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Useful Contact Information

Customer Services:
0845 685 1162

Claims:
0113 220 9755

Columbus Direct Income Insurance is administered by Collinson Insurance Services (a trading name of Collinson Insurance Brokers Limited) Sussex House, Perrymount Road, Haywards Heath, West Sussex, RH16 1DN.

This document is only valid when attached to a schedule from Columbus Direct, confirming the provision of cover in accordance with wording COL_PD_CCDI1v1.

THIS DOCUMENT CERTIFIES that in accordance with the authorisation granted under the Contract specified in the **schedule** to the undersigned by certain Underwriters at Lloyd’s, whose names and the proportions underwritten by them, which will be supplied on application, can be ascertained by reference to the said Contract which bears the Seal of Lloyd’s Policy Signing Office, and in consideration of the premium specified therein, the said Underwriters are hereby bound, each for his own part and not one for another their Heirs, Executors and Administrators, to insure Total Disability and Unemployment benefits as follows.

Introduction

This **policy** and **your schedule** make up **your** Insurance Certificate. It is important that **you** read them carefully and keep them in a safe place.

Please ensure that:

- **You** understand what the **policy** covers and the restrictions and exclusions.
- **You** understand when and how **we** may alter or terminate **your** cover.
- **You** are eligible for this cover and it is not affected by similar cover **you** have elsewhere.

It is **your** responsibility to ensure that this **policy** continues to meet **your** requirements now and on an ongoing basis. **We** suggest that should **your** circumstances change **you** refer to **your policy** to ensure continued eligibility. This would include, for example:

- Changing **your** employment e.g., **your work** becomes **temporary**, or **self-employed**.
- **You** voluntarily reduce **your** hours of **work** to less than 16 hours per week.
- **You** leave the UK to live abroad.
- **You** retire from **work** and do not intend to actively seek further **work**.

If **you** decide this **policy** no longer meets **your** requirements or if **you** wish to change **your cover type** please refer to the section headed “making changes”. If **you** wish to cancel then please refer to the section headed “cancellation”.

Definitions

Throughout this **policy** there are words that have specific meanings. These words are explained below and wherever **we** use these words in this **policy** they will be shown in “**bold**”.

Cover Increase Date: The **start date** or the date at which the **monthly benefit** increased or the **cover type** in question was last altered, in such a way as to improve the cover provided by this **policy**, whichever is the later. (Any new **cover increase date** will only apply to the increased **monthly benefit** or the parts of a change in **cover type** that improve the cover provided and will be applied according to the type of claim being considered).

Cover Type: The risk(s), as listed under the section headed “Cover & Benefits”, that **you** decide to protect **yourself** against.

Doctor: A person qualified and registered as a medical practitioner who is not **you** or **your** family and who is recognised by the General Medical Council.

End Date: The date on which the first of the events shown under the heading “Termination” occurs.

Full Time Permanent: Employed on a contract that has no restrictions or limitations as to when it may end or on an annually renewable contract under which **you** have been with the same employer for at least 2 years or the contract has been renewed at least once.

Gross Income: An amount of 60% of the average monthly remuneration **you** receive before deduction of all taxes and other deductions. The average is taken over the 6 months prior to the point of time under consideration.

Initial Exclusion Period: A period of 90 days immediately following a **cover increase date** and only applicable if the **cover type** is or includes unemployment. (If **you** have transferred cover from an alternative insurer that has provided full unemployment cover over at least the last 6 months, for which **you** have not made a claim in the last 6 months and **you** can provide proof of this prior cover then, subject to a limit of the same benefit amount, this **initial exclusion period** will be waived.)

Jobseeker’s Allowance: The main state benefit for people who are unemployed. In the case of a woman paying the married woman’s low rate National Insurance Contribution, it would be sufficient to prove that **you** would otherwise be entitled to said allowances.

If **you** are ineligible for **Jobseeker’s Allowance** **you** must be able to provide letters confirming **you** are in receipt of an alternative state benefit and in addition, provide acceptable ongoing evidence of unemployment and regular job search activity. This could be a combination of copies of job applications, invitations to interviews, job rejections and confirmation of registration with employment agencies.

If **your Jobseeker’s Allowance** exhausts after 182 days **your** claim will continue to be processed if **you** provide evidence that **you** continue to sign the unemployment register and **your** National Insurance Contribution Credits are awarded.

