus optional cover up to a further 25%. Please note – The total amount insured cannot be more than £1,000 or 65% of your gross monthly income whichever is the lesser.

7. When can I claim?

To qualify for claim benefits, your unemployment or incapacity must last for at least 30 consecutive days.

On the 31st day of continuous unemployment or incapacity the insurers will pay an amount equal to one monthly benefit. From the 31st day onwards the insurers will pay 1/30th of the monthly benefit for each day you remain continuously unemployed or incapacitated. Any claim benefits due to you will be paid monthly in arrears.

Claims benefits are payable for a maximum of 12 months.

8. What are the main exclusions?

The following are a selection of the main exclusions. For full details please refer to section 6 and section 8 of the certificate of insurance.

Incapacity benefit will not be paid as a result of:

- A pre-existing medical condition; but you will be entitled to benefit if you have not suffered from that condition for two years before the first date you became unable to work;
- Any physical or mental condition, which you knew of or should reasonably have known about at the start date;
- Suicide, attempted suicide or self-inflicted injuries;
- Alcohol or drugs, unless they are prescribed for treatment (other than for addiction) by a doctor;
- Backache and related conditions howsoever caused unless you have medical documents as evidence of a diagnosed medical condition;
- For any period when your incapacity is not confirmed by a doctor.

Unemployment benefit will not be paid as a result of:

- If you were not in continuous work for 6 months immediately before your employment ended;
- Notification of pending unemployment or employment ending within the exclusion period;
- Misconduct which contributes or leads to your dismissal;
- Resignation, voluntary unemployment or voluntary redundancy;
- If you are self-employed and your business temporarily stops trading.

9. How do I make a claim?

If you need to make a claim, you must contact us as soon as reasonably possible and at least within 30 days of the event that leads to your claim.

You should contact us at Bankers Insurance Company Limited, 117-119 Whitby Road, Slough, Berkshire, SL1 3DR or telephone 0870 024 0675.

Please fill in the claim form and return it to us and we will process your claim. We should receive the claim form within 120 days. If you do not do this, your benefit may be affected.

10. How do I cancel this insurance?

You can cancel this insurance by writing to us at any time.

If you wish to cancel this insurance within the first 30 days of the start date, or the date on which you received the schedule of insurance (whichever is the later), and have not made a claim, we will give you a full refund of any premiums you may have paid.

11. How do I make a complaint?

Although we set ourselves high standards, if we do not meet your expectations and you are dissatisfied in some way we would like to know. If you follow the guidelines below, your complaint will be dealt with in the most efficient way possible:

- Step 1:** Please contact or write to the Operations Director, Bankers Insurance Company Limited, 117-119 Whitby Road, Slough, Berkshire, SL1 3DR or telephone 0870 152 6000
- Step 2:** If you are still not satisfied with the way we have dealt with your complaint you can ask the Financial Ombudsman Service to review your case. You can contact them at the following address: South Quay Plaza, 183 Marsh Wall, London, E14 9SR, or telephone 0845 080 1800

12. Financial Services Compensation Scheme

If we are unable to meet our liabilities, you may be entitled to compensation from the Financial Services Compensation Scheme (FSCS) who can be contacted at: 7th Floor, Lloyds Chambers, Portsoken Street, London, E1 8BN. The first £2,000 of an insurance claim or policy is covered in full through the FSCS, plus 90% of the balance.

13. What happens next if I am accepted for cover?

Once Bankers Insurance Company Limited have accepted your application for cover, they will send you a schedule showing the type and level of cover selected, together with a copy of the certificate of insurance.

14. What must I do if I require further information?

If you require further information about this insurance please contact British Insurance Limited.

The address is: PO Box 6164, Braintree, Essex, CM77 7ZW
 Telephone: 0870 240 3946
 Fax: 0870 240 3947
 Email: mail@britishinsurance.com

British Insurance Limited are authorised and regulated by the Financial Services Authority and members of the British Insurance Brokers' Association.

Accident, Sickness and Unemployment Loan Payment Protection Insurance CERTIFICATE OF INSURANCE

1. Introduction

- 1.1. This document outlines the details of the **British Insurance** Loan Payment Protection Insurance policy. The policy provides cover if **You** become **Incapacitated** or **Unemployed**. However, **You** are only covered as long as **You** meet the conditions of eligibility described below and **You** have paid the required **Premium** for the level of cover **You** have chosen.
- 1.2. Facilities are available for customers with hearing difficulties. Copies of this policy can be made available, on request, in alternative media forms as required under Disability Discrimination Legislation.
- 1.3. Please read this document carefully and make sure **You** are eligible and that **You** know what the policy does and does not cover. If **You** have any questions please contact **Us** at the following address: Bankers Insurance Company Limited, 117-119 Whitby Road, Slough, Berkshire, SL1 3DR or telephone 0870 024 0675.
- 1.4. The maximum **Monthly Benefit** payable under this policy is 125% of **Your** loan payment, or £1000 or 65% of **Your Gross Monthly Income** whichever is the lesser. Please check **Your** policy schedule to ensure the **Monthly Benefit** amounts **You** have chosen are correct.
- 1.5. In addition, the maximum **Monthly Benefit** allowed under this and all similar insurances is 65% of **Your Gross Monthly Income**. All benefits over 65% of **Your Gross Monthly Income** will be deducted in the event of a claim.
- 1.6. **We** will pay any valid **Monthly Benefits** to **You**, **We** only pay **You** one type of benefit (**Incapacity** or **Unemployment**) at a time.
- 1.7. Certain words and phrases have special meanings. These are explained in the Definitions section of this document. Certain exclusions also apply please see the individual benefit sections.

