

Instalment Protection Plan

Terms and Conditions

About the Bell Instalment Protection Plan

This policy summary does not contain the full terms and conditions of the contract. Full terms and conditions can be found in the policy document.

Who is the insurer?

The insurer of this policy is Pinnacle Insurance plc. Cardiff Pinnacle is a trading style of Pinnacle Insurance plc.

What is Instalment Protection Plan?

Instalment Protection Plan covers your monthly motor insurance instalment payment if you are off work as a result of a disability, redundancy or hospitalisation (self-employed only).

To be eligible for cover under this policy you must at the start date:

- be named on a motor insurance policy as a policyholder or named driver and be paying the motor insurance premium(s);
- be aged between 18 and 65;
- live and work in the UK, the Channel Islands or the Isle of Man; and
- be in full-time employment or self-employed for at least 6 consecutive months immediately prior to the start date.

What are the benefits and features of Instalment Protection Plan?

By signing up to Instalment Protection Plan you will be taking care of your car insurance instalments if you become unable to work as a result of a disability, redundancy or hospitalisation.

- If you are unable to work as a result of a disability or redundancy (full-time employment only), for each period of

30 consecutive days we will pay an amount equal to the monthly premium that is payable to the motor insurer, subject to a maximum of £250.

- If you are hospitalised for 5 consecutive days or more, you will be entitled to an amount equal to the monthly premium that is payable to the motor insurer (subject to a maximum of £250). Thereafter we will pay your monthly motor insurance premium for each consecutive period of 15 days you are hospitalised.

The benefits will be paid for a maximum of 10 months if you have a Bonus Accelerator motor insurance policy, or 12 months if you have a standard insurance policy.

Whether you are covered for redundancy benefit may depend on your type of employment, e.g. if you are an employee, self-employed, on a fixed-term contract or a director of a company. For full details of the benefits and features of the cover, please refer to Clauses 3, 5 and 7 of your policy document.

What am I NOT covered for under Instalment Protection Plan?

There are some situations that you are not covered for. These generally involve anything you already know about when you are taking out this cover or that is caused by deliberate or illegal acts on your part.

The most significant exclusions of this policy are set out below, but there may be other exclusions that are significant to you, so you need to check the policy document for full details. **For full details of the exclusions** please refer to Clauses 4, 6 & 8 of the policy document.

Any claims for disability and hospitalisation will not be paid out if they result from:

- any medical condition you knew about at the start date;
- any medical condition for which you had sought treatment or advice in the 12 months before the start, even if it is not diagnosed;
- psychiatric and stress related conditions unless treated by a consultant psychiatrist;
- backache and related conditions unless proven by X-ray or scan;
- suicide, self-inflicted injury or drug or alcohol abuse;
- normal pregnancy conditions.

Any claims for redundancy will not be paid if:

- at the start date you knew you would be made redundant or you had reason to believe that you might be made redundant;
- you are made redundant or are told that you will be made redundant, within 60 days of the start date.
- you were working outside of the UK;
- your redundancy is voluntary or due to your misconduct;
- you are not registered as unemployed and signing on with the Job Centre;
- you are not seeking new employment.

For all claims proof will be required from your employer, your doctor and/or the Job Centre.

How long does the Instalment Payment Protection contract run for?

Your cover will end on the earliest of the following:-

- the motor insurance policy renewal date following your 65th birthday;
- the date your motor insurance policy expires;
- the date your motor insurance policy is cancelled;
- the date on which you retire from gainful employment;
- the date of your death;
- the 60th day after the non-payment of the monthly premium; or
- the date you or we cancel this insurance cover.

What happens if I take out cover and then change my mind?

If you are unhappy with your cover you can cancel your policy within 14 days of receiving your policy documents and receive your full premium back. Subsequent cancellations are subject to 30 days written notice and any premiums paid will not be refunded. Please see the policy for full terms and conditions.

How do I make a claim under Instalment Payment Protection?

Please contact the Claims Department, Cardiff Pinnacle, Pinnacle House, A1 Barnet Way, Borehamwood WD6 2XX. Telephone 0870 720 0742 On-line: <http://www.support.cardiffpinnacle.com>

How do I make a complaint about Pinnacle Insurance plc and my Instalment Payment Protection?

