



SCHEDULE

Agency	Agency Ref	Policy Number
Philip Williams & Company 35 Walton Road Stockton Heath Warrington WA4 6NW	30 0017050	24138446ECA

The Insurer Aviva Insurance Limited

The Insured Address Postcode North Wales Police Federation
Federation Office, 311 Abergele Road, Old Conwyn, Conwy,
LL29 9YF

Business Police Federation

Monthly Premium Per Member per Calendar Month, collected by deduction from Salary and declared to the Insurer Calendar Monthly

Statement of Price

Please note that your insurance premium may include an amount or amounts for additional covers or services. Please read your schedule and other documentation carefully to ensure you know how much you are paying in total

Period of Insurance (both dates inclusive) **Effective Date** **Expiry Date**
01.01.2018 28.02.2019

Insured Persons

Serving Officers who are contributing members of the Police Federation, Superintendents Association or ACPO, cadets and civilian support staff who have elected to join the Group Insurance Scheme and from whom a deduction for premium is being made from wages who were

- actively at work at the commencement of this insurance or
- not employed by the Insured at the commencement of this insurance but who have since become so employed

Operative Time: 24 Hour Continuous

Aviva Insurance Limited
Registered in Scotland No.2116.
Registered Office: Pitheavlis, Perth PH2 0NH.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

GROUP ACCIDENT AND SICKNESS INSURANCE POLICY

INTRODUCTION

Thank You for choosing Aviva as Your insurer

This is Your Group Personal Accident and Sickness Insurance policy, setting out Your insurance protection in detail.

Your premium has been based upon the information shown in The Schedule and recorded in the written application you have signed and/or declaration you have made. Please read it carefully to make sure that it meets Your requirements and that the details on The Schedule are correct.

If after reading Your policy You have any questions, please contact Your insurance adviser.

It is your evidence of insurance and may be required in the event of a claim.

If you decide within 14 days of receipt that you do not wish to accept this policy, return it, and provided no claims have been made, we will refund the premium.

IMPORTANT

This policy is a legal contract. You must tell us about any facts or changes which affect your insurance and which have occurred either since the policy started or since the last renewal date. If you are not sure whether certain facts are relevant please ask your insurance adviser. If you do not tell us about relevant changes, your policy may not be valid or the policy may not cover you fully. You should keep a written record (including copies of letters) of any information you give us when you renew this policy.

HOW TO CLAIM

Should you need to make a claim under this policy, please contact Philip Williams & Company using the appropriate telephone number found below:-

01925 604421

DEFINITIONS

Accident/Accidental	Shall mean a sudden violent external unforeseen and identifiable event
Bodily Injury	Accidental bodily injury caused by an accident and which solely and independently of any other cause (except illness directly resulting from medical or surgical treatment rendered necessary as a result of such injury) occasions the death of or loss or disablement to the Insured Person within 24 months from the date of the accident by which such injury is caused
Excess	The number of calendar days at the commencement of each period of Total Disablement for which benefit is not payable
Geographical Limits	Worldwide – See Exclusion 5
Loss of Hearing	Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies using a pure tone audiogram
Loss of all Sight	Shall include total and irrecoverable loss of all sight which shall be deemed to have occurred (a) in both eyes when the condition is shown to the Insurer's satisfaction to be

permanent and without expectation of recovery and the Insured Person's name has been added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist

- (b) in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen scale and the Insurer is satisfied that the condition is permanent and without expectation of recovery

Normal Pregnancy	Any symptoms or combination of symptoms which normally accompany pregnancy (including multiple pregnancy) which are generally minor or temporary (or both) and which do not represent a medical danger to the mother or baby and; Childbirth, including delivery by Caesarean section or any other medically or surgically assisted delivery that does not cause any medical complications
Paraplegia/Paraplegic	The total and permanent paralysis of both lower limbs, bladder and rectum as a result of Accidental Bodily Injury, which in all probability shall continue for the remainder of the Insured Person's life.
Period of Insurance	From the Effective Date to the Expiry Date as shown on The Schedule
Quadriplegia	The total and permanent paralysis of all four limbs as a result of Accidental Bodily Injury which in all probability shall continue for the remainder of the Insured Person's life.
We/Us/Our/The Insurer	Aviva Insurance Limited
You/Your/The Insured	The companies, persons, partnerships or unincorporated association named in the Schedule
24 Hour Continuous	Continuous throughout the Period of Insurance

OPERATION OF COVER

The Insured having paid or agreed to pay the premium the Insurer will in the terms of this policy pay the sum(s) shown in the Schedule of Benefits in the event of any Insured Person described in the Schedule sustaining Accidental Bodily Injury which independently of any other cause which results in death or disablement occurring within the Geographical Limits during the Period of Insurance

Cover under this policy includes

1 Exposure

Bodily injury includes exposure to the elements

2 Disappearance

If an Insured Person has been missing for a period of 180 consecutive days and there is sufficient evidence to support the conclusion that death has been caused by Accidental Bodily Injury, such Insured Person will be presumed to have died.

