

Home excess reimbursement insurance

Policy wording



Welcome

Thank you for buying home excess reimbursement insurance with Lifesure. We're a broker with over 40 years' experience in insurance, working with partners that we know share the same values as us. It's because of this that you can be sure of the very best service from beginning to end. You're in safe hands with us.

This policy document, along with your policy schedule form your agreement with us. They also explain everything you need to know about the insurance you have, including what is and isn't covered. If anything's not clear to you, please call us and we'll be happy to talk you through it.

This agreement is based on the information that you provided when you applied for the policy. It's important that this is correct so please take a moment to check through your documents. Once you're happy, please keep them together, somewhere safe.

Hopefully, you'll never need to but if you do need to claim, you can contact our partners using the details on page 6. Although we don't handle the claim ourselves, do contact us if you're unsure of the process or you need help at any point.

Of course, if you need to contact us, please call on 01480 402 460. We are open Monday-Friday, 8am to 8pm and Saturday, 8am to 12pm.

Thanks again for choosing Lifesure.

Kind regards

Paul Reid
Managing Director, Lifesure

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About your policy

Introduction

Thank you for choosing **Our** Home Insurance Excess Protection Policy which has been arranged by Strategic Insurance Services Ltd.

The information in this policy wording contains important information and **We** have tried to make it as easy as possible to understand. Please take time to read through it and contact **Us** if **You** need any further information.

This insurance

This policy wording and the **Schedule** must be read together as they form **Your** insurance contract.

In consideration of payment of the premium, the insurer will indemnify or otherwise compensate **You** against financial loss, as described in and subject to the terms, conditions, limits and exclusions of this policy, occurring or arising during the **Period of Insurance** or any subsequent period for which the insurer agrees to accept a renewal premium.

About your insurer

Policy underwriters

This insurance is arranged by Strategic Insurance Services Limited and is underwritten by Collinson Insurance. Collinson Insurance (a trading name of Astrenska Insurance Limited) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the United Kingdom, under Firm Reference Number 202846. Registered in England number 01708613.

Strategic Insurance Services Limited (FCA number 307133) are authorised and regulated by the Financial Conduct Authority.

These details can be checked on the Financial Services Register by visiting: www.fca.org.uk or by contacting.

Lifesure Group Limited

Lifesure Group Limited was formed in 1971 and one of the principles upon which the company has been built has been to offer a consistently high level of customer care. If **you** wish to learn more about the Lifesure Group, please visit **our** website at lifesure.co.uk.

Authorised Signature



Paul Reid
Managing Director
Lifesure Group Limited

Making sense of your policy: definitions

Where **We** explain what a word means that word will be highlighted in **bold** print and will have the same meaning wherever it is used in the policy.

Annual Aggregate Limit

The maximum amount payable in the **Period of Insurance** as shown in **Your Schedule**.

Excess

The amount **You** are responsible for/have to pay under **Your Home and/or Contents Insurance Policy**.

Home and/or Contents Insurance Policy

Your insurance policy covering the buildings and outbuildings of **Your Main Residence** and/or the contents thereof issued by an authorised and regulated UK insurer.

Home Insurer

An authorised UK Home Insurer.

Imminent Claim

An **Incident** that could give rise to a claim under this policy that **You** are or were aware of prior to the inception date of this policy that was to be or had just been reported under **Your Home and/or Contents Insurance Policy**.

Incident

A claim occurrence under **Your Home and/or Contents Insurance Policy** during the **Period of Insurance**.

Main Residence

Where **You** and **Your** family reside in the UK; where **You** are on the electoral role; the one in which **You** spend most time and is the subject of **Your Home and/or Contents Insurance Policy**.

Partner

Your spouse or someone of either sex with whom **You** have a permanent relationship.

Period of Insurance

The period for which **We** have accepted the premium as stated in **Your Schedule**.

Schedule

This forms part of this policy document and contains the name of the **Policyholder** and gives details of the cover provided by this policy.

Waived or Reimbursed

Where a third party has already made good the **Excess** shown in the **schedule** of **Your Home and/or Contents Insurance Policy**.

We/Us/Our

Collinson Insurance (a trading name of Astrenska Insurance Limited)

You/Your/Insured Person/Policyholder

The person whose name appears on **Your Schedule**.

