

# Individual Personal Accident and Illness Policy Summary



AmTrust Underwriting  
An AmTrust Financial Company

## Introduction

The purpose of this **Policy** summary is to help **You** understand the insurance by setting out the significant features, benefits, limitations and exclusions of **Your Policy**. It does not describe all the terms and conditions of **Your Policy**. **You** will still need to read the **Policy** document for a full description of the terms and conditions including the **Policy** definitions and refer to the schedule attached to the **Policy** document for the specific **Policy** benefits and **Operative Times**.

This **Policy** Summary does not form part of the **Policy** document.

The standard duration of this Insurance is 12 months from the date on which cover incepts. Any variations to this duration will be shown on the **Policy** schedule.

**You** may need to review and update the cover periodically to ensure it remains adequate for **Your** needs.

## How to make a Claim

If **You** think **You** may have a claim, then please contact **Us** as soon as feasible with as much information as possible and **We** will tell **You** what to do next.

## Claims Procedure

The **Insured Person** must place themselves under the care of a duly qualified **Medical Practitioner** as soon as is reasonably possible and notice of any incident that may give rise to a claim must be made as soon as is feasibly possible.

### Claim Notifications should be sent to:

AmTrust Personal Accident and Illness Claims

Telephone: 0844 800 6610

Email: [aulclaims@amtrustgroup.com](mailto:aulclaims@amtrustgroup.com)

## Complaints procedure

**We** aim to provide excellent service to all **Our** customers although **We** recognise that occasionally things go wrong.

If this happens **We** want to hear about it so **We** can try to put things right. When **You** are making a complaint please make sure **You** are able to quote **Your Policy** details including **Your Policy** number, **Your** name and address.

### Making a Complaint

If **You** wish to make a complaint in relation to **Your Policy** please write to:

The Compliance **Director**, AmTrust Underwriting Ltd, 1 Great Tower Street, London, EC3R 5AA

If **We** have given **You Our** final response and **You** are still not satisfied **You** may ask the Complaints Department at Lloyd's to review **Your** case (this would not affect **Your** rights to take legal action if necessary). The address is:

The Complaints Team, One Lime Street, London, EC3M 7HA

Telephone: +44 (0)207 327 5693

Fax: +44 (0)207 327 5225

Email: [complaints@lloyds.com](mailto:complaints@lloyds.com)

### If You Remain Dissatisfied

Having followed the procedure for Lloyd's **Underwriters** if **You** are still dissatisfied with the response **You** may be eligible to refer **Your** complaint to the Financial Ombudsman Services (FOS) whose address is:

Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London, E14 9SR

Telephone: 0800 023 4567 or 0300 123 9 123

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

## Financial Services Compensation Scheme (FSCS)

**We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **We** cannot meet **Our** obligations. This depends on the type of business and circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit.

Further information is available from the FSCS or **You** can visit their website at [www.fscs.org.uk](http://www.fscs.org.uk).

Contact Details:

Freephone: 0800 678 1100 or 020 7741 410 (Lines are open Monday to Friday 08.30 to 17.30 excluding public holidays).

Address: Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU.

## Important Information

### Data Protection Act

The personal and business information **You** provide or which is supplied by third parties including the details of Directors, officers, partners and employees may be used by **Us** and /or **Our** carefully selected third parties to provide **You** with a quotation, deal with **Your Policy**, help administer **Your Policy**, search credit reference agencies (who may keep a copy of the search), handle claims, undertake checks against publicly available data (such as county court judgements or sheriff court decrees, electoral roll, bankruptcy orders, winding up procedures, repossessions), for customer surveys market research and compliance business reviews.

**We** share **Your** details with those companies who are underwriting **Your Insurance Policy** and others including insurance organisations, professional advisers, third party suppliers, claims handlers, loss adjusters, professional advisers and mediation companies to administer and regulate **Your** insurance, for **Fraud** prevention purposes and where **We** are legally obliged to do so.

In some circumstances **We** may need to collect data which under the Data Protection Act is defined as sensitive (such as medical history or criminal convictions) for the purposes of evaluating risk, assessing the terms of the insurance contract or administering any claims that may arise.

By proceeding with this application **You** have signified **Your** consent to such information being processed by **Us**. If **You** provided information (including any sensitive personal information) to **Us** about another person by doing so **You** have confirmed to **Us** that **You** have their permission to provide it and for **Us** to process that information, also that **You** have told them of this.

Under the Data Protection Act, individuals are entitled to a copy of all the personal information **We** hold about **You**. If **You** would like details, please write to: The Compliance Department, AmTrust Underwriting Ltd, 1 Great Tower Street, London, EC3R 5AA. Stating **Your** name, address and **Policy** number. A fee may be payable.

