



personal accident and sickness insurance

Underwritten by

Allianz 

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Insurers and service providers

All Sections of this policy are underwritten by Allianz Insurance plc

Introduction

Thank you for choosing Allianz Insurance plc.

Your Policy of insurance is made up of several parts which must be read together as they form your contract. Please take time to read all parts of this Policy to make sure that they meet your needs and that you understand the terms, exclusions and conditions. If you wish to change anything or if there is anything you do not understand, please let your insurance adviser or the Allianz office that issued your Policy know – adjustments can often be made and we will be pleased to help.

The parts of this Policy are:

- this introduction; the Policy Definitions; the Policy Exclusions and Policy Conditions, all of which apply to all Sections of this Policy.
- the Sections of cover selected by you, including the Exclusions and Conditions which apply to the Section.
- the Schedule which shows your details, the cover provided and all Endorsements applied to this Policy while this Policy is in force.

Any word or expression in this Policy which is given a specific meaning under Policy Definitions has the same meaning wherever it appears in **bold** in this Policy. Allianz will cover the **Insured** in accordance with and subject to the terms of this Policy, in consideration of the payment to Allianz of the premium for the **Period of Insurance**.

Signed on behalf of Allianz Insurance plc.



Andrew Torrance
Chief Executive

Policy Definitions

This part of the policy lists definitions applicable to all sections of the policy.

Accidental Bodily Injury

Bodily injury caused by:

- a) accidental violent external and visible means
- b) unavoidable exposure to the elements.

Adjustment Information

Such additional information as the **Insurer** may require the **Insured** to provide in order to calculate the full premium due for the **Period of Insurance** as shown on the Schedule.

Aircraft Accumulation Limit

The **Insurer's** maximum liability in total under this and any other personal accident and/or business travel policies issued or to be issued by the **Insurer** to the **Insured** for all **Losses** involving any **Scheduled Air Transport**.

Annual Salary

The annualised gross salary (excluding bonus payments) drawn per annum by the **Insured Person** as at the date of occurrence of the accident giving rise to **Accidental Bodily Injury**.

Associated Illness

Sickness or disease (except any psychological condition or disorder) that results directly from the **Insured Person** sustaining **Accidental Bodily Injury** that would not otherwise have arisen and had not previously arisen.

Benefit

The sum or sums of money that the **Insurer** has agreed to pay the **Insured Person** as shown in the Schedule.

Business of the Insured

The Business of the **Insured** as shown in the Schedule.

Capital Sum Benefit

A **Benefit** that is not payable at a weekly rate.

Clause

Any addition, variation or alteration to the terms of this Policy.

Contamination

Contamination or poisoning of people by nuclear and/or chemical and/or biological substances that cause illness and/or disablement and/or **Death**.

Contamination by Terrorism Accumulation Limit

The **Insurer's** maximum liability in total under this and any other personal accident, business travel and sickness policies issued or to be issued by the **Insurer** to the **Insured** in respect of any one **Loss** involving **Contamination by Terrorism** as shown in the Schedule.

Death

Death caused by **Accidental Bodily Injury**.

Europe

The **United Kingdom** and **Eire**, the continent of Europe, islands in the Mediterranean, former member states of the Soviet Union west of the Ural Mountains and Turkey west of 30° East.

Event Accumulation Limit

The **Insurer's** maximum liability in total under this and any other personal accident and/or business travel and/or sickness policies issued or to be issued by the **Insurer** to the **Insured** for all **Losses** not involving air travel.

Excess Period

The first period of **Temporary Total Disablement** or **Temporary Partial Disablement** for which no **Benefit** is payable as shown in the Schedule.

First Aid Expenses

Expenses necessarily incurred by the **Insured Person** for immediate and urgent treatment due to the **Insured Person** having sustained **Accidental Bodily Injury** which results in a valid claim for any of **Benefits** 1 to 8 as shown under Section 1 of the Table of Sums Insured in the Schedule.

Hospital

Any National Health Service Trust or registered private hospital in the **United Kingdom** licensed by a recognised body for the undertaking of surgical operations or any equivalent establishment outside of the **United Kingdom**.

Hospitalisation

Any continuous period of 24 hours or more during which time the **Insured Person** has been confined to **Hospital**.