2. Insurance Contract

- 2.1. The policy is a legal contract between **You** and **Us**. The application form, policy terms and conditions, the schedule, and any endorsement make up the policy and **You** should read them together. The policy is based on the information **You** give **Us** when **You** fill out **Your** application form.
- 2.2. **You** are allowed a choice of law for this policy but unless **We** agree otherwise English law will apply.
- 2.3. The insurer is Bankers Insurance Company Limited (a member company of Assurant Solutions) whose registered office is at 117-119 Whitby Road, Slough, Berkshire, SL1 3DR England.

3. Eligibility

- 3.1. **You** are covered under the policy if on the **Start Date**:
 - 3.1.1. **You** are at least 18 and under 65 years of age; and
 - 3.1.2. **You** are actively **Working** (i.e. not off sick); and
 - 3.1.3. **You** are **Working** when **You** apply and have been for at least 6 months immediately before the **Start Date**; and
 - 3.1.4. **You** are named on the application form; and
 - 3.1.5. **We** have accepted **Your** application; and
 - 3.1.6. **You** have an **Agreement** in force; and
 - 3.1.7. **You** are a permanent resident in the **UK**.
- 3.2. If **You** are a **Contract Worker** and **Employed** under a fixed term contract of **Employment**, **You** must meet the conditions above at the **Start Date** and **We** will only consider **Your** cover under the **Unemployment** section in accordance with the definition of **Work**.
- 3.3. If **You** reduce the time **You** are **Working** to less than 16 hours a week, please tell **Us**. **Your** protection under the policy is based on **Your** **Employment**.
- 3.4. **You** are not covered for any **Pre-Existing Medical Conditions**, any **Chronic Condition**, or **Unemployment** before the **Start Date**, which may cause **You** to claim for **Incapacity**, or **Unemployment**. **We** may still insure **You** but **We** will not pay benefits directly relating to any claim which **We** consider **You** were aware of before the **Start Date**.
- 3.5. **We** will only pay **You** **Monthly Benefits** for cover which **You** have selected and paid for; as detailed on **Your** policy schedule.

4. Definitions

Wherever the following words appear in this document they will have the following meanings:

- 4.1. **Accident** - A sudden identifiable violent external event that happens by chance and which could not be expected.
- 4.2. **Agreement** - the loan contract granted to **You** and which this policy relates to.
- 4.3. **British Insurance** - British Insurance Limited PO Box 6164, Braintree CM77 7ZW Tel: 0870 240 3946 Fax: 0870 240 3947 Email: mail@britishinsurance.com
- 4.4. **Chronic Condition** - A **Condition** that occurs prior to the **Start Date** and that continues indefinitely, or cannot be cured or eradicated and that recurs or requires **Treatment**.
- 4.5. **Condition** - Any illness, injury, disease, sickness or medical **condition** **You** have, including any related illness, injury, disease, sickness or medical **condition**, or any associated symptoms.