Under the Data Protection Act **We** can only discuss the details given with **You**. If **You** would like anyone else to act on **Your** behalf please let **Us** know.

**Your** personal details may be transferred to countries outside the European Economic Area they will at all times be held securely and handled with the utmost care in accordance with all the principles of English law.

**We** will store **Your** personal information on **Our** secure databases but will not keep it longer than is necessary.

## Your Insurance Policy

This **Policy** is underwritten by AmTrust at Lloyd's Limited for Lloyd's Syndicate 1206 and is administered by AmTrust Underwriting Ltd, in accordance with the authority granted under binding authority agreements.

**We** will insure **You** against **Bodily Injury** and **Illness** in accordance with the **Policy** schedule during the **Period of Insurance**.

The **Policy**, schedule, and endorsements, together with the **Statement of Fact** should be read together as if they were one document.

Should any of the information **You** have previously provided to **Us** change, please notify **Us** promptly, as failure to do so may prejudice **Your** rights under this **Policy**.

### Law Applicable

In the absence of any agreement in writing to the contrary this **Policy** will be governed by and construed in accordance with the laws in England. Any dispute relating to this **Policy** will be subject to the jurisdiction of the courts of England.

Signed for and on behalf of the **Underwriters**



P Dewey  
Director  
AmTrust Underwriting Ltd  
Registered Office: 1 Great Tower Street, London, EC3R 5AA  
Registered in England No: 3908537  
Authorised and regulated by the Financial Conduct Authority

Insurance Provider	This Insurance is provided by AmTrust Syndicate Services Limited (FCA reference 402558) and underwritten by AmTrust at Lloyd's Limited (FCA reference 204947) for Lloyd's Syndicate 1206
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Purpose of the Insurance	This Insurance provides cover for <b>Accidental Bodily Injury</b> which results in death, <b>Loss of Limbs</b> , hearing or sight, permanent or temporary disability, or <b>Illness</b> which results in loss of sight, permanent or temporary disability, which occurs during the <b>Period of Insurance</b> . The sections and sums insured that apply to <b>Your Policy</b> will be clearly stated in the <b>Policy</b> schedule.
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<p>General Exclusions that apply to all Sections</p> <ul style="list-style-type: none"> <li>• Military, air force or naval service or operations.</li> <li>• Aeronautics or aviation, other than as a passenger.</li> <li>• Mountaineering or rock climbing.</li> <li>• Riding or driving in any kind of race.</li> <li>• Any hazardous activity for which there is a greater risk of injury unless <b>We</b> specifically agree in writing to cover the activity.</li> <li>• Participating in any sport as a professional player.</li> <li>• Participating in any team sporting activity or any other hazardous activity for which there is a greater risk of injury.</li> <li>• Intentional self-injury, suicide or attempted suicide, provoked assault or fighting except in bona fide self-defence, own criminal act, engagement or participation in civil commotions or riots of any kind.</li> <li>• Alcohol, drugs or solvents.</li> <li>• Psychiatric, mental or nervous disorder.</li> <li>• A condition for which <b>You</b> have received medical advice or treatment during the twelve month period prior to this <b>Policy</b>.</li> <li>• <b>War</b>.</li> <li>• <b>Act of Terrorism</b>.</li> <li>• <b>Radiation</b>.</li> </ul>
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<p><b>Cancellation</b></p> <p><i>Your Rights to Cancel</i></p> <p><b>Cooling off Period</b></p> <p>If <b>You</b> decide <b>You</b> do not want to accept the <b>Policy</b> within 14 days of the <b>Policy</b> start date or the receipt of the <b>Policy</b> documentation whichever is the later (this period is referred to as the “cooling off period”) <b>You</b> may cancel this <b>Policy</b> by giving notice in writing to <b>Your</b> insurance adviser at the address shown in their correspondence or to <b>Us</b> at the address shown in the <b>Policy</b> quoting <b>Your Policy</b> details.</p> <p>In this instance <b>You</b> will be entitled to a full refund of premium provided that there have been no claims made or an incident has arisen which is likely to give rise to a claim during the <b>Period of Insurance</b>.</p> <p><b>Non Cooling off Period</b></p> <p><b>You</b> may cancel this <b>Policy</b> during the <b>Period of Insurance</b> by giving thirty (30) days’ notice in writing to <b>Your Broker</b> at the address shown in their correspondence or to <b>Us</b> at the address shown in the <b>Policy</b> quoting <b>Your Policy</b> details.</p> <p>In this instance <b>You</b> will be entitled to a refund of premium on the following basis provided that there have been no claims made or an incident has arisen which is likely to give rise to a claim during the <b>Period of Insurance</b>:-</p> <table border="0"> <tr> <td>Cancellation during the first quarter of the <b>Period of Insurance</b></td> <td>60% refund of annual premium</td> </tr> <tr> <td>Cancellation during the second quarter of the <b>Period of Insurance</b></td> <td>30% refund of annual premium</td> </tr> <tr> <td>Cancellation during the third quarter of the <b>Period of Insurance</b></td> <td>15% refund of annual premium</td> </tr> <tr> <td>Cancellation during the final quarter of the <b>Period of Insurance</b></td> <td>0% refund of annual premium</td> </tr> </table> <p>If the <b>Period of Insurance</b> is less than thirty (30) days, <b>You</b> will not be entitled to a refund of premium.</p> <p>The amount of premium to be refunded under this condition will be reduced by all unpaid time on risk premiums due.</p> <p><i>Our Rights to Cancel</i></p> <p><b>We</b> may cancel this <b>Policy</b> by giving thirty (30) days’ notice in writing to <b>You</b> at <b>Your</b> last known address stating the reasons for cancellation. In this instance <b>You</b> will be entitled to a proportionate refund of premium for the unexpired <b>Period of Insurance</b>. The amount of premium to be refunded will be reduced by all unpaid time on risk premiums due.</p>	Cancellation during the first quarter of the <b>Period of Insurance</b>	60% refund of annual premium	Cancellation during the second quarter of the <b>Period of Insurance</b>	30% refund of annual premium	Cancellation during the third quarter of the <b>Period of Insurance</b>	15% refund of annual premium	Cancellation during the final quarter of the <b>Period of Insurance</b>	0% refund of annual premium
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Cancellation during the final quarter of the <b>Period of Insurance</b>	0% refund of annual premium							