If you have a problem with the service you receive, you can write to the Customer Relations Manager, Cardiff Pinnacle, Pinnacle House, A1 Barnet Way, Borehamwood WD6 2XX.

We will confirm we have received your complaint within five working days and will do our best to resolve the problem within four weeks. If we are unable to do so, we will let you know when you can expect an answer. If we have not resolved the problem within eight weeks, or if you are dissatisfied with our final response, we will give you information about referring your complaint to the Financial Ombudsman Service (if this applies to you).

Would I receive compensation if Pinnacle Insurance plc were unable to meet its liabilities?

Pinnacle Insurance plc is covered by the Financial Services Compensation Scheme. 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.

Policy Document

Your Instalment Protection Plan

This **policy** records that in return for the **monthly premium**, we will provide **disability, redundancy, and hospitalisation** insurance cover described below and will arrange for the benefit to be paid directly to **you**. Furthermore, this **policy** is subject to the terms and conditions set out below and is issued on the condition that **you** meet the eligibility criteria in Clause 2.

Important Information

Eligibility for **redundancy** benefit varies according to the type of employment contract **you** hold. It is important that **you** read Clauses 5. and 6. as well as the definitions of **full-time employment, redundancy and unemployment**. **Redundancy** cover does not apply to the **self-employed**.

1. Interpretation

The words which appear in this **policy** in **bold** have the following meanings:

“condition” means any sickness, disease or injury (or symptoms of any of these) whether or not it results in a diagnosis;

“consultant psychiatrist” means a physician registered with the General Medical Council who has completed parts I and II of the MRC Psych examinations and has held a post as a consultant in the NHS for at least 2 years;

“disabled” means being unable to work at **your** normal occupation (or at any job which **you** are reasonably able to do, given **your** experience, education or training) because of an accident or sickness. If **you** are **self-employed**, **you** cannot be receiving any form of payment or be helping, managing or carrying on any part of the running of the business while **you** are **disabled**, and **“disability”** shall be construed accordingly;

“doctor” means a medical practitioner registered with the General Medical Council and working in the United Kingdom, the Channel Islands or the Isle of Man. The **doctor** who confirms **your disability** when **you** are making a claim, cannot be **you**, a relative or close friend;

“elective surgical procedure” means a procedure which is not medically necessary to sustain or maintain **your** quality of life and is undertaken solely at **your** request;

“end date” means the date when **your** insurance ends which will be the earliest of the following:

- (i) the **motor insurance policy** renewal date following **your** 65th birthday;
- (ii) the date **your motor insurance policy** expires;
- (iii) the date **your motor insurance policy** is cancelled;
- (iv) the date on which **you** retire from gainful employment;
- (v) the date of **your** death;
- (vi) the 60th day after the non-payment of the **monthly premium**; or
- (vii) the date **you** or **we** cancel this insurance cover under Clause 13.;

“full-time employment” means working for at least 16 hours a week, under a contract of employment that does not have a fixed or implied date for ending (if it does have a fixed or implied date for ending, **you** may still be covered but Clause 5. (vii) will apply). **You** must be receiving a salary or wages and be paying the appropriate National Insurance contributions;

“hospital” means a lawfully operated establishment which has accommodation for residential patients with organised facilities for diagnosis and major surgery which provides 24 hours a day nursing services by registered nurses and shall not be, other than incidentally, an institution for the care of mental or nervous illness or convalescence; and **“hospitalisation”** shall be construed accordingly;

“maximum benefit payments” means:

- (i) 10 **monthly benefit** payments in respect of a Bonus Accelerator **motor insurance policy**;
- (ii) 12 **monthly benefit** payments in respect of a Single car or MultiCar **motor insurance policy**;

“monthly benefit” means:

- (i) in respect of a single car **motor insurance policy** - an amount equal to the **monthly premium** payable to the **motor insurer**, subject to a maximum of £250; or

- (ii) in respect of a MultiCar **motor insurance policy** - an amount equal to the combined total **monthly premium(s)** payable to the **motor insurer** for **you** and any other vehicles insured under the MultiCar **motor insurance policy**, subject to a maximum of £250;

