

POLICY WORDING

DEMANDS AND NEEDS - PRODUCT SUITABILITY

This product meets the demands and needs of those who want cover for veterinary treatment of their pet following an injury caused by an accident

INTRODUCTION

Welcome to **Your** pet cover. Here **You** will find all the relevant information for the cover **You** have chosen. **We** are delighted to be **Your** provider of choice and detailed below **We've** outlined exactly how **We** can help look out for **You**. Don't hesitate to contact **Us** if there is any way **We** can help.

This is a master policy wording showing all sections of cover available. Some sections may not be applicable to Your chosen insurance product.

Please read this in conjunction with the Insurance Product Information Document (IPID) and check Your Policy Schedule carefully (Your Policy Cover and Optional Benefits) to ensure You understand which sections apply to You.

WHAT YOU SHOULD DO

Please read the policy as soon as **You** receive it. If this is a renewal, **We** recommend **You** read the policy carefully as it may contain new benefits, terms and conditions. If **You** do not keep to the conditions, **Your** policy could become void or **We** may not accept liability for a claim.

It is up to **You** to make sure that the entire policy and policy schedule meet **Your** needs; **You** must tell **Us** immediately if this is not the case.

YOUR OBLIGATIONS TO US

Material Facts

You must tell us about every event, fact or occurrence that might influence **Our** decision to enter into or renew this contract of insurance; and, if so, on what terms. If **You** have something of this kind to tell us about, **You** must do so in good time before **We** enter into or renew this contract. If **You** are in any doubt about whether a fact is material, **You** should disclose it.

Declaration

By entering into or renewing this policy **You** confirm **Your Pet** is in good health. **Your Pet** does not have an **Injury, Illness or Condition** and is not displaying any **Clinical Signs** of an **Injury, Illness or Condition** except for those notified to, and accepted in writing by, **Us**.

PARTICULAR POINTS ABOUT COVER

The policy covers **Your Pet** whilst **You**, or anyone with **Your** permission, is looking after it.

This policy is only suitable for, and it will only respond to claims if the fact of the matter, occurrence or event giving rise to the claim occurs in the United Kingdom, Channel Islands or Isle of Man during the **Policy Term**. The laws of England and Wales apply to this insurance contract and the language of the policy and all communications relating to it will be in English.

Your Policy Schedule is important. It lists the cover **You** have chosen, it is proof of **Your** insurance and it may be needed if **You** have a claim. The policy depends on the warranties (promises), conditions and exclusions shown in it. **We** are liable only up to the limit of cover shown in **Your** Policy Schedule. **Your** intermediary will not be or become **Our** intermediary for giving notice about any claims or any other matter. If **You** ask, **We** may agree to change any part of the policy.

We will not be liable for any mistakes or omissions by an intermediary who has arranged the insurance on **Your** behalf.

We reserve the right, upon each renewal of **Your** policy, to make changes to the scope of **Your** insurance cover including, but not limited to, **Excess** and premium levels. **You** have to renew the policy and make each premium payment for cover to remain in force.

We may choose not to renew **Your** insurance for any valid reason including, for example, if **You** or anyone acting on **Your** behalf (a) is aggressive towards **Our** employees; and/or (b) defrauds or attempts to defraud **Us**. **We** may also choose not to renew **Your** insurance, if **We** ask **You** to take specific precautionary measures, and **You** fail to do so. This means that, if **You** have a lunar policy or a monthly policy, and **We** choose not to renew it, **Your** policy will expire at the end of the 28 day period, or the end of the month, in which **You** were aggressive to **Our** employees; defrauded or attempted to defraud **Us**; or failed to take the precautionary measures **We** asked **You** to take.

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In addition, **We** may, for business reasons, stop offering these policies at any time. **We** might do this if, for example, the law changes, our regulators' rules change, the economy changes or **Our** circumstances change, and **We** no longer believe that **We** can offer a competitive product, a useful product, or a product that offers good value for money, and still make a fair profit. **We** might also do this if (for example) the number of policies **We** sell falls, or we think it is likely to fall, to such an extent, or the value of the claims on the policies rises, or **We** think that it is likely to rise, to such an extent, that it no longer makes economic sense for **Us** to sell these particular policies, or policies of this kind.