However You will have to repay any benefit if such Insured Person is found to have been alive or is found alive.

EXCLUSIONS

This policy excludes

1 Hazardous Pursuits or Occupations

Bodily Injury sustained while taking part in aviation (except when travelling solely as a passenger) unless in the course of Police Duties

2 Self-Inflicted Injury or Sickness

wilfully self-inflicted injury or sickness

3 Pregnancy or Childbirth

Normal Pregnancy unless it develops into a complication which is diagnosed by a doctor or consultant who specialises in obstetrics.

4 Age Limits

Bodily Injury sustained after the Insured Person's 65th birthday

5 Residence

the Insured Person while permanently resident outside the United Kingdom Channel Islands or Isle of Man

6 Overseas Secondments

Accidental Bodily Injury sustained or sickness contracted or declaring itself while an Insured Person is working in any capacity including but not limited to secondments outside the European Union and career breaks unless this is notified to and agreed by the Insurer and the Insured in writing.

7 War Risks

any consequence whatsoever resulting directly or indirectly from or in connection with any of the following regardless of any other contributory cause or event

(i) war invasion act of foreign enemy hostilities or a warlike operation or operations (whether war be declared or not) civil war rebellion revolution insurrection civil commotion assuming the proportions of or amounting to an uprising military or usurped power

(ii) any action taken in controlling preventing suppressing or in any way relating to (i) above

8 Membership of Armed Forces

the Insured Person serving in the Armed Forces of any Nation or International Authority

CONDITIONS

1 Payment of Benefit

Benefit shall not be payable under more than one of the Clauses in the Schedule of Benefits in respect of the same Accident or the same period of disablement for the same Insured Person except that payment may be made

(a) under more than one item of Clauses 3 to 10 provided that the total amount does not exceed the maximum benefit

(b) under Clause 1, 2 or 11 after payment has already been made under one or more of Clauses 3(b) to 10(h) provided the total amount inclusive of any payment made under one or more of Clauses 3(b) to 10(h) does not exceed the Maximum Benefit

(c) under Clause 12 for any period prior to payment being made under Clauses 1 to 11

After a claim has been paid under one of Clauses 1 to 3(a) or 11 in respect of any person no further liability shall attach to the Insurer in respect of that person during the current Period of Insurance

The liability of the Insurer in respect of a series of claims under Clauses 1 to 4 occurring in any Period of Insurance in respect of the same Insured Person shall not exceed in total the Maximum Benefit

2 Payment under Clause 11

Benefit under Clause 11 shall be payable only on certification by a qualified registered medical practitioner (appointed by the Insurer) of permanent disablement as defined and not before the expiry of 52 consecutive weeks' disablement

3 Payment under Clause 12

Benefit under Clause 12 shall be paid

(a) when the total amount on termination of any one period of disablement has been agreed or

(b) at the Insured's Person's request interim payments may be made at 4 weekly intervals in arrears

subject to medical and other information required by the Insurer

4 Period of Payment

Benefit under Clause 12 shall be payable up to but not exceeding in all 104 weeks in respect of any period(s) of disablement resulting from any **one** accident calculated from the eighth day of disablement

5 Disablement Not Specified or Partial Loss

In respect of

(a) disablement not specified in the Schedule of Benefits or

(b) partial loss of any member(s) specified in the Schedule of Benefits

the percentage of benefit shall be assessed in proportion to the degree of disability as compared with the benefits specified without reference to ability to follow any profession or occupation

6 Left Handed Persons

In respect of an Insured Person who is left handed the percentages under Clauses 3(b) to 4(b) are reversed

7 Discharge of Liability

Benefit shall be payable to the Insured Person whose receipt shall be a valid discharge of the Insurer's liability

8 Trust, Charge or Transfer

The Insurer will not be bound to accept or be affected by any notice of any trust, charge or transfer relating to any Insured Person under this insurance