“**monthly premium**” means the sum paid each month for insurance cover under this **policy**;

“**motor insurance policy**” means the insurance contract between **you** and the **motor insurer** in relation to which **we** have agreed to provide insurance cover under this **policy**;

“**motor insurer**” means a motor insurance company within the Admiral Group of companies;

“**normal pregnancy**” means:

- (i) symptoms which normally accompany pregnancy which are of a minor and/or temporary nature and which do not represent a medical hazard to mother or baby; and
- (ii) childbirth, including delivery by caesarean section or any other medically or surgically assisted delivery which does not cause medical complications;

“**period of insurance**” means the period after the **start date**, and before the **end date** for which the **monthly premium** has been paid;

“**policy**” means the terms and conditions set out in this document;

“**redundancy**” means **your full-time employment** is terminated due wholly or mainly to:

- (i) the fact that the employer has ceased, or intends to cease to carry on the business for the purpose of which **you** were employed or has ceased, or intends to cease, to carry on that business in the place where **you** were so employed; or
- (ii) the fact that the requirements of that business for employees to carry out work of a particular kind, or for employees to carry out work of a particular kind in the place where they were so employed, have ceased or diminished or are expected to cease or diminish;

and “**redundant**” shall be construed accordingly;

“**regular care and attendance**” means that **you** are under the **regular care and attendance of your doctor for your disability**;

“**self-employed**” means working for at least 16 hours a week for profit in a profession or business, either alone or with others. **You** must be paying the appropriate class of National Insurance contributions and be liable to pay income tax under schedule D;

“**specialist**” means a medical practitioner registered under the Medical Act 1983 who holds (or who has held) a consultant post in an NHS **hospital** or who holds a certificate confirming their position as a **specialist**, as recognised by the Department of Health;

“**standard insurance policy**” means single car policy;

“**start date**” means the inception date of **your motor insurance policy** or the date **your** application for this insurance is accepted if requested after the inception date of the **motor insurance policy**;

“**unemployed**” means:

- (i) being entirely without gainful employment (which includes the assisting, managing and/or the carrying on of any part of the day to day running of a business);
- (ii) being available for and actively seeking work and being able to provide evidence of this; and
- (iii) having signed a Jobseeker’s agreement or any such agreement in succession and provided **us** with a copy of the same (unless exempt). Failure to comply with any condition of this agreement may result in the suspension or the stopping of benefit;

and “**unemployment**” shall be construed accordingly;

“**we, us, our**” means Pinnacle Insurance plc;

“**you, your**” means a person named as a policyholder or named driver on a current Certificate of Motor Insurance who is paying the **motor insurance policy** premium(s) and who has applied for, and been accepted for insurance cover under this **policy**.

The singular shall include the plural and vice versa. Within this **policy**, headings are only meant to help **you** and do not form part of the insurance contract.

2. Eligibility

To become insured under this **policy**, **you** must meet the following conditions at the **start date**:

- (i) **you** must be named on a **motor insurance policy** as a policyholder or named driver and be paying the motor insurance premium(s);
- (ii) **you** must be at least 18 and less than 65 years of age;
- (iii) **you** must have been in **full-time employment** or **self-employed** for at least 6 continuous consecutive months immediately prior to the **start date**;

- (iv) **you** must work, live and have the right to reside permanently in the United Kingdom, the Channel Islands or the Isle of Man; and
- (v) the **monthly premium** must be paid and **you** must keep to the terms and conditions of this **policy**.

3. Disability Benefits

(i) If during the **period of insurance you** become continuously **disabled** for 30 consecutive days or more, **you** will be entitled to an amount equal to the **monthly benefit**. Thereafter, **you** will be entitled to an amount equal to the **monthly benefit** for each consecutive period of 30 days of **disability**. The **monthly benefit** will only be paid if **you** meet the terms and conditions of this **policy**.