If **you** have paid sufficient National Insurance Contribution Credits and are no longer required to register at the Jobcentre **you** must be able to provide evidence of this and in addition, provide acceptable ongoing evidence of unemployment and regular job search activity. This could be a combination of copies of job applications, invitations to interviews, job rejections and confirmation of registration with employment agencies.

Maximum Benefit Period: The period of 6 or 12 months that **you** have selected as being the maximum duration of any claim that occurs.

Monthly Anniversary: The same date recurring each month. If the date does not exist at the end of a particular month (for example, 29th February) then it will be taken to mean the last day of that month.

Monthly Benefit: The total monthly amount **you** have elected to insure under this **policy**. It must not exceed **gross income** (60% of **your** income before all deductions).

MMS: The company who administer any claims under this **policy**.

Normal Pregnancy: Symptoms which normally accompany pregnancy (including multiple pregnancy) and which are generally of a minor and/or temporary nature (such as morning sickness, dizzy spells, fatigue etc.,) which do not represent a medical hazard to **you** or **your** baby, a combination of minor symptoms or childbirth (including delivery by caesarean section or other medically or surgically assisted delivery which does not cause medical complications).

Payment In Lieu Of Notice: Any payment **you** receive that relates to the notice period **you** should have served under **your** contract of employment. If **you** were contracted to have a lieu of notice period but this was renegotiated in a compromise agreement the period of notice **you** should have served as stated in **your** contract of employment will be used.

Policy: This document (COL_PD_CCDI1v1) which details the terms and conditions of **your** cover. It should be read in conjunction with **your** current **schedule**.

Pre-existing Medical Condition: Any condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether specifically diagnosed or not, for which medical evidence shows **you** knew about or were experiencing symptoms that **you** would have been aware of at the **cover increase date** or for which **you** sought or received advice, treatment or counselling from any **doctor** in the 12 months prior to the **cover increase date** and within the 24 months prior to commencement of claim.

Schedule: The documents **we** send **you** that confirm **your** cover under this **policy** and subsequent changes to the cover.

Self-employed: Carrying on as a principal or an owner, a business or trade, whether as an unregistered business, sole trader, partnership or limited liability partnership or company, whether or not the company is limited liability (by shares or guarantee or otherwise) or otherwise constituted. **You** will be regarded as **self-employed** if **you** or a close relative of **yours** (or together) are a director of your employer, or own or control (whether through a trust or otherwise) more than 5% of the shares of the company, that **you** work for.

Start Date: The date **your** cover begins as shown on **your** **schedule** as "Inception Date".

Temporary Work: Employment that is seasonal, irregular or not guaranteed.

Term (The Term of Cover): The period during which **you** are covered under this **policy**. This **term** commences at 00.01 hours on the **start date** and continues until 23.59 hours on the **end date**.

Us (Our) (We): Collinson Insurance Services acting on behalf of certain Underwriters at Lloyd's.

Waiting Period: A period of days at the commencement of a claim, as shown in the **schedule**. **Monthly benefit** will not be paid during this period and no claim will be payable unless the accepted duration of a claim continues for an additional 30 day period in excess of this **waiting period**. If **you** are receiving **payment in lieu of notice**, **your** **waiting period** will not begin until after **your** **payment in lieu of notice** has ended and **you** are continuously in receipt of **Jobseeker's Allowance**.

Work (Working): Paid **work** of at least 16 hours a week. This includes **full time permanent work** and statutory maternity and parental leave.

You (Your) (Yours) (Yourself): The Insured Person whose details are set out in the **schedule**.

Eligibility

You are eligible to take out this cover if **you** are:

- Living in the UK.
- **Working** and have completed any probationary period (if **you** are found to have been off **work** for any reason at the **start date**, **your** cover will be treated as if the **start date** is the day **you** are back at **work**).
- Aged 18 years or over but less than 63. Applications for cover will be accepted if **you** have recently turned 63 on the **start date**, providing **you** were 62 at the time cover was quoted.
- Not aware of any announcement or action by **your** employer, prior to the **start date**, in relation to the department or division of the business in which **you** work, and which relates to any redundancies, employee consultations, restructures, mergers or reorganisations that have led or could lead to compulsory job losses, mandatory reduced working hours or mandatory reduction in salary. This includes unemployment arising because **you** become a carer.
- Not **self-employed**.
- Able to sign the declaration without any reservation or qualification.

Cover & benefits

This **policy** is designed to protect up to 60% of **your** **gross income** against **you** being away from **work** due to **you** becoming sick or injured or being out of **work** due to **you** becoming unemployed. (Please refer to **your** **schedule** for the **cover type** that **you** have selected).