How to make a claim

Your claim will be handled on the insurer's behalf by Davies Group Limited. Davies Group Limited whilst handling claims, is acting as an agent of the insurer. The claim process has been specifically designed to make it as quick and efficient as possible to process and handle **Your** claim.

You will be asked to provide **Your** scheme code which is **20194**.

If **You** have access to the internet

Visit **Our** claims website: www.excessprotectionclaims.davies-group.com where **You** will be able to register **Your** claim. **Our** internet solution is the quickest and easiest way to submit **Your** claim to **Us**.

If **You** do not have access to the internet

Please call Davies Group Limited on 0344 856 2359 to notify **Us** of **Your** claim. Some initial details will be taken and **You** will then be sent a claim form by post to complete and return to **Us** along with supporting documentation that will be specified to **You**. When calling **Us**, please have **Your** policy number and scheme code to hand. Please note that a postal claim may take significantly longer to settle than an online claim; especially if **We** need to write to **You** to request additional information. Failure to follow these steps may delay or jeopardise the payment of **Your** claim.

Your cover

What is covered

1. Cover is provided for the **Excess** that **You** are responsible for following the successful settlement of any claim for **Your** home and/or contents under **Your Home and/or Contents Insurance Policy**.
2. Cover will only operate when, following the successful claim, the claim amount exceeds the **Excess** of **Your Home and/or Contents Insurance Policy**.
3. The maximum amount payable under this policy will be the **Annual Aggregate Limit** as shown in **Your Schedule**. Once the **Annual Aggregate Limit** is exhausted this policy is automatically cancelled and **You** are then liable for all and any future **Excess** payments as defined in **Your Home and/or Contents Insurance Policy**.

What is not covered

1. Any claim that **Your Home and/or Contents Insurance Policy** does not respond to or where the claim amount does not exceed the **Excess** of **Your Home and/or Contents Insurance Policy**.
2. Any claim that is refused under **Your Home and/or Contents Insurance Policy**.
3. Any claim under **Your Home and/or Contents Insurance Policy** which occurred prior to the **Period of Insurance** as shown on **Your Schedule** that **You** were aware was an Imminent Claim.
4. Any claim notified to **Us** more than thirty-one (31) days following the successful settlement of **Your** claim under **Your Home and/or Contents Insurance Policy**.
5. Any contribution or deduction from the settlement of **Your** claim against **Your Home and/or Contents Insurance Policy** other than the stated policy **Excess**, for which **You** have been made liable.
6. Any claim that has been **Waived or Reimbursed**.
7. Any liability **You** accept by agreement or contract, unless **You** would have been liable anyway.
8. Any claim arising from subsidence, landslip or heave.
9. Any claim resulting from war and terrorism.
10. Any claim resulting from:
 - ionising radiation or radioactive contamination from any nuclear fuel or from any nuclear waste which results from burning nuclear fuel; or
 - radioactive, toxic, explosive or other dangerous properties of any nuclear machinery or any part of it.

How to cancel your policy

Cooling Off Period – fourteen (14) days

We will refund **Your** premium in full if, within fourteen (14) days, **You** decide that it does not meet **Your** needs or that **You** do not want this policy, provided **You** have not reported a claim.

The fourteen (14) day statutory cancellation right applies from the date the contract is entered into, or from the date that contract documents are received, whichever is the later.

Cancelling outside of the Cooling Off Period

Once the fourteen (14) days has expired, **You** have the right to cancel this insurance, however, no refund of premium will be due to **You**.

Important note

The **Insurer** shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by giving fourteen (14) days notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **You** at **Your** last known address. Valid reasons may include but are not limited to:

- a) Fraud
- b) Non-payment of premium
- c) Threatening and abusive behaviour
- d) Non-compliance with policy terms and conditions

Where **Our** investigations provide evidence of fraud or a serious non-disclosure, **We** may cancel the policy immediately and backdate the cancellation to the date of the fraud or the date when **You** provided **Us** with incomplete or inaccurate information, which may result in **Your** policy being cancelled from the date **You** originally took it out.