- (ii) To receive the **monthly benefit you** must:
 - (a) have been in **full-time employment** or **self-employed** when **your disability** occurred;
 - (b) be under **regular care and attendance**;
 - (c) be prevented from working only as a result of the **disability**;
 - (d) not have received the **monthly benefit for unemployment** for the same period; and
 - (e) give **us** any evidence **we** ask for in order to prove **your** claim is valid and continues to be so.

(iii) When paying **your** claim **we** will consider the first day of **disability** to be the day a **doctor** certifies that **you** are **disabled** and **you** are off work.

- (iv) **We** will continue to pay the **monthly benefit** until:
 - (a) **we** have paid the **maximum benefit payments**;
 - (b) **you** return to work;
 - (c) **you** fail to provide evidence of **your disability**; or
 - (d) the **end date**;
 whichever happens first.

(v) Future Claims

- (a) **You** may make a further **disability** claim:
 - (i) for an unrelated condition - if **you** have returned to **full-time employment** or **self-employment** for

at least 1 month following the previous **disability** claim; or

- (ii) for the same or a related condition - if **you** have returned to **full-time employment** or **self-employment** for at least 6 consecutive months following the previous **disability** claim.

However, if two periods of **disability** (each the result of the same or related condition) are separated by less than 3 consecutive months of **full-time employment** or **self-employment**, **we** will treat them as one continuous period of **disability** for the purposes of calculating the maximum **monthly benefits** payable, but no benefit will be payable for the time in between.

- (b) If **we** have paid the **maximum benefit payments** for a claim, **you** may only make a further **disability** claim (whether resulting from a related or unrelated condition), if **you** have returned to **full-time employment** or **self-employment** for at least 6 consecutive months.

Statutory maternity or paternity leave can form part or all of the one or six month periods in (a) and (b) above.

4. Disability Exclusions

- (i) No benefit will be payable under Clause 3. above if **your disability** results from or as a consequence of the following:
 - (a) a **condition**:
 - (i) which **you** knew about (or ought reasonably to have known about) at the **start date**; or
 - (ii) for which **you** sought or received advice, treatment or counselling from any **doctor** during the 12 months immediately before the **start date**;
 - (b) a self-inflicted injury;
 - (c) civil commotion, terrorism, riot or insurrection, war or any act incidental to war (whether declared or not);
 - (d) being under the influence of, or being affected by, alcohol or drugs unless prescribed by a **doctor** (other than prescribed for the treatment of drug addiction);

- (e) **normal pregnancy**, miscarriage or abortion unless the symptoms of a **normal pregnancy** develop into a pathological condition, sickness or disease which is diagnosed by a **doctor** or consultant who is listed by the General Medical Council as specialising in obstetrics which is not excluded under any other exclusions listed in this Clause;
 - (f) any condition of a mental or nervous origin including stress, anxiety or depression (unless the condition is certified by and under the continuing care of a **consultant psychiatrist**);
 - (g) backache or related conditions unless there is supporting medical evidence. Such evidence may be a report from an appropriate **specialist** or from **your doctor**, in either case an MRI, CT scan, or equivalent, may be required;
 - (h) radiation or contamination or the effects of radiation; or
 - (i) any **elective surgical procedure** or cosmetic surgery unless directly attributable to physical injury, disease or sickness.
- (ii) No benefit will be payable under Clause 3. if **we** make any benefit payment for **redundancy** under Clause 5. or **hospitalisation** under Clause 7. in respect of the relevant day.