- 4.6. **Contract Worker** - A person who is **Employed** on a fixed term contract of **Employment** as defined in **Work**.
- 4.7. **Control** - the power of a person (in relation to a company) to exercise direct or indirect **Control** over that company's affairs including but not limited to, owning the greater part of the share capital or voting rights of that company or by powers given to that person in any recognised document.
- 4.8. **Doctor** - A registered medical practitioner, practising in the **UK**. This does not include **You** or **Your** relatives except when diagnosing a **Pre-Existing Medical Condition**.
- 4.9. **End Date** - The date **Your** cover ends as set out in Section 10 - When Cover Ends.
- 4.10. **Employment, Employed** - undertaking any **Work** (including **Self-Employed Work**) of at least 16 hours a week.
- 4.11. **Exclusion Period** - The period during which **You** will not be able to make a claim. This period is either during the first:
 - 4.11.1. 90 days after the **Start Date** if this policy was arranged for an existing loan; or
 - 4.11.2. If this policy was arranged to commence at the same time as a new loan no **Exclusion Period** will apply; or
 - 4.11.3. If **You** transfer **Your** insurance from another insurer **We** will waive the **Exclusion Period** for **Unemployment** provided **Your** previous insurance has been in force for at least six months and **You** have never made a claim on **Your** previous insurance. **You** will need to provide evidence of this in the event of a claim.
- 4.12. **Gross Monthly Income** - **Your** monthly **Salary** before tax plus the average of any commission and/or bonus payments received in the 12 months prior to the **Start Date**, or the date of the claim, if later. If **Self-Employed**, this will mean the monthly average of **Your** annual income as declared on **Your** self assessment return for the previous tax year, as confirmed by the Inland Revenue.
- 4.13. **Hospital** - a government controlled **hospital**, a National Health Service **hospital** or a private **hospital** but will not apply to any long-term nursing homes or geriatric unit or any such facilities.
- 4.14. **Incapacity, Incapacitated** - A **Condition**, which stops **You** from doing **Your Work** or any similar job. It must also stop **You** from doing any other **Work** which **Your** experience, education or training reasonably qualifies **You** to do. In addition, if **You** are **Self-Employed**, an **Incapacity** must stop **You** from helping, managing, receiving any money from or carrying out any part of the day-to-day running of a business.
- 4.15. **Incident Date** - the date **You** become **Incapacitated** or **Unemployed**.
- 4.16. **Insured** - The person named on the schedule and covered by the policy.
- 4.17. **Lender** - the entity to whom **You** are contracted to make monthly repayments under **Your Agreement**.
- 4.18. **Misconduct** - being dismissed from **Your Employment** as a result of, but not limited to, theft, fraud, alcohol abuse, sex offences, harassment and/or discriminatory behaviour.
- 4.19. **Monthly Benefit/s** - the amounts shown in the policy schedule for Loan Payment Protection Insurance payable to **You** on a monthly basis in arrears, for a maximum of 12 months, if **You** are unable **Work** due to **Incapacity** or involuntary **Unemployment**.
- 4.20. **Partnership** - An association of two or more people who agree to share in the profits and losses of a business. Members of a **Partnership** are called partners.
- 4.21. **Payment/s** - the amount **You** must repay each month as specified in **Your Agreement**.
- 4.22. **Payment in Lieu of Notice** - means either of the following:
 - 4.22.1. Any payment **You** receive relating to the notice period **Your** employer should have given **You** under the terms of **Your** contract of **Employment** or letter of appointment; or
 - 4.22.2. Any part of a compensation payment made for loss of office (including any part of a payment made under a compromise agreement and/or redundancy package) whether this directly or indirectly relates to the notice period **Your** employer should have given **You** under the terms of **Your** contract of **Employment** or letter of appointment, or not.
- 4.23. **Permanently Retire** - **You** have stopped **Working** and **You** have no intention to return to **Work**.
- 4.24. **Pre-Existing Medical Condition** - A **Condition** whether diagnosed or not, which **You** knew about or in **Our** reasonable opinion should have known about, or for which **You** received **Treatment**, prior to the **Start Date**.
- 4.25. **Premium** - the amount **You** must pay every month for cover under this policy, as documented on **Your** policy schedule. If **You** are in receipt of **Monthly Benefits** under this policy **You** must continue to pay the **Premium** as it falls due in order to ensure continuous cover under this certificate.
- 4.26. **Salary** - the amounts shown on **Your** payslips from **Your** employer, received in the 12 months prior to the **Start Date**, or in the event of claim, the claim **Incident Date**, if later. If **Self-Employed**, this will mean the monthly average of **Your** annual income received in the 12 months prior to the **Start Date**, or in the event of claim, the claims **Incident Date**, if later and as declared on **Your** self assessment return for the previous tax year, confirmed by the Inland Revenue.

4. Definitions (cont'd)

- 4.27. **Self-Employed - You** are
- 4.27.1. helping with, managing or carrying on a business in the **UK** and are liable to pay tax under Schedule D Case, I, II, IV or V of the Income and Corporations Taxes Act 1988;
 - 4.27.2. a partner in a **Partnership**;
 - 4.27.3. a person who exercises direct or indirect **Control** over a company (not necessarily the majority shareholder or holder of the majority voting rights);
 - 4.27.4. **Working** for a company and in any way connected with a person who has **Control** over that company (for example, **You** are one of his or her family).
- 4.28. **Start Date** - The date **Your** cover commenced with **Us** as shown in the policy schedule.
- 4.29. **Treatment** - Receiving advice or undergoing examinations or consultations or receiving medication or long-term monitoring from a **Doctor**.
- 4.30. **UK** - England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.
- 4.31. **Unemployment, Unemployed** - Being out of **Work** and registered as **Unemployed** with **Your** local Job Centre Plus office or the Department of Health and Social Security in Northern Ireland. **You** must be available for and actively looking for **Work** and able to provide third party documentation as requested to support this each month. **We** will not consider **You** as **Unemployed** for any day **You** receive **Payment in Lieu of Notice**.
- 4.32. **We, Us, Our** - Bankers Insurance Company Limited (a member company of Assurant Solutions).
- 4.33. **Work/ed or Working** - Permanent **Employment** or **Self-Employment** for 16 hours or more each week or on statutory maternity leave, adoption leave, parental leave or paternity leave from such **Employment**. **You** must also be paying the correct National Insurance Contributions. If **You** are **Employed** under a fixed term contract of **Employment** **We** will consider **Your** cover under the **Unemployment** section in accordance with the following:
- 4.33.1. If **You** have been **Working** for the same **Employer** for at least six months and **Your** contract has been renewed at least once, **We** will consider a claim only if **Your** current contract is terminated prior to its expiry date. **Monthly Benefit** will only be paid until that contract would have expired.
 - 4.33.2. However, if **You** have been **Working** for the same **Employer** for at least two years and if **You** have an annual contract, which has been renewed at least once and has at least six months remaining on **Your** contract, **We** will consider any claim as if **You** had been in permanent **Employment**.
- 4.34. **You, Your** - The person(s) named on the schedule and covered by the policy.