RENEWALS

If **You** have a lunar policy, a calendar monthly policy or a yearly policy, **We** will automatically renew it every 28 days, every calendar month, or every year, unless **You** ask **Us** not to do this.

When **We** renew **Your** policy, **We** might make:

- (a) Such changes as **We** believe, in good faith:
 - (i) are appropriate for the type of policy **You** hold with **Us**; and
 - (ii) will produce an overall benefit for **You**.

Those changes may include changes to the scope of the insurance cover (i.e. what is insured), the benefits which **Your** policy provides, and associated changes to the cost of insurance.

- (b) Such other changes which **We** believe, in good faith, **We** have a valid reason to make.

Those changes may include:

- (i) changes to make the terms of the policy clearer, without reducing or restricting your rights in a material way;
- (ii) changes required because the law has changed, or **Our** regulators' rules have changed;
- (iii) changes to the cost of the insurance cover to reflect changes in **Our** own costs and other economic considerations.

We will review your premium and excess at least once a year. **We** might make changes to either or both of them if, for example:

- (a) our future claims experience is likely to be materially better or worse than **We** expected;
- (b) the relevant parts of the insurance and/or reinsurance market change in a material way and **We** want to respond to those changes for commercial reasons;

If **We** want to do this:

- (a) **We** will give **You** full written details of the changes **We** want to make, at least 21 days before the changes take effect; and
- (b) **You** will have the right to tell **Us**, within 14 days of receiving those details, that **You** do not want **Us** to make these changes.

If **You** exercise this right, **We** might (i) renew **Your** policy without making the changes **We** wanted to make; or (ii) renew **Your** policy on different terms; or (iii) choose not to renew **Your** policy at all. **We** might choose not to renew **Your** policy if (for example) the law changes, our regulators' rules change, the economy changes or **Our** circumstances change, and **We** no longer believe that **We** can offer a competitive product, a useful product, or a product that offers good value for money, and still make a fair profit. **We** might also choose not to renew **Your** policy if the number of policies **We** sell falls to such an extent, or the value of the claims on the policies rises to such an extent, that it no longer makes economic sense for **Us** to sell these particular policies, or policies of this kind.

You can also cancel **Your** policy at any time. **Your** cancellation rights are set out in the policy terms and conditions.

Fraud prevention and the sharing of information

If **We** are in possession of information which **We** believe to be untrue, misleading or potentially fraudulent, **We** will pass the information to the relevant legal / statutory bodies. **We** may also share information with other organisations in the prevention of fraudulent claims.

How We Use Your Information

Please be aware that telephone calls may be recorded for training and monitoring purposes. **Your** details are stored on **Our** computer system to administer **Your** policy but will not be kept longer than necessary. **You** have the right to request a copy of the personal data **We** hold about **You**; a small charge will apply. **We** can only discuss **Your** personal details with **You**. If **You** would like anyone else to act on **Your** behalf please let **Us** know. **We** may pass **Your** information to **Our** veterinary advisors, loss adjusters and/or suppliers for the purpose of administering **Your** claims or providing elected benefits.

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Unless **You** advise otherwise, **We** may use **Your** details to support the development of **Our** business by including them in customer surveys and keeping **You** informed by email, post or telephone of **Our** products and offers. If **You** do not want this to happen please just let **Us** know.

GEOGRAPHICAL LIMITS

This policy does not cover any damage, loss or liability arising outside of the United Kingdom, Channel Islands or Isle of Man.

DEFINITIONS

'Accident' an event that happens completely by chance with no planning or deliberate intent.

'Clinical Signs' changes in **Your Pet's** normal healthy state, condition, appearance, its bodily functions or behaviour.

'Complementary Treatment' acupuncture, homeopathic or herbal medicines, hydrotherapy, laser treatment, physiotherapy or ultrasound.

Note: all **Complementary Treatment** must be carried out by **Your Vet** or a qualified practitioner (who is a member of a recognised association) recommended by **Your Vet**.

'Condition' all **Clinical Signs** of **Injury** or **Illness** resulting in the same diagnosis regardless of the number of incidents or the areas of the body affected.

'Dog' or **'Pet'** the **Pet** identified as insured in **Your** Policy Schedule.

'Excess' the amount **You** must pay towards each and every claim; this amount is deducted from the maximum level of cover. An **Excess** is applicable to each **Injury** receiving **Treatment** which is not related to any other **Injury** receiving **Treatment**. An **Excess** is payable for each 12 month period during which **Treatment** is received.