9 Contracts (Rights of Third Parties) Act 1999

The Insurer will not provide benefits in respect of any claim relating to any non-contracting parties rights to enforce all or any part of this policy. The Contracts (Rights of Third Parties) Act 1999 does not apply to this policy

10 Interpretation

Any word or expression in this policy to which a specific meaning has been given shall bear that meaning wherever it appears

11 Basis of Contract

Any declaration made by the Insured forms the basis of and is incorporated in this contract

12 Observance

The observance of the terms of this policy and the truth to the best of the Insured's knowledge and belief of the statements made in any declaration completed by or on behalf of the Insured shall be conditions precedent to any liability of the Insurer

CONDITIONS

13 Cancellation

The Insurer may cancel this policy by sending 60 days' notice by recorded delivery to the Insured's last known address and the Insured shall become entitled to a return of premium corresponding to the unexpired period of insurance.

The Insured Person may cancel their cover within 30 days of joining and provided no claim has been made will be entitled to a full refund of premium.

After 30 days the Insured Person may cancel cover at any time by stopping salary deductions. If an Insured Person wishes to re-join the scheme at a later date premiums may be increased or specific exclusions or a pre-existing conditions exclusion may apply.

14 Submission of Claim

Written notice of a claim must be given to: without unnecessary delay after the injury or commencement of the sickness which is the subject of the claim, but in any event not more than 6 months after the date of injury or onset of sickness.

15 Evidence

All certificates information and evidence to support a claim shall be provided at the Insured's expense and shall be in a form as required by the Insurer

The Insured Person shall as often as required submit to medical examination at the Insurer's expense

16 Premium Declaration

The Insured will declare to the Insurer the number of salary deductions made and total premium paid at the end of each calendar month and the premium will be debited at the rate shown on the Schedule including Insurance Premium Tax

17 Fraud

If any claim under this policy is fraudulent or if fraudulent means are utilised by an Insured Person to secure payment of benefit under this policy then in respect of that Insured person such action(s) shall render this policy null and void and all rights hereunder shall be forfeited

18 New Recruits

In respect of new recruits cover who elects to join the Group Insurance Scheme cover will be free for the first 104 weeks

19 Police Regulations

The Insured shall notify the Insurers of any changes to Regulation 28 of the Police Regulations 1995 – pay during sick leave as soon as they become aware of such change.

20 Interest

No benefit payable under this policy shall carry interest

21 Subjectivity

The policy, the application form, any statement of fact and/or declaration made by You, and The Schedule, should be read together and form the contract of insurance between You, The Policyholder, and Us Aviva.

We will clearly state in the Schedule if the Cover provided by the policy is subject to You:

- (a) providing Us with any additional information requested by the required date(s),
- (b) completing any actions agreed between You and Us by the required date(s),
- (c) allowing Us to complete any actions agreed between You and Us.

Upon completion of these requirements (or if they are not completed by the required dates), We may, at our option:

- (a) modify Your premium,
- (b) issue a mid-term amendment to Your policy or Section terms and Conditions,
- (c) exercise Our right to cancel Your policy,
- (d) leave the policy or Section terms and Conditions, and Your premium, unaltered.

We will contact You with our decision and where applicable, specify the date(s) by which any action(s) agreed need to be completed by You and/or any decision by Us will take effect. Our requirements and decisions will take effect from the date(s) specified unless and until We agree otherwise in writing. If You disagree with Our requirements and/or decisions, We will consider Your comments and where we consider appropriate, will continue to negotiate with You to resolve the matter to Your and Our satisfaction. In the event that the matter cannot be resolved:

CONDITIONS

i) You have the right to cancel this policy from a date agreed by You and Us and, providing no claims have been made, We will refund a proportionate part of the premium paid for the unexpired period of cover.

ii) We may, at Our option, exercise our right under the policy Cancellation Condition. Except where stated all other policy and Section terms and Conditions will continue to apply.

The above conditions do not affect our right to void the policy if We discover information material to our acceptance of the risk. Please refer to the **IMPORTANT** note within The Introduction at the beginning of Your policy booklet.