Insured

The Insured named and shown in the Schedule.

Insured Person

Those persons specified in the Schedule as being Insured Persons.

Insurer

Allianz Insurance plc

Loss

A loss or series of losses arising out of or consequent upon or contributed to directly or indirectly by one originating event.

Loss of Hearing

Total and permanent loss of hearing in one or both ears that in the opinion of an independent qualified medical referee acceptable to the **Insurer** is never going to improve.

Loss of Internal Organ

Total and permanent:

- a) loss by removal
- or
- b) effective loss of use of one lung or one kidney, the spleen or the liver.

Loss of Limb

Total and permanent loss

- a) by physical separation
- or
- b) of use of a hand, at or above the wrist or a foot at or above the ankle.

Loss of Sight

Total and permanent loss of sight which will be considered as having occurred:

- a) in both eyes if the **Insured Person's** name has been added to the Register of Blind Persons maintained by the government on the authority of a fully qualified ophthalmic specialist
- or
- b) in one eye, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

Loss of Speech

Total and permanent loss of the ability to speak or communicate verbally

Maximum Benefit

The maximum amount of **Benefit** payable, as shown in the Table of Sums Insured in the Schedule.

Maximum Benefit Period

The maximum length of time for which a **Benefit** is payable after the **Excess Period** has expired as shown in the Schedule.

Non-Scheduled Air Accumulation Limit

The **Insurer's** maximum liability in total under this and any other personal accident and/or business travel policies issued or to be issued by the **Insurer** to the **Insured** for all **Losses** involving air travel other than **Scheduled Air Transport**.

Operative Times of Cover

The time and circumstances when cover under this Policy is effective within the **Period of Insurance** shown in the Schedule by reference to the terms on page 5 of this Policy.

Period of Insurance

The period of insurance shown in the Schedule being the period during which this Policy remains valid subject to the **Operative Time of Cover**. The Period of Insurance runs up to 11.59pm on the day immediately prior to the renewal date shown in the Schedule.

Permanent Total Disablement

Any permanent disablement other than

- a) Loss of Sight
- b) Loss of Hearing
- c) Loss of Limb
- d) Loss of Internal Organ
- e) Loss of Speech

which having lasted without interruption for at least 12 months, has no reasonable prospect of improving and in the opinion of an independent qualified medical referee acceptable to the **Insurer**, will in all probability permanently, completely and continuously prevent the **Insured Person** from engaging in or giving attention to:

- i. their **Usual Occupation** if in gainful employment
- ii. business profession or occupation of each and every kind if the **Insured Person** is not in gainful employment
- iii. business schooling profession or occupation of each and every kind if the **Insured Person** is under 16 years of age or under 18 years of age and in full time education

for the remainder of their life.

Permanent Partial Disablement

Means **Loss of Sight, Loss of Hearing, Loss of Speech, Loss of Limb, Loss of Internal Organ**.

Scheduled Air Transport

A registered fixed wing aircraft which flies from an internationally recognised airport on a published schedule and which has more than 18 seats.

Sickness

Any illness, disease, medical complaint or medical condition which is not **Accidental Bodily Injury** and which is contracted by an **Insured Person** within **Europe**, the United States of America, Canada, Australia or New Zealand.

Temporary Partial Disablement

Disablement that completely prevents the **Insured Person** from performing more than 50% of the functions of their **Usual Occupation**.

Temporary Total Disablement

Disablement which completely prevents the **Insured Person** from performing each and every function of their **Usual Occupation**.

Terrorism

An act of Terrorism means an act including but not limited to the use of force or violence and/or the threat thereof of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political, religious, ideological, ethnic or similar purposes or reasons including the intention to influence any government and/or to put the public or any section of the public in fear.

United Kingdom

England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands.

Usual Occupation

The tasks, duties and other functions, which the **Insured Person** normally performs in connection with the **Business of the Insured**.

War

Invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.

Weekly Benefit

The amount shown in the Schedule under the Table of Sums Insured that the **Insurer** will pay to the **Insured** for each complete working week, during any period of **Temporary Total Disablement** or **Temporary Partial Disablement** of an **Insured Person**.