If **We** cancel the policy and/or any additional covers **You** will receive a refund of any premiums **You** have paid for the cancelled cover, less a proportionate deduction for the time **We** have provided cover, unless the reason for cancellation is fraud and/or **We** are entitled to keep the premium under the Consumer Insurances (Disclosure and Representations) Act 2012.

How to make a complaint

We do everything possible to make sure that **You** receive a high standard of service. If **You** are not satisfied with the service that **You** receive, **You** should address **Your** enquiry/complaint to:

For sales complaints:

The Complaints Manager, Lifesure Group Limited, 3 Fenice Court, Eaton Socon, St Neots, PE19 8EW

Tel: **01480 402460**

For claim complaints:

Customer Care, Davies Group Limited, PO Box 2801, Stoke-on-Trent, ST4 9DN.

Tel: **0344 856 2015**

mail: **customer.care@davies-group.com**

We will respond to **Your** complaint within four weeks of receiving it. **Our** response will be **Our** final decision based on the information provided. If there's a delay in **Our** investigations, **we'll** explain the reason and give **You** an estimated timeframe for reaching a decision.

If, for any reason, **You're** still dissatisfied or haven't received a final answer within eight weeks, **You** have the right to escalate **Your** complaint to an independent authority called the Financial Ombudsman Service (FOS). **You** can contact them using the details below:

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

Tel: **0800 023 4567 or 0300123 9123**

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

Following this complaints procedure does not stop **You** from taking legal action.

Financial Services Compensation Scheme (FSCS)

This policy is covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from this scheme if **We** cannot meet **Our** liabilities under this policy. Further information about compensation scheme arrangements is available at www.fscs.org.uk or by telephoning 0207 741 4100

Policy conditions

Law and jurisdiction

This insurance policy will be governed by the laws of England and Wales, whose courts alone shall have jurisdiction in any dispute arising from this insurance.

Conditions applicable

1. **Your** Home Insurance Excess Protection Policy will continue to respond for the **Period of Insurance** or until **Your Annual Aggregate Limit** is exhausted: whichever comes first.
2. **Your Home and/or Contents Insurance Policy** must be maintained, current and valid.
3. **Your Home and/or Contents Insurance Policy** must either be in **Your** name or the name of **Your Partner** with **You** named on the **schedule**.
4. In the event that any misrepresentation or concealment is made by **You** or on **Your** behalf in obtaining this insurance or in support of any claim under this insurance the policy is voided and no refund of premium will be given.
5. Right of Recovery - **We** can take proceedings in **Your** name but at **Our** expense to recover for **Our** benefit the amount of any payment made under this policy.
6. Other Insurance - If **You** were covered by any other insurance for the **Excess** payable following the **Incident**, which resulted in a valid claim under this policy, **We** will only pay **Our** share of the claim.

Policy conditions cont'd

Conditions applicable cont'd

7. **You** must take reasonable steps to safeguard against loss or additional exposure to loss.
8. **We** will only give **You** the cover that is described in this policy if **You** have complied with the terms and conditions under **Your Home and/or Contents Insurance Policy** and all the terms and conditions of this insurance policy, as far as they apply.
9. If **You** make a claim under this policy that is found to be false or fraudulent in any way, the policy is void and any claim will not be paid.
10. This insurance is only valid if **You** are a permanent resident in the United Kingdom (England, Wales, Scotland, Northern Ireland, Channel Islands and the Isle of Man).
11. **We** have the right to approach any third party in relation to **Your** claim.

Financial crime policy statement

We shall not provide cover or be liable to pay any claim or other sums, including return premiums, where this would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions, asset freezing or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, and/or all other jurisdictions where we transact business.

If any such prohibition or restriction takes effect during the **Period of Insurance We** may cancel this policy immediately by recorded delivery letter to the correspondence address shown on the **Schedule**. Please note that **You** will not be entitled to a pro-rata refund of premium under these circumstances.

Data protection notice

Lifasure, the underwriter, and other companies related to this insurance may use the personal and business details you have given us to: provide you with a quotation; deal with your policy; search credit reference and fraud agencies who may keep a record of the search; share with other insurance organisations to help offset risks, help administer your policy and to handle claims and prevent fraud; support the development of our business by including your details in compliance business reviews which may be carried out by third parties acting on our behalf.