5. Incapacity Benefits

- 5.1. **You** are only eligible for the **Monthly Benefit** as detailed on **Your** policy schedule providing **You** have met the eligibility requirements and **You** have paid the correct **Premium**.
- 5.2. If **You** are **Working** and become **Incapacitated** for at least 30 days in a row, **We** will pay one **Monthly Benefit**.
- 5.3. To be eligible for **Incapacity** benefit, **You** must see **Your Doctor**. **We** will treat the first day of **Your Incapacity** as the day **Your Doctor** confirms **You** cannot **Work**. However, if **You** complete **Your Employer's** Self-Certification Form for the first 7 days of **Incapacity** **You** will be classified as **Incapacitated** for those 7 days. **You** must continue to be treated by **Your Doctor** for the first 30 days of **Your Incapacity**. At the end of this, and every 30 day period after that, **You** must give **Us** a **Doctor's** certificate confirming **Your Incapacity**. **We** will be unable to pay any claim for any period when a **Doctor** does not confirm **Your Incapacity**. Payment in respect of valid claims will be made at the end of each full 30 day period, upon receipt of all relevant information.
- 5.4. **We** will continue to pay one **Monthly Benefit** for each complete and continuous 30 day period that **You** remain **Incapacitated** until:
- 5.4.1. the **End Date**; or
 - 5.4.2. **You** are no longer **Incapacitated**; or
 - 5.4.3. **We** have paid a maximum of 12 **Monthly Benefits**; or
 - 5.4.4. until the amount **You** still owe under **Your Agreement** at the date of **Your Incapacity** (excluding any arrears) has been paid; or
 - 5.4.5. the final repayment date; or
 - 5.4.6. if **You** are a **Contract Worker** and **Your Contract** would have expired, as defined in **Work**;
- whichever is the earlier.
- 5.5. If **Your Incapacity** (after the initial 30 day period) is less than 30 days, **We** will pay 1/30th of one **Monthly Benefit** for each day **You** are **Incapacitated**.
- 5.6. **We** will cover **You** for:
- 5.6.1. psychiatric illness, mental or nervous disorders including depression, stress, bereavement and stress-related conditions, as long as **You** are diagnosed by a consultant who is a member of the Royal College of Psychiatrists and is recognised by that Royal College as being a consultant; and
 - 5.6.2. backache and related conditions, including back injuries, howsoever caused, as long as **You** have specialist medical evidence (for example, a MRI scan, x-rays etc) of a diagnosed medical condition.
- 5.7. Exclusions for **Incapacity** cover are defined in Sections 6 and 9.

6. Incapacity Benefit Exclusions

You will not receive **Incapacity** benefit for any claim, which is caused by, or resulting from:

- 6.1. a **Pre-Existing Medical Condition** which **You** knew of or should reasonably have known about at the **Start Date**, or which **You** asked or received **Treatment** or counselling for from any **Doctor** before the **Start Date**; but **You** will be entitled to benefit if **You** have not suffered from that **Condition** for two years before the first date **You** became unable to **Work**. **You** have not suffered from a **Condition** if throughout that two year period **You**:
 - 6.1.1. have not consulted a **Doctor** for that **Condition**; and
 - 6.1.2. have not received **Treatment** for that **Condition**; and
 - 6.1.3. have been free of symptoms of that **Condition**.
- 6.2. suicide, attempted suicide or self-inflicted injuries;
- 6.3. any **Chronic Condition**;
- 6.4. alcohol or drugs, unless they are prescribed for **Treatment** (other than for addiction) by a **Doctor**;
- 6.5. backache and related conditions howsoever caused unless **You** have medical documents (for example, a MRI scan or X-rays) as evidence of a diagnosed medical **Condition**;
- 6.6. psychiatric illness or mental disorders including depression, bereavement, stress, or stress related conditions unless diagnosed by a consultant who is a member of the Royal College of Psychiatrists and is recognised by that Royal College as being a consultant;
- 6.7. geriatric care, medical operations or **Treatments** which are not medically necessary, including cosmetic or beauty **Treatment** unless this is the result of an **Accident** where **Your Doctor** recommends **You** have cosmetic **Treatment**;
- 6.8. pregnancy, childbirth, miscarriage, abortion or any related conditions unless this is a result from complications which are diagnosed as such by a **Doctor**, or consultant, who specialises in obstetrics;

In addition **You** will not receive **Incapacity** benefit:

- 6.9. for any period when **Your Incapacity** is not confirmed by a **Doctor**;
- 6.10. unless **You** are in receipt of statutory sick pay from **Your Employer** or short term incapacity benefit from the Job Centre Plus;
- 6.11. for any period where **You** are in receipt of **Your Salary**;
- 6.12. if **You** are receiving **Unemployment** benefit;
- 6.13. if any Exclusions detailed in Section 8 or 9 apply.