<p><b>Changes to Business Activities and Occupations</b></p> <ol style="list-style-type: none"> <li>1. Any change in <b>Your</b> business activities must be notified to <b>Your Broker</b> and agreed in writing by <b>Us</b>.</li> <li>2. Any change to the <b>Insured Person’s</b> occupation as originally disclosed to <b>Us</b> must be notified to <b>Your Broker</b> and agreed in writing by <b>Us</b>.</li> </ol> <p>Failure to notify <b>Us</b> of these changes may result in the <b>Policy</b> not operating and any claim not being indemnified. Special terms may have to be applied and an additional premium may be required.</p>
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## Accident Section

Significant Cover	Significant Features and Benefits	Limits and Exclusions
<b>Accidental Death</b>	A lump sum payment in the event of <b>Accidental Bodily Injury</b> which results in death.	The sum insured is shown on <b>Your Policy</b> schedule.
Loss of Sight, Limbs, Speech or Hearing	A lump sum payment in the event of <b>Accidental Bodily Injury</b> which results in loss of sight, <b>Loss of Limbs</b> , loss of speech or loss of hearing.	The sum insured for loss of hearing in one ear is limited to 25% of the hearing sum insured.
<b>Permanent Total Disablement</b>	A lump sum payment in the event of Permanent Total Disablement as defined in the Policy Document.	The sum insured is shown on <b>Your Policy</b> schedule.
<b>Temporary Total Disablement and Temporary Partial Disablement</b>	A weekly compensation benefit as a result of <b>Bodily Injury</b> which temporarily prevents <b>You</b> from carrying out either the whole of <b>Your</b> occupational duties (TTD) or part of <b>Your</b> occupational duties (TPD).	There is an <b>Excess Period</b> and a <b>Benefit Period</b> which are both shown in the <b>Policy</b> documents.

### Significant Exclusions to Accident Section

Illness or natural cause

## Illness Section

Significant Cover	Significant Features and Benefits	Limits and Exclusions
Loss of Sight	A lump sum payment in the event of <b>Illness</b> which results in loss of sight	This can be found on <b>Your Policy</b> .
<b>Permanent Total Disablement</b>	A lump sum payment in the event of <b>Permanent Total Disablement</b> as defined in the <b>Policy</b> document which results in Paralysis	This can be found on <b>Your Policy</b> .
<b>Temporary Total Disablement</b>	A weekly compensation benefit as a result of <b>Illness</b> which temporarily prevents <b>You</b> from carrying out the whole of <b>Your</b> occupational duties.	There is an <b>Excess Period</b> and a <b>Benefit Period</b> which are both shown in the <b>Policy</b> schedule. The Sum Insured must not exceed 65% of <b>Your Gross Weekly Wage</b> for TTD .

### Significant Exclusions to Illness Section

HIV, AIDS or AIDS Related Complex

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**Underwritten by AmTrust at Lloyd's Limited  
Registered Office: 1 Great Tower Street, London, EC3R 5AA  
Registered in England and Wales; Company Number 03043923,  
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and  
Prudential Regulation Authority**

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