Weekly Wage

The gross basic weekly amount (or in the case of salaried employees 1/52nd of the **Annual Salary**) normally drawn (excluding bonus payments) by the **Insured Person** as at the date of occurrence of the accident giving rise to **Accidental Bodily Injury** for their **Usual Occupation**.

Operative Times Of Cover

- **24 Hours**
At any time
- **Occupational**
 - a) While an **Insured Person** is carrying out their occupational duties for the **Insured** or while travelling between:
 - i. an **Insured Person's** place of residence and place of work
 - ii. between places of work where the travel is at the expense of the **Insured**.
 - b) At any time where **Accidental Bodily Injury** is the direct result of an unprovoked physical assault by another person.
- **Occupational including Commuting**
 - a) While an **Insured Person** is carrying out their occupational duties for the **Insured** or travelling between:
 - i. an **Insured Person's** place of residence and place of work
 - ii. places of work.
 - b) At any time where **Accidental Bodily Injury** is the direct result of an unprovoked physical assault by another person.

Section 1 – Personal Accident

Cover

The **Insurer** will pay the **Insured** the sum or sums shown in the Schedule if the **Insured Person** suffers **Accidental Bodily Injury** during the **Period of Insurance** and **Operative Time of Cover** which, within 12 months thereof solely, directly and independently of any other cause results in the:

- a) **Death**
- b) **Permanent Total Disablement**
- c) **Permanent Partial Disablement**
- d) **Temporary Total Disablement**
- e) **Temporary Partial Disablement**

of the **Insured Person**.

Section 1a – Extension of Cover

This describes a number of additional benefits which are provided as an automatic extension of cover.

a) First Aid Expenses

The **Insurer** will pay for **First Aid Expenses** incurred in the **Insured Person's** country of residence up to a maximum of:

- i. 5% of any amount paid by the **Insurer** under **Benefit 1 to 6**

or

- ii. 15% of any amount paid by the **Insurer** under **Benefit 7 and 8**

as set out in the Schedule subject to a maximum total amount of £10,000.

b) Hospitalisation Benefit

If **Accidental Bodily Injury** results in **Hospitalisation** in the **Insured Person's** country of residence on the recommendation of an appropriate doctor attached to the **Hospital**, the **Insurer** will pay the **Insured** the following amounts:

In-Patient Benefit

- i. £25 for each continuous 24-hour period that the **Insured Person** spends in **Hospital** as an in-patient.

The maximum amount payable is £1,000.

Convalescence Benefit

- ii. £25 for each continuous 24 hour period of convalescence during which the **Insured Person** is confined to their home or a registered nursing home on the recommendation of an appropriate doctor attached to the **Hospital** after discharge following a period of **Hospitalisation**.

The maximum amount payable is £1,000.

c) Assault Injury Enhanced Benefit

If the **Insured Person** sustains **Accidental Bodily Injury** as a direct result of a unprovoked physical assault whilst they are acting in connection with the **Business of the Insured** which causes **Death, Permanent Total Disablement** or **Permanent Partial Disablement** the **Insurer** will pay the **Insured** an additional **Benefit** equivalent to 10% of the **Capital Sum Benefit** amount shown in the **Schedule** for the **Insured Person**.

The maximum amount payable in respect of this additional **Benefit** is £25,000.

d) Legal Advice

Legal Advice is provided to the **Insured** as an automatic **Benefit** entitling all **Insured Person** to seek telephone advice and guidance 24 hours a day, 365 days a year on any personal legal matter apart from employment problems. Details of how to contact the legal advice service are contained in the schedule.

The legal advice and guidance the **Insured Person** gets will always be according to the laws of Great Britain and Northern Ireland. Calls may be recorded to protect the **Insured Person**.

When the **Insured Person** calls for Legal Advice, he or she must quote Policy Reference 34465. The **Insured Person** will be asked for a brief summary of the problem and these details will be passed on to an adviser who will return the **Insured Person's** call.

Legal advice is available by telephone during the **Period of Insurance** although no liability can be accepted for any breakdown or failure of the telephone network.