If **you** have other cover providing similar benefits to this **policy** then, on acceptance of any claim, the amount payable under this **policy** will be reduced by the greater of the amount covered elsewhere or the amount by which the combined benefit would exceed **gross income**.

- Accident & Sickness cover will only pay out for disability and **you** will not be able to claim for unemployment. If **you** become unemployed whilst claiming for disability **you** will only continue to receive **monthly benefit** payments while **you** remain disabled.

- Unemployment cover will only pay out for unemployment and **you** will not be able to claim for disability. If **you** become disabled when **you** are claiming for unemployment **your** **monthly benefit** payments will be suspended until **you** are able to continue actively seeking **work** and are re-registered with the Jobcentre and receiving the appropriate benefit.
- Accident & Sickness and Unemployment as a single **cover type** combines the benefits of both types of cover and will provide **you** with the maximum protection available under this **policy**.

There are a number of requirements **you** must satisfy for **you** to be able to claim for any of these circumstances. These requirements are set out under the relevant sections below.

The first benefit will become due from the 31st day following expiry of the **waiting period**, being paid monthly in arrears. This will be paid as soon as the investigations into **your** claim have been completed.

As long as **you** continue to satisfy the requirements, further payments will become due each full calendar month thereafter until the **maximum benefit period** of 6 or 12 **monthly benefits** have been paid.

If **your** claim ends after at least one **monthly benefit** has been paid, but before the **maximum benefit period** has been completed, then **you** will receive 1/30th of the **monthly benefit** for each of the days between the due date of **your** last **monthly benefit** and the last day **you** satisfy the claim requirements.

Making changes

Your **policy** is designed to adapt to **your** requirements and provide the cover **you** want over many years but it is important to note that **we** can alter the terms of the **policy**, the cover options available and the premiums applicable if **we** feel it is appropriate. If **we** feel any such change is necessary **we** will advise **you** what is to change, why it is to change and **we** will do this as quickly as possible but in any event at least 30 days before the change applies.

You can request changes to **your** cover choice at any time but it is important to note that no change requested by **you** will be considered whilst a claim is in progress or under consideration and no change, other than a reduction in **monthly benefit**, will be considered at any time when **you** are unable to confirm that the eligibility requirements at the **start date** re-apply at the date of change.

It is also important that **you** check that the new **monthly benefit** does not exceed **gross income** (60% of **your** income before any deductions) because any claim payment will be for the lower of the amount **you** have covered or the **gross income** **you** can evidence over the 6 months immediately prior to **your** claim.

On request **we** will change the **cover type** **you** have selected i.e., **you** have selected unemployment only cover but wish to change to accident & sickness and unemployment cover or **you** wish to change the **waiting period**. When adding a new **cover type** it is important that **you** first read carefully the exclusions that refer to **cover increase date**. It is equally important that **you** consider these exclusions before removing a **cover type** that **you** may wish to re-apply at a later date.

If **you** make a change to your **policy**, **your** premium may change.

Premiums

The premium for this cover is shown in the **schedule** and **we** will collect this premium each month by direct debit. The premium will alter if **you** alter **your monthly benefit** and/or **cover type** and **we** can alter **your** premium at any time provided **we** let **you** know 30 days in advance.

Each monthly premium is due for payment on and applies from the **monthly anniversary** of the **start date** of cover. For the purpose of the termination conditions below, the 'due date' on which **you** have to make payment of **your** premiums is the day of the month **we** advise **you** **we** will be collecting **your** direct debit.

No increase or decrease in premium, for any reason, will be backdated and, at the earliest, will apply from the next **monthly anniversary** of the **start date** of cover.

The premium for this cover varies with age but provided **you** ensure that the premiums are paid on time the premium **you** pay is always based on the age **you** had attained at the **start date**. This means **you** effectively gain a discounted rate if **you** retain the cover through the age bands. **You** will be asked to provide proof of **your** age if **you** make a claim and only original documents or copies that have been certified by a Solicitor, Commissioner for Oaths, Doctor, Bank, Building Society manager, Councillor, professionally qualified person or MP will be accepted.

Accident & sickness requirements

This cover only applies if **your** current **schedule** shows that **you** have chosen to include "Accident & Sickness cover" as, or as part of, **your cover type**.

You can claim for accident & sickness if, during the **term** of this **policy** and since the last **cover increase date**, **you**:

- Sustain an injury that is caused by accidental or violent means or;
- Suffer sickness which is not a **pre-existing medical condition**.