We may need to collect 'special category data' relating to insured persons, which under the EU General Data Protection Regulation (**GDPR**) and Data Protection Act 2018 (**DPA 2018**), includes information relating to health and data about criminal convictions or offences. Special category data may be required for the purpose of evaluating the risk or administering claims. We will ensure that we have explicit consent from the insured persons for processing this type of information.

Personal data may be transferred to countries outside the EEA. All data will be held securely and handled in accordance with the principles of applicable data protection laws.

Under the GDPR and DPA 2018 individuals also have a number of rights relating to their personal information, which includes the right to access their personal data and supplementary information, which can be requested free of charge. Your rights are outlined in full in Lifasure's data privacy notice, which can be accessed at: [Lifasure.co.uk/privacy](https://www.lifasure.co.uk/privacy). Should you need to contact Lifasure's Data Protection Officer, please email: dpo@lifasure.co.uk

For details of privacy policies and contact details for the relevant data protection officers for the underwriter of your policy, please refer to your policy schedule.

Insurer data protection notice

As a data controller, **We** collect and process information about **You** so that **We** can provide **You** with the products and services **You** have requested. **We** also receive personal information from **Your** agent on a regular basis while **Your** policy is still live. This will include **Your** name, address, risk details and other information which is necessary for **Us** to:

- Meet **Our** contractual obligations to **You**.
- Issue **You** this insurance policy.
- Deal with any claims or requests for assistance that **You** may have.
- Service **Your** policy (including claims and policy administration, payments, and other transactions).
- Detect, investigate, and prevent activities which may be illegal or could result in **Your** policy being cancelled or treated as if it never existed.
- Protect **Our** legitimate interests.

In order to administer **Your** policy and deal with any claims, **Your** information may be shared with trusted third parties. This will include members of The Collinson Group, third party administrators, contractors, investigators, crime prevention organisations and claims management organisations where they provide administration and management support on **Our** behalf. Some of these companies are based outside of the European Union where different data privacy laws apply. Wherever possible, **We** will have strict contractual terms in place to make sure that **Your** information remains safe and secure.

We will not share **Your** information with anyone else unless **You** agree to this, or **We** are required to do this by **Our** regulators (e.g., the Financial Conduct Authority) or other authorities.

The personal information **We** have collected from **You** will be shared with fraud prevention agencies and databases who will use it to prevent fraud and money-laundering and to verify **Your** identity. If fraud is detected, **You** could be refused certain services, finance, or employment. Further details of how **Your** information will be used by **Us** and these fraud prevention agencies and databases, and **Your** data protection rights, can be found by visiting <https://cifas.org.uk/fpn> and <https://insurancefraudbureau.org/privacy-policy>.

Processing **Your** data

Your data will generally be processed on the basis that it is:

- Necessary for the performance of the contract that **You** have with **Us**.
- Is in the public or your vital interest: or.
- For **Our** legitimate business interests.

If **We** are not able to rely on the above, **We** will ask for your consent to process **Your** data.

How **We** store and protect **Your** information

All personal information collected by **Us** is stored on secure servers which are either in the United Kingdom or European Union. **We** will need to keep and process your personal information during the period of insurance and after this time so that **We** can meet our regulatory obligations or to deal with any reasonable requests from **Our** regulators and other authorities.

We also have security measures in place in our offices to protect the information that **You** have given **Us**.

How **You** can access **Your** information and correct anything which is wrong.

You have the right to request a copy of the information that **We** hold about **You**. If **You** would like a copy of some or all of **Your** personal information, please contact **Us** by email or letter as shown below:

Email address: data.protection@collinsongroup.com

Postal Address: 3 More London Riverside, London, SE1 2AQ

This will normally be provided free of charge, but in some circumstances, **We** may either make a reasonable charge for this service or refuse to give **You** this information if **Your** request is clearly unjustified or excessive.

We want to make sure that **Your** personal information is accurate and up to date. **You** may ask **Us** to correct or remove information **You** think is inaccurate.

If **You** wish to make a complaint about the use of **Your** personal information, please contact **Our** Complaints manager using the details above. **You** can also complain directly to the Information Commissioner's Office (ICO). Further information can be found at <https://ico.org.uk>.