'Family' husband, wife, civil partner, partner, parents, grandparents, brothers, sisters, children and grandchildren.

'Geographical Limits' within the United Kingdom, Channel Islands or Isle of Man.

'Illness' physical disease, sickness, infection or failure which is not caused by **Injury**.

'Injury' **'Injured'** physical damage or trauma caused by an **Accident**.

'Material Fact' any event, fact or occurrence which would influence a decision, made by any party, as to whether or not to enter into a contract of insurance either at inception or policy review.

'Maximum Benefit' the maximum amount available to cover the cost of **Treatment** for each **Injury** irrespective of the time taken to reach it.

'Our Consultant Vet' the **Vet** with whom **We** consult to review **Your Pet's** clinical history and **Treatment**.

'Policy Term'

Yearly - runs for 365 days from the commencement date/time shown on **Your** policy schedule; automatically renews annually.

Lunar Monthly - runs for and premiums are collected on equal periods of 28 days; automatically renews every 28 days.

Calendar Monthly - runs for and premiums are collected each calendar month; automatically renews every calendar month.

Automatic renewal is subject to receipt of premium. However, cover under the policy will lapse on the earliest of the following:-

- (a) the date **Your Pet** dies;
- (b) the expiry of the current period of insurance (i) if **You** fail to renew **Your** policy or (ii) if **We** choose not to renew **Your** policy for one of the reasons given under the headings "Particular Points About Cover" or "Renewals" (as to which, see above)
- (c) the date **You** fail to pay **Your** premium;
- (d) the date **You** cancel **Your** policy;
- (e) the date **We** cancel **Your** policy (see "Cancellation Rights" below)

'Treatment' any advice, consultation, examination, medication, nursing care, surgery, tests or x-rays, provided by a veterinary practice or qualified practitioner recommended by **Your Vet**.

'Vet' veterinary surgeon registered with the Royal College of Veterinary Surgeons.

'Vet's Fees' the customary and essential amount typically charged by **Your Vet** or a qualified practitioner (who is a member of a recognised association) recommended by **Your Vet** for **Treatment** or **Complementary Treatment** of an **Injury**.

'We' 'Our' 'Us' The Insurance Emporium.

'You' 'Your' 'Yours' the policyholder or any person to whom this insurance applies.

SECTION 1 - VET'S FEES

Accident Only Cover

We will pay up to the **Maximum Benefit** shown in **Your** policy schedule for **Treatment** and/or **Complementary Treatment** of an **Injury** caused by an **Accident**, if (a) the **Accident** occurs during the **Policy Term**, (b) the policy is in force and (c) the premium payments are up to date when the **Accident** occurs.

When the **Maximum Benefit** has been reached, **We** will not pay any more for the treatment of the relevant **Injury**, whether the policy is renewed, or not.

If **You** want to continue claiming until the **Maximum Benefit** has been reached, **You** must keep paying the premium. If **You** stop paying, cancel the policy or decide not to renew it, the policy will lapse, and **Our** liability for all claims ends, and **You** will lose the unused part of **Your Maximum Benefit**.

Conditions

1. When **Your Pet** is **Injured** **You** must immediately have a **Vet** treat **Your Pet** at **Your** own expense. **You** must allow the **Vet** to take **Your Pet** away for **Treatment** if it is appropriate. **You** must provide a report from the attending **Vet** about the condition of **Your Pet**. **You** must adhere to every reasonable instruction **We** issue.
2. Where **We** consider (i) **Vet's Fees** appear greater than standard fees charged by an attending/referral practice and/or (ii) **Treatment** may not have been required or may have been excessive, **We** reserve the right to obtain a second opinion from **Our Consultant Vet**; where there is a dispute **We** will pay only those **Vet's Fees** deemed reasonable and essential by **Our Consultant Vet**.

Note: We cannot accept liability for any Vet's fees claim until a fully completed claim form, detailed veterinary account and full medical history is received.

Limitations

- **We** will contribute up to £115 for house calls/out of hours calls if **Your Vet** confirms that **Your Pet** was suffering from a life-endangering **Injury**.
- **We** will contribute up to £40 towards hospitalisation fees.