And if, in either case, all of the following apply:

- **You** are under the care of a **doctor** who declares, on a continuing basis, that **you** are unfit to engage in **your** normal job or occupation.
- **You** do not attend **your** normal place of **work** or become involved in any liaison (verbal, electronic or written) related to **your work**.
- **You** are not attending or undertaking any form of job or occupation.
- **You** are receiving statutory sick pay but **you** are not receiving sick pay payments in excess of the statutory amounts.
- **You** have actively worked for 6 months uninterrupted immediately prior to **your** injury or sickness. If **you** were not **working** due to sickness or holidays, this will not count as a break in employment. (If **you** have had a previous claim which resulted in less than the **maximum benefit period of monthly benefits** being paid and **you** have not since then returned to **work** for at least 6 months uninterrupted, **your** previous claim will be re-opened and as long as **your** claim continues to meet the requirements of **your policy** **you** will receive further payments up to the **maximum benefit period** of 6 or 12 **monthly benefits** in total.

- If **you** have made a disability claim lasting the **maximum benefit period**, no further disability claims shall be admissible until **you** have been in **work** for a further 30 days uninterrupted if the disability is different or a further 6 months uninterrupted if the disability is the same.
- None of the General Exclusions shown below apply to **your** circumstances.

Unemployment requirements

This cover only applies if **your** current **schedule** shows that **you** have chosen to include "Unemployment cover" as, or as part of, **your cover type**.

An employed person can only claim for unemployment if all of the following apply:

- **You** become unemployed during the **term** of this **policy** and since the last **cover increase date**.
- **You** have been **working** on a **full time permanent** basis for 6 months uninterrupted immediately prior to becoming unemployed. If **you** were not **working** due to sickness or holidays, this will not count as a break in employment. (If **you** have had a previous claim under any section of this **policy** which resulted in less than the **maximum benefit period** and **you** have not since then returned to **work** for at least 6 months uninterrupted, **your** previous claim will be re-opened and as long as **your** claim continues to meet the requirements of **your policy** **you** will receive further payments up to the **maximum benefit period** of 6 or 12 **monthly benefits** in total.
- **You** satisfy the requirements in the eligibility section above.
- **You** are continuously in receipt of **Jobseeker's Allowance** or
- **You** give up **work** to care for **your** husband, wife, partner, civil partner, parent or child for which **you** are in receipt of Carer's Allowance from the Department for Work and Pensions.
- Prior to the **start date** or in the following **initial exclusion period** **you** were not aware of any announcement or action by **your** employer in relation to the department or division of the business in which **you work**, and which relates to any redundancies, employee consultations, restructures, mergers or reorganisations that have led or could lead to compulsory job losses, mandatory reduced working hours or mandatory reduction in salary. This includes unemployment arising because **you** become a carer.
- None of the "unemployment exclusions" or "general exclusions" shown below apply to **your** circumstances.

Unemployment exclusions

In addition to the General Exclusions below, **you** cannot claim for unemployment if:

- **You** are not registered for **work** at the Jobcentre and in receipt of **Jobseeker's Allowance**. (**You** have to be registered to be considered for payment of **Jobseeker's Allowance** or credits for National Insurance Contributions).
- Prior to the **start date** or in the following **initial exclusion period** **you** were aware of any announcement or action by **your** employer, in relation to the department or division of the business in which **you work**, and which relates to any redundancies, employee consultations, restructures, mergers or reorganisations that have led or could lead to compulsory job losses, mandatory reduced working hours or mandatory reduction in salary. This includes unemployment arising because **you** become a carer.

- **You** give up **work** to become a carer where the person **you** are caring for is not **your** husband, wife, partner, civil partner, parent or child or **you** are not in receipt of Carer's Allowance from the Department for Work and Pensions.
- **You** voluntarily leave **your** last employment.
- **Your** employment is **temporary**.
- **You** are registered as attending any form of training scheme (if **you** are registered as attending a training scheme **your** claim will be considered if **you** can prove **you** are continuing to actively seek **work**).
- **You** are carrying out any form of **work**.
- **You** are not continually available for and actively looking for **work** or are unable to provide, on a continuing basis, third party documentation to support this.
- **Your** fixed **term** contract has completed the duration of its guaranteed period of **work**.