5. Redundancy Benefits (full-time employment only)

- (i) This cover is only available to those individuals who are employees in **full-time employment**. If **you** are **self-employed**, **you** are entitled to **hospitalisation** benefit under Clause 7. instead.
- (ii) If during the **period of insurance**, **you** are made **redundant** and remain continuously **unemployed** for 30 consecutive days or more, **you** will be entitled to an amount equal to the **monthly benefit**. Thereafter, **you** will be entitled to an amount equal to the **monthly benefit** for each consecutive period of 30 days **you** remain **unemployed**. The **monthly benefit** will only be paid if **you** meet the terms and conditions of this **policy**.
- (iii) To receive the **monthly benefit** **you** must:
 - (a) have been in **full-time employment** for at least 6 months immediately before **your** first claim for **redundancy**;
 - (b) satisfy the definition of **unemployment** set out in Clause 1.;
 - (c) not have received the **monthly benefit** for **disability** for the same period; and
 - (d) give **us** any evidence **we** ask for in order to prove **your** claim is valid and continues to be so.
 - (iv) When paying **your** claim, **we** will consider **your** first day of a **redundancy** claim to be the day **you** are first registered as **unemployed** with the Department of Work and Pensions Job Centre or such government office which replaces it. **You** will not be considered to be **unemployed** for days for which **you** receive payment in lieu of notice.
 - (v) **We** will continue to pay the **monthly benefit** until:
 - (a) **we** have paid the **maximum benefit payments**;
 - (b) **you** return to work;
 - (c) **you** fail to provide evidence of **your redundancy** or **unemployment**;
 - (d) **you** fail to satisfy the definition of **unemployment** set out in Clause 1. ; or
 - (e) the **end date**;
 whichever happens first.
 - (vi) Future Claims
 - (a) **You** may make a further **redundancy** claim if **you** have returned to **full-time employment** at least 6 consecutive months following the previous **redundancy** claim.
 However, if two periods of **unemployment** are separated by less than 3 consecutive months of **full-time employment**, **we** will treat them as one continuous period of **unemployment** for the purposes of calculating the maximum **monthly benefits** payable, but no benefit will be payable for the time in between.
 - (b) If **we** have paid the **maximum benefit payments** for a claim, **you** may only make a further **redundancy** claim if **you** have returned to **full-time employment** for at least six months.

 Statutory maternity or paternity leave can form part or all of the six month period in (a) and (b) above.

- (vii) If **you** were made **redundant** from a fixed-term contract, **you** will only be entitled to **redundancy** benefit if:
 - (a) **you** were with the same employer for more than 6 months, **your** contract had been renewed at least twice, and **your** contract terminated early. However, **redundancy** benefits will cease on the date that the contract was originally intended to end; or
 - (b) **you** were on a yearly contract which had been renewed at least once immediately prior to **you** being made **redundant**; or
 - (c) **you** were under contract with the same employer for a period of at least 24 consecutive months immediately prior to **you** being made **redundant**.

6. Redundancy Exclusions (full-time employment only)

- (i) No benefit will be payable under Clause 5. above if :
 - (a) at the **start date** **you** knew **you** would be made **redundant** or **you** had reason to believe that **you** might be made **redundant**;
 - (b) **you** are made **redundant** or are told that **you** will be made **redundant**, within 60 days of the **start date**. For the sake of clarity, this exclusion will only apply at the beginning of the **policy** and will not reapply at any subsequent renewal of **your motor insurance policy**;
 - (c) **your** work was seasonal, casual or temporary or **unemployment** is a regular feature of **your** work;
 - (d) **you** come to the expected end of a fixed-term contract unless Clause 5. (vii) above applies, or **you** finish the job **you** were specifically employed to do;
 - (e) **you** resign or **you** accept voluntary **redundancy**;
 - (f) **you** lose **your** job because of misconduct, fraud, dishonesty or any act **you** carried out;
 - (g) **you** are made **redundant** or **unemployed** because of any strike which **you** took part in or any lock out by **your** employer;
 - (h) **you** fail to actively seek re-employment;
 - (i) **you** immediately prior to **your unemployment**, were employed by a close company (as defined by the Income and Corporation Taxes Act 1988 "ICTA") or any consolidation or re-enactment thereof of which:
 - (i) **you** or a connected person (as defined by S346 of the Companies Act 1985) was a director; or
 - (ii) **you** or an associate (as defined by S417 ICTA) was a participant (as defined by S417 ICTA);
 - (j) the **redundancy** results directly or indirectly from **you** refusing any offer of reasonable alternative employment by the employer, which by reason of **your** qualifications and previous experience and the location of such employment it would have been reasonable for **you** to accept; or
 - (k) the **redundancy** results from any condition excluded under/or arising from any of the **disability** exclusions set out in Clause 4.
- (ii) No benefit will be payable under Clause 5. if **we** make any benefit payment for **disability** under Clause 3. in respect of the relevant day.