Note: there will be a fixed deduction of 10% from any recoverable hospitalisation costs claimed for under the policy to account for the normal cost of pet ownership such as housing, bedding and food.

- **We** will contribute up to £20 per occasion towards the cost of interpretation fees.
- **We** will contribute up to £250 per **Injury** towards hydrotherapy costs.
- **We** will contribute up to £45 for the costs of consultation fees for each separate visit to/by the **Vet** as a result of the **Injury**. The limit is increased to £90 for referral **Vets**.

Exclusions

1. Costs over the **Maximum Benefit** that applied to the **Policy Term** in which the **Injury** first showed **Clinical Signs**.
2. Costs arising from an **Illness** or any **Treatment** thereof.
3. Costs arising from any **Injury** which:
 - (a) first showed **Clinical Signs**, happened or existed before the commencement date/time shown on **Your** policy or
 - (b) is the same as or has the same diagnosis as or is caused by, related to or results from an **Injury, Illness, Condition** or **Clinical Signs** displayed before the commencement date/time shown on **Your** policy schedule.
4. Any **Condition** that is excluded from cover as detailed on **Your** policy schedule or notified separately by letter or email.
5. Costs resulting from and relating to umbilical hernias.
6. Costs resulting from **Your Pet** being overweight or prescription diets.
7. Costs for cosmetic **Treatment**, routine **Treatment** or preventative **Treatment** recommended by **Your Vet** to prevent **Injury** including but not limited to, trimming, scaling, polishing teeth and the removal of deciduous teeth, vaccinations, spaying, castration, removal of retained testicles, de-matting, grooming or nail clipping, killing and controlling fleas, breeding and any claims arising as a result of these procedures.
8. Costs as a result of tooth or gum disease.

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9. Costs arising from **Your Pet** being pregnant, or in relation to giving birth including false pregnancies.
10. Costs arising from vicious tendencies or behavioural problems shown by **Your Pet** or as a result of worrying livestock.
11. Costs of putting **Your Pet** to sleep, cremation and disposal.
12. Costs incurred, **Treatment** received or prescribed for use after the **Policy Term** lapses or **We** stop receiving **Your** premium.
13. Costs not supported by a receipt/invoice showing full details of the costs incurred.
14. Costs incurred in undergoing diagnostic tests unless there is a clear symptom or **Clinical Sign** present.
15. Costs incurred by the attending and/or referral **Vet** including but not limited to the prescription of medication not dispensed by the **Vet**, administration fees, dispensing fees, clinical waste fees, handling fees and postage and packaging.
16. Costs of an **Injury** occurring or **Treatment** received outside of the UK.
17. Cost of buying or hiring equipment (including baskets, cages, bedding or litter).
18. Any fees for surgical equipment that can be used more than once.
19. Costs relating to prosthetic limbs and the fitting of a prosthetic limbs except hip and/or elbow replacements.
20. Costs of **Your Pet** undergoing organ transplants.
21. The **Excess** as shown in **Your** policy schedule.

CONDITIONS OF SETTLING CLAIMS

1. The attending and/or referral **Vet** and all previous **Vets** must provide **Us** with any information requested; **You** must pay for any costs incurred. If **We** ask **You** to take **Your Pet** to a **Vet** of **Our** choice, **You** must do so.
2. Once **We** are notified of a claim, **We** can disclose information about **Your** policy to any **Vet** involved in the **Treatment** of **Your Pet**. **We** may also disclose information about **Your** policy to other insurers where necessary.
3. This is a policy of indemnity; **We** are not liable to pay any **Vet's Fees** claim until the **Treatment** for the **Injury** is completed; **We** may choose to offer an interim payment at **Our** own discretion.
4. If any information is provided in a foreign language **You** will be responsible for any costs involved in translating the information provided.
5. **Your Pet** must have a general health check and subsequent **Treatment** recommended by the **Vet** every 12 months. If **You** do not have a general health check which could have detected an **Injury** earlier it will invalidate any claim. Any general health check will be at **Your** own cost.
6. **Your Dog** must be kept in a secure area; any fences, gates and enclosures must be capable of restraining **Your Dog** and must be kept closed and locked at all times. When **Your Dog** is on a public highway, it must be on a collar and lead under control.
7. **We** will not pay a claim if **Your Pet** strays, escapes, damages property, attacks a member of the general public, or attacks another animal, if **Your Pet** has a history of doing one or more of these things, unless **You** told **Us** about **Your Pet's** history and **We** accepted it in writing.
8. If **Your** policy renews or is upgraded after the start of a claim but prior to settlement, **We** will assess the settlement amount on the cover level shown in **Your** policy schedule as applicable at the date of the **Injury**. **You** cannot increase the level of cover applicable to **Your** policy after the occurrence of the **Injury**.
9. In the event of claims settlement becoming due **We** will issue settlement by BACS transfer. Where bank account details have not been provided or this is not possible settlement will be despatched by cheque. Settlement will be issued to **You** unless otherwise requested. **You** can request an alternative payee by ticking the relevant box on the claim form **You** fill in and by providing the third party name.