SCHEDULE OF BENEFITS

Accidental Bodily Injury resulting in	Maximum Benefit £75,000	
Clause	Percentage of the Maximum Benefit	
1. death	Nil	
2. total and irrecoverable loss of all sight in one or both eyes rendering the Insured Person absolutely blind in the eye or eyes beyond remedy by surgical or other treatment	100	
3. total loss by physical severance or complete and irrecoverable loss of use of	Left	Right
(a) either one or both hands and/or one or both feet	100	
(b) one thumb	25	30
(c) one index finger	20	25
(d) any other finger	10	15
(e) one big toe	10	
(f) any other toe	5	
4. Complete and irrecoverable loss of use of		
(a) Shoulder or elbow	20	25
(b) Wrist	15	20
(c) Hip knee or ankle	20	25
5. Fractured leg or foot with established non-union	10	
6. Fractured knee cap with established non-union	10	
7. Shortening of leg by at least 5 centimetres	7.5	
8. Removal of lower jaw by surgical operation	30	
9. Permanent facial disfigurement to an extent of not less than 5 square centimetres of scar tissue in the area from the hairline to and including the lower jaw and ears	10	
10. Complete and irrecoverable loss of		
(a) Sense of smell	10	
(b) (i) Hearing in one ear	25	
(b) (ii) Hearing in both ears	100	
(c) speech	100	
(d) One lung	25	
(e) One Kidney	25	
(f) Facial tissue which necessitates the use of a surgical mask	25	
(g) Lens of one eye	50	
(h) Osseous substance of the skull in all its thickness:-		
(i) Surface of at least 6 square cm	40	
(ii) Surface of 3 to 6 square cm	20	
(iii) Surface of less than 3 square cm	10	

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| 11. Permanent disablement as described below | |
| (a) permanent total disablement (other than loss of sight or limbs, or loss of speech or Hearing) entirely preventing the Insured Person from engaging in or giving attention to any and every profession or occupation | 100 |
| (b) complete and incurable | |
| (i) paralysis | 100 |
| (ii) insanity | 100 |

All occurring within 24 months of the date of the Accident from which the claim arises

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|---|-----------|
| 12. total disablement entirely preventing the Insured Person from engaging in or giving attention to his/her usual occupation | Nil |
| Excess | 7 days |
| Benefit Period | 104 weeks |

Maximum Benefit any one Insured Person

Benefits 1 to 11	£75,000
Benefit 12	Not Applicable

Maximum Accumulation Limit

Any one Conveyance	: £25,000,000
Any one Accident	: £25,000,000
Any one Aircraft	: £25,000,000

The Insurer shall not be liable for any amount in excess of the above stated Maximum Accumulation Limit. If the aggregate amount of all Benefits payable exceeds the Maximum Accumulation Limit the Benefit payable to each Insured Person shall be proportionately reduced until the total of all Benefits does not exceed the Maximum Accumulation Limit.

EXTENSIONS

1. CASTING BENEFIT

Accidental Bodily Injury occurring during the Period of Insurance resulting in Permanent Total Disablement (other than as provided by Benefits 2, to 11) entirely preventing the Insured Person from following occupation as a Police Officer

Sum Insured:

Length of Pensionable Service	Sum Insured
Up to 5 years	£5,000
Over 5 years service	Nil

Sickness resulting in Permanent Total Disablement entirely preventing the Insured Person from following occupation as a Police Officer

Sum Insured:

Length of Pensionable Service	Sum Insured
Up to 5 years	£5,000
Over 5 Years Service	Nil

2. CRIMINAL COURT COMPENSATION AWARD

Payment consequent upon the making of a restitution order in a UK court of law following assault of an Insured Person during the Period of Insurance who is a serving police officer where the restitution order remains unsatisfied for a period exceeding 6 months
Maximum Payment £500

3. INJURY AS A RESULT OF FIREARMS OR KNIVES

If a serving police officer sustains Accidental Bodily Injury in the course of duty during the Period of Insurance directly caused by the discharge of either firearms or shotguns or caused by assault involving a knife and as a consequence of the injuries the Insured Person is unable to work for a period of at least 14 consecutive days immediately after the attack the Insurer will pay:

- (a) £1,500 as a result of Firearm or Shotgun injuries
- (b) £750 as a result of knife injuries

4. QUADRIPLEGIA and PARAPLEGIA

In the event of a valid Permanent Total Disablement claim we will pay an additional £25,000 if the Insured Person becomes a Paraplegic or £50,000 if they become a Quadriplegic

5. COMA BENEFIT

In the event that an Insured Person sustains Accidental Bodily Injury during the Period of Insurance which results in a continuous state We will pay an additional sum of £25 per day for each day of continuous unconsciousness up to a maximum of 358 days, excluding the first 7 days

6. REHABILITATION EXPENSES

In the event of a valid claim being paid for Permanent Total Disablement or Loss of Limb(s) or Loss of Sight we will indemnify you for all reasonable expenses incurred in retraining the Insured Person for either, an alternative occupation or in order to improve the quality of their life, up to a maximum of £15,000.