General exclusions – applying to all covers

You cannot claim under this cover if:

- It is in any way related to or as a result of a self inflicted injury, suicide or attempted suicide or insanity.
- **You** were **self-employed**.
- **You** are not **working** due to stress, anxiety, depression, fatigue or any other mental or nervous disorder or any condition of a psycho-neurotic origin unless **you** have been diagnosed by a registered Consultant Psychiatrist and continuously remain under their supervision.
- Prior to the **start date** or in the following **initial exclusion period** **you** were aware of any announcement or action by **your** employer, in relation to the department or division of the business in which **you work**, and which relates to any redundancies, employee consultations, restructures, mergers or reorganisations that have led or could lead to compulsory job losses, mandatory reduced working hours or mandatory reduction in salary. This includes unemployment arising because **you** become a carer.
- It is due to a **pre-existing medical condition**.
- It is due to any disability which occurs whilst **you** are **working** outside of the United Kingdom unless **working** for the British Armed forces, or as a civil servant in a British embassy or consulate, or unless **you** are **working** on a specific project for less than 30 days outside the United Kingdom and was actually outside the United Kingdom for less than 30 days.
- Caused by the use of alcohol, or drugs unless under the specific direction of a **doctor** for any condition other than drug addiction.
- It is caused by the symptoms of **normal pregnancy**, whether the pregnancy is existing on the date this policy is issued or occurs subsequent thereto.
- It is due to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome).
- Caused by war, whether declared or not, riot or civil commotion, or directly or indirectly arising from radioactive contamination.
- **You** are still **working**.
- At any time during the course of a claim **you** are **self-employed**.
- The cover hereunder has ended either at **your** request or automatically under the termination rules set out below.

Cancellation

Provided **you** have not claimed and **you** forward to **us** a request within 30 days of **us** issuing this **policy** or your receipt of it, whichever the latter, **we** will cancel **your** cover and return any premium(s) paid to **you**. Thereafter, **you** can cancel this cover at any time by forwarding **us** a written request to cancel. No refund of premium will apply in these circumstances.

Termination

We will inform **you** and cancel **your** cover in circumstances where it is reasonable that **we** would know the cover should be cancelled but it is important that **you** let **us** know if cover should terminate in any other circumstances as any subsequent return of premiums will be entirely at **our** discretion and only paid after deduction of such processing and other costs that **we** feel are appropriate.

We will also inform **you** if **we** are unable to continue **your** cover. **We** will give **you** at least 30 days notice and will tell **you** why **we** are unable to continue **your** cover and any alternative arrangements that **we** can make for **you**.

Your cover will cease on the first of any of the following events:

- The day **you** cancel **your** cover (as above).
- If **you** become self-employed.
- When **you** retire or the day **you** attain the age that the Government set out as **your** normal retirement age.
- **Your** 65th birthday.
- **Your** failure to pay the monthly premium on or before the due date (**we** may, entirely at **our** discretion, accept premiums after this date and allow the cover to continue or return any premiums **we** receive after this date and end **your** cover).
- As confirmed in any notice of termination **we** send to **you**.
- Termination of the Master Facility under which this **policy** is issued.

Claims

It is important that **you** register **your** claim with **MMS** as soon as possible. **You** can do this by contacting **MMS** to request a claim form by either telephone or post. The claim form will be in a different format depending on the type of claim involved and will probably need completing in part by **you** and in part by others. (If **you** write to **MMS** to request a claim form please ensure that **you** tell them as much as **you** can about the circumstances in order that they know which claim form to issue).

The claim form should be fully completed as soon as possible and returned to **MMS** with the relevant information requested. Please ensure that it arrives with them no later than 30 days after the start of the circumstances that led to the claim. If the claim form is not received within the 30 days this may affect their ability to investigate **your** claim.

You must supply and pay for all information or evidence **MMS** ask for to support **your** initial claim and throughout **your** claim.

At any time throughout the period of a claim **MMS** can require **you** to attend a medical examination or have their medical officer study **your** medical records. If **MMS** require this evidence they will pay the fees charged by the **doctor** carrying out the medical examination and also their medical

officer's fees. **You** will be given advance notification but it is essential that **you** make **yourself** available for any medical examination. If **you** do not, or **you** fail to attend the arranged appointment, **your** entitlement to **monthly benefit** may cease.

MMS may also arrange, at any time during a claim period, for a member of their staff, or the staff of another company acting on their behalf, to visit **you** to gather details relating to **your** claim in order to ensure accurate assessment and/or discuss the progress **you** are making in getting back to **work**. It is essential that **you** make **yourself** available for any such visit. If **you** do not, or **you** fail to attend the arranged visit, **your** entitlement to **monthly benefit** may cease.