7. Hospitalisation Benefits (self employed only)

- (i) This cover is only available to individuals who are **self-employed**. If **you** are an employee in **full-time employment** **you** are entitled to **redundancy** benefit under Clause 5. instead.
- (ii) If during a **period of insurance** **you** become continuously **hospitalised** for 5 consecutive days or more, **you** will be entitled to an amount equal to the **monthly benefit**. Thereafter, **you** will be entitled to an amount equal to the **monthly benefit** for each consecutive period of 15 days of **hospitalisation**. The **monthly benefit** will only be paid if **you** meet the terms and conditions of this **policy**.
- (iii) To receive the **monthly benefit** **you** must:
 - (a) have been **self-employed** when **your** **hospitalisation** occurred;

- (b) be under **regular care and attendance**;
 - (c) be prevented from working only as a result of the **hospitalisation**;
 - (d) not have received the **monthly benefit for disability** for the same period; and
 - (e) give **us** any evidence **we** ask for in order to prove **your** claim is valid and continues to be so.
- (iv) When paying **your** claim, **we** will consider the first day of **hospitalisation** to be the day **you** are admitted to a **hospital**.
- (v) **We** will continue to pay the **monthly benefit** until:
- (a) **we** have paid the **maximum benefit payments**;
 - (b) **you** return to work;
 - (c) **you** fail to provide evidence of **your hospitalisation**; or
 - (d) the **end date**;
- whichever happens first.
- (vi) **You** must return to **self-employment** for at least 6 months before **you** can make another claim for **hospitalisation**.

8. Hospitalisation Exclusions

- (i) No benefits will be payable under Clause 7. if **your hospitalisation** results from or as a consequence of any of the **disability** exclusions in Clause 4. (i).
- (ii) No benefits will be payable under Clause 7. if **we** make any benefit payment for **disability** under Clause 3. in respect of the relevant day.

9. Claims

- (i) **We** must be notified about **your disability, redundancy or hospitalisation** by sending **us** a claim form with full details of the facts on which the claim is based, as soon as possible after the date **you** last worked and in all cases within 90 days of that date.
- (ii) **We** will need proof of **your** claim and the circumstances leading to **your** claim. This proof could be (amongst other things) a **doctor's** certificate, a letter from **your** current or previous employer, or confirmation from the Department of Work and Pensions Job Centre or such government office which replaces it.
- (iii) During the period of a claim, **we** will need proof that **you** are still **disabled, unemployed** or in **hospital**. **You** must

pay any costs of obtaining the proof **we** ask for. However, if **you** are claiming for **disability** or **hospitalisation**, **we** may require medical evidence in addition to **your doctor's** initial report or **we** may ask **you** to undergo a medical examination with a **doctor** or **specialist** appointed by **us**. **We** will pay the costs of this additional medical evidence. **We** will not pay **you** any benefit if **you** fail to go for a medical examination and **you** do not have a reasonable excuse.

- (iv) Insurers share information with each other to prevent fraudulent claims via a register of claims. A list of participants is available on request. In the event of a claim, any information **you** have supplied relevant to this insurance and on the claim form, together with other information relating to the claim, will be provided to the register.

10. How To Make A Claim

- (i) A claim form can be obtained from **us** at the address below. The form contains notes on how to fill in the form and what to do.
- (ii) All the relevant sections must be completed to avoid delay in receiving any benefits.
- (iii) Send the claim form and any other necessary documents to **us** at the address below.
Our address is:

Claims Department, Cardiff Pinnacle, Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX.
Telephone: 0870 720 0742
www.support.cardiffpinnacle.com

11. Temporary Work or Short Term Contract Work

- (i) A **redundancy** claim will be suspended for a period of temporary work, provided:
 - (a) before **you** start work, **you** give **us** details in writing. If these circumstances change, **you** must tell **us**; and
 - (b) **your** temporary work must last for at least one week and no longer than 6 months, whether for one contract or a series of contracts; and
 - (c) **you** comply with all other conditions of this **policy**.
- (ii) Once **your** period of temporary work has ended, **we** will continue to pay **your** claim as a continuation of **your** earlier claim, subject to **maximum benefit payments**.