7. Involuntary Unemployment Benefit

- 7.1. **You** are only eligible for the **Monthly Benefit** as detailed on **Your** policy schedule providing **You** have met the eligibility requirements and **You** have paid the correct **Premium**.
- 7.2. If **You** are **Working** and become **Unemployed** for at least 30 days in a row, **We** will pay one **Monthly Benefit**.
- 7.3. If **You** were **Employed** and **You** need to make a claim for **Unemployment** benefit **You** must register at **Your** local Job Centre Plus office within 15 days of the date **Your Employer** confirms **You** last **Worked** or the date **Your Payment in Lieu of Notice** expires, whichever is the later. If **You** were **Self-Employed** and **You** need to make a claim for **Unemployment** benefit, **You** must register with the Job Centre Plus within 15 days of the date **Your** business permanently ceased trading and in addition **Your** business must:
 - 7.3.1. have stopped trading and/or be in the process of being wound up and **You** must have filed closing accounts with the Inland Revenue;
 - 7.3.2. be put into the hands of an insolvency practitioner; or
 - 7.3.3. be a **Partnership** which has been or is in the process of being dissolved and **You** must have filed closing accounts with the Inland Revenue.
- 7.4. At the end of the first 30 day period of **Unemployment**, and every 30 day period after that, **You** must give **Us** a copy of the Jobseekers Agreement and ABI Form from **Your** local Job Centre Plus office confirming **Your Unemployment**. Payment in respect of valid claims will be made at the end of each full 30 day period, upon receipt of all relevant information.
- 7.5. **We** will continue to pay one **Monthly Benefit** for each complete and continuous 30 day period that **You** remain **Unemployed** until:
 - 7.5.1. the **End Date**; or
 - 7.5.2. **You** are no longer **Unemployed**; or
 - 7.5.3. **We** have paid a maximum of 12 **Monthly Benefits**; or
 - 7.5.4. until the amount **You** still owe under **Your Agreement** at the date of **Your Unemployment** (excluding any arrears) has been paid; or
 - 7.5.5. the final repayment date; or
 - 7.5.6. if **You** are a **Contract Worker** and **Your** contract would have expired, as defined in **Work**;

whichever is the earlier.
- 7.6. If **Your Unemployment** (after the initial 30 day period) is less than 30 days, **We** will pay 1/30th of one **Monthly Benefit** for each day **You** are **Unemployed**.
- 7.7. If **You** are receiving **Unemployment** benefit and want to start temporary **Work** which will continue for less than 6 months, please let **Us** have details in writing before **You** start this **Work**. **We** will not pay for the period **You** are not **Unemployed**. However, when the temporary **Work** finishes, **Your Unemployment** claim may continue and **We** will treat this as one continuous claim. The most **We** will pay for this continuous claim is a maximum of 12 **Monthly Benefits**.

8. Unemployment Benefit Exclusions

You will not receive **Unemployment** benefits in the following circumstances:

- 8.1. if **You** were not in continuous **Work** for 6 months immediately before **Your Employment** ended (if **You** were not in **Work** for 2 weeks or less, **We** will not count this as a break in **Your Employment**);
- 8.2. **Unemployment** caused or resulting from **Your Employment** ending within the **Exclusion Periods**;
- 8.3. **You** being told, or made aware either before the **Start Date** or within the **Exclusion Period** that **Your Employment** will end. This is irrespective of when **Employment** actually ends;
- 8.4. **Unemployment** which is normal or seasonal in **Your** line of **Work**;
- 8.5. **Unemployment** which **You** knew of, or should reasonably have known of, on the **Start Date**;
- 8.6. **Misconduct** which contributes or leads to **Your** dismissal;
- 8.7. any wilful act by **You**;
- 8.8. dismissal due to the inability to pass a probationary period or perform any elements of **Your** job;
- 8.9. resignation, voluntary **Unemployment** or voluntary redundancy;
- 8.10. if **You** are **Employed** on a specific project, including any temporary assignment and this project finishes;
- 8.11. if **Your Employment** ends as a result of the expiry of an apprenticeship or training contract;
- 8.12. if **You** are **Self-Employed** and **Your** business temporarily stops trading;
- 8.13. if **You** are a **Contract Worker**, **Your** contract would have expired;
- 8.14. if **You** are **Self-Employed** and **You** can not give **Us** evidence that **Your** business:
 - 8.14.1. has permanently stopped trading and/or being in the process of being wound up; or
 - 8.14.2. has been put into the hands of a company dealing with insolvency; or
 - 8.14.3. is a **Partnership** which has been dissolved or is in the process of being dissolved.
- 8.15. for any period for which **You** have received or are entitled to receive **Payment in Lieu of Notice**.
- 8.16. if **You** are receiving **Incapacity** benefit.
- 8.17. If **You** become **Unemployed** as a result of any **Condition** in Section 6 or if any Exclusions detailed in Section 9 apply.