When making a claim under this **policy** **you** should continue to pay the monthly premium to **us**, as failure to pay could affect **your** claim and the continuation of **your** cover.

To request a claim form or for any claims correspondence please contact: The Claims Department, **MMS**, Melbourne House, Melbourne Street, Farsley, Pudsey, Leeds, LS28 5BT. Telephone: **0113 2209755**

Other terms of this policy

- The maximum total benefit shown in the **schedule** is the maximum **you** will receive in total for any one claim month, regardless of the amount of the **monthly benefit** under this or any other cover **you** have with **us**. No refund of premium will apply in respect of any amount that **you** have over insured in excess of this limit.
- **Our** liability is always limited to the payment of the **monthly benefit** and any claims for other losses including but not limited to damage or direct or indirect losses are specifically excluded from this cover.
- **You** cannot assign any rights **you** have under this cover. The cover is entirely personal to **you** as the person it was issued to.
- Nobody other than **us** has the authority to alter anything in this **policy** or the **schedule**. The terms of this cover are exactly as set out in this wording and the attached **schedule**. If **we** agree to alter anything including **your** **monthly benefit** and/or **cover type** or apply discretion to any circumstances **we** will always confirm the situation to **you** in a form signed by one of **our** authorised officials.
- Unless **we** have specifically agreed otherwise this cover is subject to English Law and it is a condition of the cover that no action at law or in equity can be brought more than three years after the first day on which the circumstances causing the claim or other event causing the action first exist.

Complaints

If **you** have a complaint relating to any aspect of the sale of this policy, please contact Columbus Direct by emailing **complaints@columbusdirect.com** or telephoning **0800 540 4450**.

If **you** have a complaint relating to any aspect of administration, please contact **us** at Complaints Department, Collinson Insurance Services, Sussex House, Perrymount Road, Haywards Heath, West Sussex, RH16 1DN, by telephone on **0845 6851162** or by E-mail: **complaints@collinsonis.com**

If **you** have a complaint relating to any aspect of a claim, please contact **MMS** at **MMS**, Melbourne

House, Melbourne Street, Farsley, Pudsey, Leeds, LS28 5BT, by telephone on **0113 2209755** or by E-mail: **complaints@mms-uk.com**

In the event that **you** remain dissatisfied and wish to make a complaint, **you** can do so at any time. This insurance **policy** is Underwritten by the Association of Underwriters known as Lloyd's, led by S.A.Meacock, NO.727, and in case of complaint **you** should refer the matter to them at Policyholder & Market Assistance, Lloyd's Market Services, One Lime Street, London, EC3M 7HA. Telephone: **020 7327 5693**. Fax: **020 7327 5225**. E-mail: **complaints@lloyds.com**

Details of Lloyd's complaints procedures are set out in a leaflet "Your Complaint – How We Can Help" available at **www.lloyds.com/complaints** and are also available from the above address.

If **you** remain dissatisfied after Lloyd's has considered **your** complaint, **you** may have the right to refer **your** complaint to the Financial Ombudsman Service at Financial Ombudsman Service, Exchange Tower, London, E14 9SR. Further details will be provided at the appropriate stage of the complaints process.

This complaints procedure is without prejudice to **your** right to take legal proceedings.

Compensation scheme

Lloyd's insurers are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme if a Lloyd's insurer is unable to meet its obligations to **you** under this contract. If **you** were entitled to compensation under the scheme, the level and extent of the compensation would depend on the nature of this contract.

Further information about the scheme is available from the Financial Services Compensation Scheme (10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU) and on their website: **www.fscs.org.uk** or by Telephone **020 7741 4100**, or by Fax on **020 7892 7301**.

Insurance fraud

If **you** or anyone acting on **your** behalf makes a claim which is at all false or fraudulent, or supports a claim with any false or fraudulent document, device or statement, or where there is any dishonest or exaggerated behaviour, this **policy** shall be void and **you** will lose all benefit and premiums **you** have paid for this **policy**. In addition **MMS** may recover any sums paid for any claim and associated costs. If **you** fraudulently provide **us** or **MMS** with false information, statements or documents **we** or **MMS** may file your details with fraud prevention agencies and antifraud databases, **we** or **MMS** may also share **your** details with other insurers, other organisations and public bodies, including the police.

In order to prevent and detect fraud **we** or **MMS** or another company acting on **our** or **MMS'** behalf may, at any time, undertake credit searches and additional fraud searches.

Data protection

We and **MMS** are committed to maintaining the personal data that **you** provide in accordance with the requirements of data protection legislation.