- (iii) **Your** claim can be suspended up to a maximum of 3 times for periods of temporary work.

12. Transfer of Benefit Claims

You can transfer from a **disability** claim to a **redundancy** or **hospitalisation** claim and vice versa provided the maximum **monthly benefits** paid do not exceed the **maximum benefit payments**. **You** will need to be either in **full-time employment** or **self-employed** before claiming and the requalification periods specified earlier continue to apply.

13. Premium Variation and Cancellation of Policy

- (i) **We** will give **you** 30 days written notice of any change to the terms of this **policy**.
- (ii) **We** may cancel **your** insurance cover by giving **you** 30 days written notice.
- (iii) **We** may cancel **your** insurance cover immediately if **we** have proof of **your** fraud in relation to **your** cover under this **policy**.
- (iv) If **you** wish to cancel **your** insurance cover and receive a full refund of the **monthly premium** and providing **you** have not made a claim under this **policy**, then please contact **us** within 14 days of **your** receipt of this **policy**. Subsequent cancellations are subject to 30 days written notice and the **monthly premium** will not be refunded. Please call 0870 549 2000.

14. Mis-statement of Age or Other Information

If **you** gave false or misleading information when **you** applied for insurance cover and this information affected the decision to insure **you**, the cover will end, and **we** will not pay any benefit.

15. Invalid Monthly Benefit Payments

If **we** make any payments to **you** as a result of **your** fraud, recklessness or negligence **you** will no longer be entitled to any benefits under this **policy** and **we** may demand that any payments **you** have received from **us** are paid back. **We** may take legal action against **you** for the return of such monies and **we** may demand that **you** reimburse **us** for any investigation costs reasonably incurred.

16. General Conditions

- (i) If **you** do not comply with the terms of this **policy**, **you** will not be entitled to any benefit under this **policy**.
- (ii) The contract between **you** and **us** is made up of this **policy**, any endorsement, any written statement of **your** medical **condition** and any other information provided by **you**.

- (iii) The parties to this **policy** are free to choose the law applicable to it. Without agreement to the contrary English Law will apply. If **you** live in Scotland, Northern Ireland, the Channel Islands or the Isle of Man, **you** will be entitled to commence legal proceedings in **your** local courts.

- (iv) The rights given under this **policy** cannot be transferred to anyone else.
- (v) The **monthly benefit** cannot be paid to anyone else or in any way other than described in this **policy**.
- (vi) When **your** cover under this **policy** ends it will not have a cash value.
- (vii) To improve the quality of **our** service, **we** will be monitoring and recording some telephone calls.
- (viii) **We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the FSCS if **we** cannot meet **our** obligations. The amount of compensation depends on the type of business. Most types of insurance business are covered for 100% of the first £2,000 of a valid claim and 90% of the remaining amount of the loss. Further information about compensation arrangements is available from the Financial Services Compensation Scheme on 020 7892 7300.

17. Enquiries and Complaints

While it is always **our** intention to provide a first class standard of service, if **you** do have any concerns regarding **your** insurance cover, please address them to:

Customer Relations Manager, Cardiff
Pinnacle*, Pinnacle House, A1 Barnet Way,
Borehamwood, Hertfordshire WD6 2XX

Should **you** remain dissatisfied with the outcome of any internal enquiries **you** have the right to refer **your** complaint to: The Financial Ombudsman Service (FOS) South Quay Plaza, 183 Marsh Wall, London E14 9SR

This procedure will not prejudice **your** right to take legal proceedings. However, please note that there are some instances when the FOS cannot consider complaints.

A leaflet detailing **our** full complaints/appeals process is available from **us** on request.

* Cardiff Pinnacle is a trading style of Pinnacle Insurance plc.

Underwritten by: Pinnacle Insurance plc (FSA Registration 110866)
Registered Address: Pinnacle House, A1 Barnet Way, Borehamwood,
Hertfordshire WD6 2XX (Home State: United Kingdom). Arranged by: EUI Limited
(trading as Bell). (FSA Registration 309378), Capital Tower, Greyfriars Road,
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Services Authority. Policy No.02188. Date of Policy 1st February 2007.