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GENERAL CONDITIONS

1. **You** must always take reasonable steps to prevent **Accidents, Injury**, loss and damage and to minimise any claims under this policy. **You** must have **Your Pet** wormed regularly and protect it from infections or contagious disease by keeping it isolated. **You** must also have **Your Pet** vaccinated against distemper, hepatitis, leptospirosis, parvovirus for dogs, kennel cough when entering a boarding kennel or show, and feline infections such as enteritis and cat flu for cats. **You** must also agree to have **Your Pet** vaccinated against any other disease **Your Vet** feels is necessary.
2. Anyone claiming insurance under this policy must comply with its terms as far as they can apply.
3. **You** must co-operate fully and truthfully to give **Us** any information **We** may need.
4. Your **Pet** must be owned by **You**, the named insured shown on **Your** policy documents. The policy will cease immediately if **You** no longer own the **Pet**; **Your Pet** must either wear a collar and ID tag at all times or be microchipped.
5. If **Your Pet** has suffered from an **Injury, Illness** or **Condition** that has not been disclosed to **Us** at the commencement or review of the policy, **We** may place an exclusion retrospectively to the date of inception or review.
6. Where **You** maliciously and/or recklessly fail to disclose a **Material Fact** at policy inception, review or when making a claim **We** may (i) reject **Your** claim (ii) endorse **Your** policy (iii) void **Your** policy and/or (iv) retain **Your** premium.
7. **You** must observe and fulfil all the terms, conditions and endorsements of the policy otherwise **We** may not be liable under the policy.
8. **You** must notify **Us** as soon as possible of any change in circumstances relevant to this policy, including change of address. Failure to do so may invalidate **Your** policy. **We** reserve the right to alter the terms of **Your** policy immediately after **We** are notified of such changes.
9. When **We** invite **You** to renew **Your** policy **We** may, at **Our** discretion alter premiums, cover, terms and conditions as **We** deem necessary for any reason including such factors as **Your Pet**'s age or medical history.
10. If any loss, damage or liability is insured by any other policy (or would be insured if this policy did not exist) **We** will not be liable for the whole claim. **We** will only pay anything over the amount which should have been paid under that policy (or policies) if this insurance had not been taken out.
11. **We** are liable only if **We** have received the correct premium before the start of each **Policy Term** or within the credit period if **We** have allowed one to a broker or intermediary.
12. If **You** pay **Your** premiums by direct debit or credit/debit card and **You** default on any payment, **We** will add a charge of £3.99 to **Your** next payment.
13. **We** will deduct any amount due to **Us** from any claim settlement.
14. If **You** submit a claim relating to a previous **Policy Term**, **We** may backdate any exclusion to the start of the relevant **Policy Term**.
15. If any dispute arises as to the amount to be paid under the policy, it may be referred to an arbiter to be appointed by the parties in accordance with the statutory provisions in force at the time. This provision for arbitration adds to **Your** legal rights and does not replace them.

GENERAL EXCLUSIONS

This policy does not cover the following:

1. Any losses which are not expressly covered by the terms and conditions of this policy.
2. Claims that are directly or indirectly (a) caused by, or (b) associated with, **Your** failure to comply with applicable animal welfare and animal import or export law.
3. Any claim as a result of any sexually transmitted disease, rabies, Aujesky's disease, leishmaniasis, epidemic outbreaks whether vaccinated against or not, or any notifiable disease.
4. Accidents that occur when **Your Pet** is working, or being used in (or in connection with) a trade, profession or business, unless **We** have given **Our** prior written approval and **Your Pet** is working or being used in a way that is consistent with that approval.