7. INFECTION BY HIV WHILE ON DUTY

HIV AND BLOOD TRANSFUSION

This policy is extended to cover serving police officers while in the course of duty if during the Period of Insurance they suffer:

First diagnosis of infection by human immunodeficiency virus caused by needlestick injury or mucous membrane exposure to blood or blood stained body fluid.

This is infection by HIV where the Insured Person has occupational duties that are to give accident or emergency services to the general public and, as a result of performing these duties, the Insured Person becomes infected with HIV caused by Accidental needlestick injury or mucous membrane exposure to blood or blood stained body fluid provided:

- a. the incident involving such contact has happened during the period of insurance and has been documented and reported in accordance with the procedures of the North Wales Police Force for such incidences and
- b. the documentation shows that the Insured Person has had a negative blood test for HIV or antibodies to HIV within 10 days of the incident and a further blood test within 12 months of the incident shows the presence of HIV or antibodies to HIV.

Sum Insured: £75,000

8. EMERGENCY DENTAL TREATMENT

A. WORLDWIDE DENTAL INJURY

The Insurer will pay for the cost of all dental treatment and dental prescription charges incurred by the Insured Person in connection with a Dental Injury during the Period of Insurance up to a limit of £2,500 per Dental Injury up to a limit of four Dental Injuries per Insured Person during the Period of Insurance. Benefit is only in respect of treatments commencing within 183 days of the date of the Accident causing the Dental Injury.

Benefit will not be payable for treatment received after 2 years from the date of the Accident causing the Dental Injury.

B. WORLDWIDE EMERGENCY DENTAL TREATMENT

- a. For the cost of Emergency Dental Treatment the Insurer will pay Temporary Dental Treatment (including prescription charges) incurred in the United Kingdom up to £200 per incidents up to four incidents per Insured person during the Period of insurance.
- b. For the cost of Emergency Dental Treatment the Insurer will pay Temporary Dental Treatment (including prescription charges) incurred outside the United Kingdom up to £400 per incident up to two incidents per Insured person during the Period of insurance.

There is an aggregate maximum limit of £800 per year per Insured Person in any one Period of Insurance

C. DENTIST CALL OUT FEES

The Insurer will pay for the cost of emergency Dental Call-Out up to £100 per call out.

There is a limit of two call-outs per year per Insured person during any one Period of Insurance.

D. HOSPITAL CASH BENEFIT

The Insurer will pay £50 per night subject to a maximum of £1,000 in any one Period of Insurance if the Insured Person is admitted to Hospital for dental treatment under the care of a consultant specialising in dental or maxillofacial surgery in relation to a head or neck condition

DEFINITIONS

Contact Sports	Rugby, lacrosse, hockey, boxing, wrestling, ice hockey, karate, judo, kick boxing, and any sport where it is common practice to wear mouth protection
Dental Call-Out	The necessity for a dentist <ol style="list-style-type: none">a. in the United Kingdom to re-open the practice between the hours of 18.00 hrs and 08.00 hrs on weekdays or at any time at weekends or bank holidaysb. outside the United Kingdom to re-open the practice outside the practices normal business hours to provide Emergency Dental Treatment or treatment in the event of Dental Injury
Dental Injury/Injuries	An injury to the teeth or supporting structures which is directly caused by an Accident. Cover includes Damage to dentures while being worn which is directly caused suddenly and unexpectedly by means of a direct external impact
Emergency Dental Treatment – Temporary Dental Treatment	Treatment provided at the initial emergency appointment urgently required for the relief of severe pain, arrest of haemorrhage, the control of acute infection or a condition which causes a severe threat to the Insured Person's general health.

	All subsequent treatment required after the initial emergency appointment is not covered.
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EXCLUSIONS APPLYING TO THIS EXTENSION

This policy excludes:

1. Injury caused by the consumption of food (including foreign bodies contained within food).
2. Damage caused by toothbrushing or other oral hygiene procedures
3. Injury while training in or participating in Contact Sports unless an appropriate sports mouthguard is worn
4. All treatment care or repair of teeth gums mouth or tongue in connection with "mouth jewellery".
5. Any treatment deemed to be clinically unnecessary
6. Costs recovered or recoverable from any other insurance policies
7. The costs of any travelling expenses and telephone calls
8. Anything mentioned in the main policy exclusions

9. CONVALESCENT BENEFIT

If a Serving Officer has to stay in a convalescent home on the recommendation of a registered medical practitioner a benefit of:
 £70 for stays at Castlebrae, Auchterader or
 £40 for stays at St Andrew's, Harrogate
 will be payable in respect of any one Accident or illness.