9. General Exclusions

- 9.1. In addition to Sections 6 and 8, **You** will not receive any benefits for **Unemployment** or **Incapacity** which is caused by or resulting from:
 - 9.1.1. taking part in, attempting, or acting as an accessory to, any crime;
 - 9.1.2. taking part in a strike, labour dispute, industrial action or lock-out;
 - 9.1.3. radioactive contamination, war, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, riots, civil commotion, military or usurped power.
- 9.2. If **You** are **Working** outside the **UK**, unless **You** are:
 - 9.2.1. **Working** for the British Armed Forces or as a civil servant in a British Embassy or consulate; or
 - 9.2.2. **Working** for an **Employer** that is a **UK** registered company who assigns **You** to **Work** in the European Union on the same terms and conditions; or
 - 9.2.3. **Working** on a specific project for less than 30 days outside the **UK** and were actually outside the **UK** for less than 30 days.

10. When Cover Ends

The policy will end automatically and all **Monthly Benefits** will stop:

- 10.1. if **You** die; or
- 10.2. when **You** reach 65 years of age or **Permanently Retire** if earlier (**You** must tell **Us** as soon as possible); or
- 10.3. when **You** cancel the policy; or
- 10.4. on the date **You** stop paying the **Premiums**; or
- 10.5. on the 90th day after **We** cancel coverage; or
- 10.6. if **You** are no longer resident in the **UK**; or
- 10.7. when **Your Agreement** ends; or
- 10.8. if **Your Payments** are in arrears and/or the litigation process has commenced;

whichever is earlier:

- 10.9. If **You** cancel the policy or cover ends for any reasons detailed above and **You** wish to reinstate at a later date, a new policy will be issued, subject to the eligibility criteria. Cover will not be backdated and new exclusion/waiting periods will apply from the new **Start Date**.

11. Multiple Claims

- 11.1. **You** can make more than one claim for **Incapacity** or **Unemployment** benefit subject to the re-qualification periods detailed below:
 - 11.1.1. The most **We** will pay for any one **Condition** resulting in an **Incapacity** claim on this policy, is a maximum of 12 **Monthly Benefits** as selected and shown on **Your** policy schedule.
 - 11.1.2. **You** must return to **Work** for at least one month before **You** can claim **Incapacity** for an unrelated **Condition** or for at least six months before **You** can make another claim for **Incapacity** for a related **Condition**.
 - 11.1.3. If **You** return to **Work** for less than six months and **You** need to make an **Incapacity** claim for the same **Condition**, **We** will treat this as the same claim, providing **You** have not received the maximum number of 12 **Monthly Benefits** for that **Incapacity**.
- 11.2. **You** must return to **Work** continuously for at least six months before **You** can make another claim for **Unemployment** benefit. However, periods of **Unemployment** separated by six consecutive months or less shall be treated as one continuous claim provided **You** have not received the maximum number of 12 **Monthly Benefits**.

12. General Conditions & Cancellations

- 12.1. If a claim is fraudulent, fraud is suspected in any respect, or any false information is supplied in relation to **Your** policy or claim, all benefits under this policy will be forfeited and **You** may be liable to criminal prosecution. **We** may demand **You** repay any benefits **We** have already paid **You**. **We** will keep the **Premium** **You** have paid **Us**. **We** may also prosecute **You**.
- 12.2. **You** can cancel the policy by writing to **Us**. If **You** do this within the first 30 days of the **Start Date** and as long as **You** have not made a claim, **We** will give **You** a full refund of any **Premiums** **You** have paid.
- 12.3. **You** cannot transfer **Your** right or interest in the policy to any other person. The policy will not have any value at the **End Date** or if it is cancelled.
- 12.4. If **You** cancel the policy no further **Premium** will be collected and no refund of **Premium** will be made.
- 12.5. No refund of **Premium** will be made if **You** have made, or attempted to make a claim, or **Your Agreement** ends for any reason.
- 12.6. Cancellations will not be backdated for any reason.
- 12.7. Only changes formally made by **Us** and advised to **You** in writing are accepted as terms under this policy. No other parties have any jurisdiction to change or agree any different terms.
- 12.8. If **Your** circumstances change at any time during this policy term, please notify **Us** immediately in writing. If **You** do not do so **Your** policy may be affected. The following are some examples of circumstances that **You** must tell **Us** about:
 - 12.8.1. **You** are named on the policy and **You** choose to give up **Work**; or
 - 12.8.2. **You** **Permanently Retire**, irrespective of the reason, from **Work**; or
 - 12.8.3. **You** wish to increase or decrease **Your Monthly Benefit**; or
 - 12.8.4. **You** change the nature of **Your Work**.
- 12.9. If **You** need to change **Your** policy **You** may be required to complete either a policy amendment form or a new application form, dependant upon **Your** circumstances.
- 12.10. No changes to **Your** policy can be made if a claim is in the process of being validated or paid.