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5. Claims that are wholly or partially false, exaggerated, or fraudulent.
6. Claims that are directly or indirectly connected with, or arise from, a malicious, wilful, or criminal act or omission by:
 - (a) **You** or someone acting on **Your** behalf; or
 - (b) someone caring for or in control of **Your Pet**; or
 - (c) a member of **Your Family**, or someone who lives with **You** whether as a cohabitee, tenant or on any other basis; or
 - (d) **Your** agents, employees, licensees, guests; and/or
 - (e) any other person who is in a contractual or business relationship with **You**.
7. Any liability that arises only because of an agreement.
8. Any loss, **Injury**, damage, **Illness**, death or legal liability caused by or arising from the failure of any computer hardware or software or any other electrical equipment.
9. Any loss, damage, liability, cost or expense of any kind directly or indirectly caused by, or in any way connected with:-
 - (a) war, invasion, and/or the act of terrorists and/or foreign enemies (whether war be been declared or not);
 - (b) a coup, military power, civil war, rebellion, revolution, insurrection, riot, civil commotion and/or civil unrest;
 - (c) strikes, lock-outs and/or industrial unrest;
 - (d) looting in connection with any of a, b and/or c.
10. Any loss, damage, liability, costs or expense of any kind directly or indirectly caused by, or in any way connected with:
 - (a) a nuclear or radioactive accident, explosion, escape, waste and/or contamination; and/or
 - (b) pressure waves caused by aircraft or other aerial machines or devices of any kind.
11. Any loss, damage, liability, cost or expense of any kind directly or indirectly caused by, resulting from or in connection with any act of terrorism. For the purposes of this exclusions, 'terrorism' means the use, or threat of use, of biological, chemical and/or nuclear form or contamination by any person(s), whether acting alone or on behalf of or in connection with any organisations(s) or governments(s), committed for political, religious, ideological or similar purposes, including the intention to influence any government(s) or put any section of the public in fear.
12. In no case shall this insurance cover loss damage liability or expense directly or indirectly caused by or contributed to by or arising from the use or operation, as a means for inflicting harm, of any computer, computer system, computer software programme, malicious code, computer virus or process or any other electronic system.
13. **We** do not cover any loss, injury, damage, illness, death or legal liability, directly or indirectly, caused by, happening through, in consequence of or contributed to by:
 - (a) an epidemic, a pandemic, influenza, notifiable disease, virus, bacteria or contagion, or any derivation or variant thereof;
 - (b) arising from any fear or threat (whether actual or perceived) of such an epidemic, pandemic, influenza, notifiable disease, virus, bacteria or contagion;
 - (c) any action taking in controlling, preventing, suppressing or in any way relating to any epidemic, pandemic or outbreak of such influenza, notifiable disease, virus, bacteria or contagion.If **We** allege that, by reason of this exclusion, any claim is not covered by this insurance the burden of proving the contrary shall be upon the policyholder.
14. We do not cover any loss, injury, damage, illness, death or legal liability, directly or indirectly caused by, happening through, in consequence of, or contributed to by an illness or disease transmitted from animals to humans.
15. **We** do not cover any loss, injury, damage, illness, death or legal liability, directly or indirectly, caused by, happening through, in consequence of or contributed to by an act of the UK, Channel Islands or Isle of Man government or any member of that government, the UK's armed forces, or any UK, Channel Islands or Isle of Man regulatory, law enforcement or other authority of any kind, whether that act has the force of law, or is merely part of the formal or informal guidance issued or given by, or made or given by, such persons, forces or authorities as the case may be.

MAKING A CLAIM

On discovering any event giving rise or likely to give rise to a claim under the policy, **You** must immediately notify and give full details to: The Insurance Emporium, Thorpe Underwood Hall, Ouseburn, York, North Yorkshire, YO26 9SS by completing and returning a claim form. It is **Your** responsibility to ensure that all the information submitted is correct.

We cannot make any decision regarding **Your** claim without a claim form. The quickest and easiest way to obtain a claim form is on **Our** website. Log on to www.theinsuranceemporium.co.uk and **You** will be able to download a claim

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form from the Claims section. If **You** do not have access to the internet please contact **Us** either by email at claims@emporium.co.uk or by phone on 03300 244 006 and **We** will be able to send **You** a claim form through the post. If **You** need any assistance with any aspect of **Your** claim please either email or call **Us**.