10. UNSOCIABLE HOURS BENEFIT

If a Serving Officer sustains Accidental Bodily Injury or contracts sickness during the Period of Insurance resulting in total disablement entirely preventing that Insured Person from engaging in or giving attention to his/her usual occupation We will pay a benefit equal to 7.5% of basic Scale Pay hourly rate while the Insured Person is unable to work their Unsociable Hours that had been scheduled prior to the commencement of disablement as recorded in Police Force records.

We will not pay for scheduled Unsociable Hours for the first 14 days of each period of disablement. The maximum benefit We will pay in respect of this Extension is:

The maximum benefit We will pay in respect of this extension is:

- Constables: £60 per week
- Sergeants: £75 per week
- Inspectors £95 per week
- Chief Inspectors £95 per week

We will pay benefit for Unsociable Hours Benefit for up to a maximum of 24 weeks

Payment of a loss under this Extension is subject to the Insured Person providing Us at the time of submitting their claim with written evidence from their general practitioner of the period of absence being claimed for

Unsociable Hours are defined as

Shift hours commencing at 20.00 hours and ending at 06.00 hours that an Insured person is scheduled to work and documented in Police Force records

11. CHILDCARE EXPENSES

We will indemnify a Serving Officer up to a maximum of £15 per hour and a maximum of £1,000 per claim for costs and expenses incurred as a result of a change within three days of an officers scheduled tour of duty or a change to the officers rest day which results in costs incurred for childcare expenses

Payment of a loss under this Extension is subject to the Insured Person providing Us with receipted evidence of the additional Childcare Expenses incurred for the period being claimed for

COMPLAINTS PROCEDURE

Our goal is to give excellent service to all our customers but we recognise that things do go wrong occasionally. We take all complaints we receive seriously and aim to resolve all our customers' problems promptly. To ensure that we provide the kind of service you expect we welcome your feedback. We will record and analyse your comments to make sure we continually improve the service we offer.

What will happen if you complain

- We will acknowledge your complaint promptly.
- We aim to resolve complaints as quickly as possible

Most of our customers' concerns can be resolved quickly but occasionally more detailed enquiries are needed. If this is likely, we will contact you with an update within 10 working days of receipt and give you an expected date of response.

What to do if you are unhappy

If you are unhappy with any aspect of the handling of your insurance we would encourage you, in the first instance, to seek resolution by contacting Philip Williams & Company, 35 Walton Road, Stockton Heath, Warrington, WA4 6NW.

If you are unhappy with the outcome of your complaint you may refer the matter to the Financial Ombudsman Service (FOS) at:

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

Telephone:
0800 023 4567 or
0300 123 9123

Or simply log on to their website at www.financial-ombudsman.org.uk.

Whilst we are bound by the decision of the Financial Ombudsman Service you are not. Following the complaints procedure does not affect your right to take legal action.

LAW APPLICABLE TO CONTRACT

The appropriate law as set out below will apply unless you and the insurer agree otherwise:

1. The law applying in that part of the UK, Channel Islands or Isle of Man in which you normally live or (if applicable) the first named policyholder normally lives; or
2. In the case of a business, the law applying in that part of the UK, Channel Islands or Isle of Man where it has its principal place of business; or
3. Should neither of the above be applicable, the law of England and Wales will apply.

FINANCIAL SERVICES COMPENSATION SCHEME

We are members of the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our obligations, depending on the type of insurance and the circumstances of your claim.

Further information about the scheme is available from the FSCS website www.fscs.org.uk, or write to Financial Services Compensation Scheme, 7th Floor, Lloyds Chambers, Portsoken Street, London E1 8BN

CUSTOMERS WITH DISABILITIES

This policy and other associated documentation are also available in large print, audio and Braille. If You require any of these formats please contact Philip Williams & Company

USE OF LANGUAGE

Unless otherwise agreed, the contractual terms and conditions and other information relating to this contract will be in English.

COPY POLICY AVAILABILITY

If, at any stage you would like to receive a new copy of your policy, please contact Philip Williams & Company, 35 Walton Road, Stockton Heath, Warrington, WA4 6NW.

Aviva Insurance Limited

Registered in Scotland No.2116.

Registered Office: Pitheavlis, Perth PH2 0NH.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority
and the Prudential Regulation Authority