13. How to Claim

- 13.1. If **You** need to make a claim, **You** should contact **Us** at the following address; Bankers Insurance Company Limited, 117-119 Whitby Road, Slough, Berkshire, SL1 3DR or if **You** have any questions please call **Us** on: 0870 024 0675.
- 13.2. Please fill in the claim form and return it to **Us**. **We** should receive the claim form within 120 days of the **Incident Date**. If **You** do not do this, **Your** benefit may be affected. **We** may allow longer to claim if **You** ask. **We** will give **You** information to help **You** fill in **Your** claim form and tell **You** what details are required.
- 13.3. When **You** make a claim, **You** must give **Us** all the evidence that is required to prove **Your** claim. **You** will have to pay any costs involved in doing this. **You** must give **Us** this evidence in the way **We** ask.
- 13.4. For **Incapacity** claims, **You** must allow **Us** access to **Your** medical records as defined by the Access to Medical Reports Act 1988 and must also agree to any medical examination, which **We** will arrange and pay for.
- 13.5. For **Unemployment** claims, **You** must provide evidence including, but not limited to **Your** wage slips, termination notice and agreement, and **Your** P60. If **You** are **Self Employed** please include **Your** annual accounts, Inland Revenue and National Insurance records with supporting bank statements and invoices. **Your** past **Employers** may also be contacted.
- 13.6. During **Your** claim **We** may arrange for an agent to visit **You**. The purpose of such a visit will be to gather details regarding **Your** claim in order to ensure an accurate assessment can be made. It is essential that **You** comply with such a visit, if **You** fail to comply, no further Benefit will be payable.
- 13.7. Any payment of benefit under the policy may, in some circumstances, affect **Your** entitlement to Job Seekers Allowance (and possibly other state benefits). **Your** local Job Centre Plus office will be able to provide **You** with further information.

14. Change of Claim

- 14.1. If **You** are receiving **Monthly Benefits** because **You** are **Incapacitated** and **You** become **Unemployed** **You** must write to **Us** straight away. **We** will continue to pay **Your Incapacity** benefit while it remains valid. If **You** are still **Unemployed** once a **Doctor** says **You** are fit to return to **Work**, **You** must tell **Us** and **We** will ask **You** to fill in an **Unemployment** claim form for consideration.
- 14.2. If **You** are receiving **Monthly Benefits** because **You** are **Unemployed** and **You** become **Incapacitated** **You** must write to **Us** straight away. **You** will no longer be eligible to claim **Unemployment** benefit and **You** will have to fill in a claim form for consideration under **Incapacity** benefit.
- 14.3. If **You** are not fit for **Work** and cannot meet, or continue to meet, **Our** conditions to claim for **Incapacity** benefit and **You** become **Unemployed** **You** may fill in an **Unemployment** claim form for consideration.
- 14.4. **We** will only pay **You** one type of benefit (**Incapacity** or **Unemployment**) at a time. If **You** change **Your** claim, the most **We** will pay for **Your Incapacity** and **Unemployment** claims together is 12 times the **Monthly Benefit**.
- 14.5. If **You** are receiving **Monthly Benefit** for **Incapacity** and the **Condition** for which **You** are claiming changes, **You** must advise **Us** immediately and **Your** claim will be re-considered in respect of the new **Condition**. The maximum number of **Monthly Benefits** payable for any combination of **Conditions** suffered consecutively will be 12 times the **Monthly Benefit**.

15. Customer Care

We care about the service **We** provide to **You** and **We** make every effort to maintain the highest possible standards. If **You** have any questions about the policy please ask **Us**. Please have this document available so that **Your** enquiry is dealt with speedily.

16. Complaints Procedure

Although **We** set ourselves high standards, if **We** do not meet **Your** expectations and **You** are dissatisfied in some way **We** would like to know. If **You** follow the guidelines below, **Your** complaint will be dealt with in the most efficient way possible.

In both instances, please quote **Your** certificate number, noted on **Your** policy schedule, so that **We** can deal with **Your** enquiry quickly.

Step 1.

If **You** are not satisfied with the way **Your** claim has been dealt with please contact or write to the Operations Director, Bankers Insurance Company Limited, 117-119 Whitby Road, Slough, Berkshire SL1 3DR. Telephone 0870 152 6000, or email uk.complaints@assurant.com

Step 2.

If **You** are not satisfied with the way **We** have dealt with **Your** complaint **You** can ask the Financial Ombudsman Service to review **Your** case. **You** can contact them at the following address: South Quay Plaza, 183 Marsh Wall, London E14 9SR. Telephone 0845 080 1800.