Once **We** have received **Your** claim form **We** will send an acknowledgement of receipt. **We** will then only contact **You** again if **We** require any further information to process **Your** claim; **We** ask that **You** co-operate fully and truthfully to give **Us** any information **We** may need. Once the claim has been completed **We** will notify **You** of **Our** decision. If **You** have not had any contact from **Us** within 5 working days of sending the claim form please contact **Us** either by email at claims@emporium.co.uk or by phone on 03300 244 006.

If **You** wish to appeal against a decision made regarding **Your** claim (including the assessment or the outcome), please write to the Claims Manager. If **You** wish to submit a formal complaint, please refer to **Our** Complaint Handling Procedure.

CANCELLATION

You can cancel at any time by notifying **Our** customer contact team. **We** will make an administration charge for cancellation.

Yearly policy term - We will refund the part of **Your** premium which applies to the remaining policy term (as long as **You** have not made a claim, or no claim has been made against **You**).

Lunar or calendar monthly policy term - we will not collect any further monthly instalments (as long as **You** have not made a claim, or no claim has been made against **You**).

We may cancel this insurance by sending **You** seven days' notice to **Your** last known email or postal address.

CHARGES OR DEDUCTIONS

- £3.99 – if **You** pay by direct debit or credit/debit card and **You** default on any premium payment.
- £10 administration fee for any changes made after the first 14 days, or **We** cancel or reinstate **Your** policy.
- Any amount due to **Us** from **Your** claim settlement.

Please note, any increase or improvement will not begin until 14 days after the date of the change.

PREMIUM AND EXCESS REVIEW

1. The premium and **Excess** for this policy is reviewed at least once a year.
2. When reviewing **Your** premium and **Excess We** will consider any future impact to one or more of the following:
 - (a) Changes due to **Our** future claims experience is likely to be materially better or worse than **We** expected. This information includes changes to the number and types of claims **We** expect to pay or changes to the average expected amount paid per claim.
 - (b) Changes due to the relevant parts of the insurance and/or reinsurance market changing in a material way and **We** want to respond to those changes for commercial reasons.
 - (c) Your circumstances change such as any change to **Your** address.
 - (d) Changes due to legislative, tax or regulatory requirements such as:
 - i. expenses related to providing the insurance
 - ii. policy lapse rates which means the average time policies are held
 - iii. interest rates
 - iv. tax rates
 - v. the cost of any legal or regulatory requirements
3. As a result of the premium and **Excess** review, **Your** premium and/or **Excess** may go up, stay the same or go down and there is no limit to the amount of any change.
4. If **We** change **Your** premium and/or **Excess** and **You** do not wish to continue **Your** cover, **You** should contact **Us** to cancel.

POLICY WORDING

COMPLAINTS

We always strive to give **You** the best possible service, but if **You** do have any questions or concerns either about the insurance or the handling of **Your** claim, **You** should follow **Our** complaints procedure by addressing **Your** written complaint to the Chief Experience Officer:

Customer Experience Department | The Insurance Emporium | Thorpe Underwood Hall | Ouseburn | York | North Yorkshire | YO26 9SS
e: feedback@emporium.co.uk
t: 03300 244 007

We will acknowledge **Your** complaint within five working days and issue **You** with a final response within eight weeks from the date of receipt of **Your** complaint.

If **We** cannot reach an agreement, **You** can refer **Your** complaint to the Financial Ombudsman Service within six months of the date of **Our** final response:

Financial Ombudsman Service | Exchange Tower | London | E14 9SR
e: complaint.info@financial-ombudsman.org.uk
t: 0800 023 4567 or 0300 123 9 123

DATA PROTECTION

We take **Your** privacy very seriously; **We** hold data in accordance with the current data protection legislation and regulations. **We** will use any personal information, including personal sensitive information as defined in the Data Protection Act 2018, for the purpose of dealing with **Your** claim. It will also be used, if required, for the purpose of administrating and underwriting **Your** policy, for giving advice and assistance, and to update **Our** records.

For full information on how we will process your data, please visit www.theinsuranceemporium.co.uk/privacy-policy