17. Assignment

The Benefits of this contract may not be assigned to a third party.

18. Data Protection

- 18.1. **We** are committed to maintaining the personal data that **You** provide in accordance with the requirements of data protection legislation. **Our** Privacy Statement below gives further information about this.
- 18.2. Bankers Insurance Company Limited, its other related entities, and carefully selected third parties may use **Your** personal data to keep **You** informed about insurance products, services and special offers that may be of interest to **You**. If **You** do not wish **Your** personal information to be used in this way please write to **Us**.

19. Notice to Customers

- 19.1. **You** are advised that any telephone calls made to **Our** administration and claims handling units may be monitored or recorded. This is to monitor the accuracy of information provided by **Our** customers and **Our** own staff. It may also be used to provide additional training to **Our** staff or to prove that **Our** procedures comply with legal requirements. **Our** staff are aware that conversations can be monitored and recorded.
- 19.2. If **We** are unable to meet **Our** liabilities, **You** may be entitled to compensation from the Financial Services Compensation Scheme who can be contacted at: 7th floor Lloyds Chambers, Portsoken Street, London, E1 8BN. The first £2,000 of an insurance claim or policy is covered in full through the FSCS, plus 90% of the balance.
- 19.3. Bankers Insurance Company Limited is authorised and regulated by the Financial Services Authority: : Reference Number: 202735.
- 19.4. **British Insurance** are authorised and regulated by the Financial Services Authority: Reference Number: 302674
- 19.5. **You** can check these details at the FSA Register at or by calling 0845 606 1234 or visit their website at www.fsa.gov.uk/register.

20. Privacy Statement

- 20.1. **Your** data controller:
- 20.1.1. For the purposes of the Data Protection Act 1998, the data controller in respect of any personal information provided is Bankers Insurance Company Limited.
- 20.1.2. **You** may be assured that Bankers Insurance Company Limited will treat all personal data as confidential and will not use or process it other than for legitimate purposes. Steps will be taken to ensure that the information is accurate, kept up to date and not kept for longer than is necessary. Measures will also be taken to safeguard against unauthorised or unlawful processing and accidental loss or destruction or damage to the data.
- 20.2. Uses made of **Your** personal information:
- 20.2.1. The personal information that **You** provide **Us** will be used for a number of different purposes including:
- 20.2.2. to manage and administer **Your** policy;
- 20.2.3. to assess **Your** application or subsequent claim(s) including: conducting credit checks and fraud background checks; and approaching former employers, the Department of Employment and the Department of Social Security;
- 20.2.4. to offer **You** insurance products and services (except where **You** have asked **Us** not to do so) and to help **Us** develop new ones;
- 20.2.5. to contact **You** with details of changes to the products **You** have bought;
- 20.2.6. for internal analysis and research;
- 20.2.7. to comply with legal or regulatory requirements; and
- 20.2.8. to identify **You** when **You** contact **Us**.
- 20.3. **We** may use external third parties to process **Your** personal information on **Our** behalf in accordance with these purposes.
- 20.4. Sharing of **Your** personal information:
- 20.4.1. Unless **You** have asked **Us** not to do so, **Your** personal information provided may be shared with other organisations: so **You** can receive, either in writing or by telephone, details of other products and services which may be of interest to **You**; and in order for **Us** to comply with any legal or regulatory requirements. In addition, **We** may share **Your** personal information with **Our** related companies to Bankers Insurance Company Limited for the purposes set out in this Privacy Statement.
- 20.5. Sensitive personal data:
- 20.5.1. To the extent that **You** provide sensitive personal data, **We** (and **Our** related companies) may also process such sensitive personal data, both manually and by electronic means, for the same purposes described in this Privacy Statement. Sensitive personal data includes information as to **Your** physical or mental health or condition; or the commission or alleged commission of any offence by **You**.
- 20.6. Business changes:
- 20.6.1. If **We**, or a related company, undergoes a reorganisation or is sold to a third party, the personal information provided to **Us** may be transferred to that reorganised entity or third party and used for the purposes set out in this Privacy Statement.
- 20.7. Overseas transfers:
- 20.7.1. **We** may transfer **Your** personal information to countries located outside the European Economic Area (the EEA). This may happen when **Our** servers, suppliers and/or service providers are based outside of the EEA. The data protection laws and other laws of these countries may not be as comprehensive as those that apply within the EEA - in these instances **We** will take steps to ensure that **Your** privacy rights are respected. Details of the countries relevant to **You** will be provided to **You** upon request.
- 20.8. Access to/correction of **Your** information:
- 20.8.1. With limited exceptions, **You** have the right to ask for a copy of the information that **We** hold about **You**. There may be a charge for this. If any of the information that **We** hold about **You** is incorrect, please tell **Us** at Bankers Insurance Company Limited, 117-119 Whitby Road, Slough, SL1 3DR. and **We** will amend as necessary.