Section 2 - Sickness

Cover

The **Insurer** will pay the **Insured** a sum or sums in accordance with the Table of Sums Insured shown in the Schedule if the **Insured Person** suffers **Sickness** during the **Period of Insurance** and **Operative Time of Cover**.

Policy Conditions

This Part of the policy provides details of all Conditions that apply to all sections.

1. Duty of Disclosure

All information supplied to the **Insurer** by or on behalf of the **Insured** in connection with this Policy must be truthful and complete including any information supplied in relation to a claim.

2. Basis of Policy

The Policy and Schedule shall be read together as one contract and words and expressions to which specific meanings have been attached in this Policy shall bear such specific meanings wherever they may appear. The Statement of Fact or Proposal Form and all other material information supplied by the **Insured** to the **Insurer** shall form the basis of this policy.

3. Payment Premium

The **Insured** must pay to the **Insurer** all premiums due to the Insurer together with all taxes due on the premiums.

If the **Insurer** agrees to accept payment of premiums by instalments and payment of any instalment is not made on a due date for whatever reason the full outstanding balance shall become payable immediately.

If the **Insured** then fails to pay such amount within seven days of the **Insurer** giving notice to the **Insured** of the default in payment the **Insurer** may cancel this Policy by giving seven days' notice in writing to the **Insured**.

4. Assignment

The **Insured** must not assign any of the **Benefits** under this policy. The **Insurer** will not be bound to accept or be affected by any notice of trust, charge, lien or purported assignment or other dealing with or relating to this Policy.

5. Cancellation Rights

The **Insured** has the right to cancel the policy within a period which begins fourteen (14) days from the commencement of cover or the receipt of Policy documentation, whichever is the later (this period is referred to as the "cooling off period"). The **Insured** should exercise this right by contacting their insurance adviser or by writing to the Allianz office which issued the Policy documentation (as advised by their insurance adviser). If the **Insured** do exercise their right to cancel during the "cooling off period", the **Insured** will be entitled to a return of premium less £25 to cover

operational costs. The amount of premium to be refunded under this condition will be reduced by all unpaid premiums or unpaid premium instalments due. If the **Insured** does not exercise their right to cancel during the "cooling off period", the Policy premium becomes due, The **Insured** may not be entitled to a refund of premium and the Policy may run for its full term.

If the "cooling off period" has expired, the **Insured** may cancel the Policy during the **Period of Insurance** by giving fourteen (14) days notice in writing to the Allianz plc office which issued the Policy documents (as advised by their insurance adviser) or in writing to their insurance adviser. Provided no claim has been made or incident has arisen which is likely to give rise to a claim during the current **Period of Insurance** the **Insured** will be entitled to a proportionate return of the premium paid less £25 to cover operational costs. The amount of any premium to be refunded under this condition will be reduced by all unpaid premiums or unpaid premium instalments due.

6. Change in Risk

The **Insured** must give immediate notice to the **Insurer** of any change to the ownership of the **Insured**, the **Business of the Insured** or the occupation of the **Insured Person** from that which the **Insured** originally advised to the **Insurer**.

7. The Insurer's right to cancel this policy

The **Insurer** may cancel this Policy by sending 14 days notice by recorded delivery post to the **Insured** at the **Insured's** last known address together with any appropriate refund of premium.

8. Cancellation – War Risks

The **Insurer** may cancel cover under this Policy in respect of **War** risks at any time and at its discretion by sending 7 days notice by recorded delivery post to the **Insured** at the **Insured's** last known address.

Policy Conditions

(continued)

9. Adjustment of premium

If premium has been calculated on a deposit or declaration basis, the **Insured** must provide the **Adjustment Information** as shown in the Schedule to the **Insurer** within 30 days of the expiry of the **Period of Insurance**.

Any additional premium calculated to be due must be paid by the **Insured** upon demand and any return premium will be paid by the **Insurer** to the **Insured**.

If the **Insured** does not provide the **Adjustment Information** within 30 days of the expiry of the **Period of Insurance** then the **Insurer** will be entitled to adjust the premium at its discretion, but subject to any additional premium not exceeding 50% of the annual premium for the relevant **Period of Insurance**.

10. Benefit Limits

- a) The **Insurer** will not pay more than the **Maximum Benefit** for **Benefits 1** to 6 or any other sum insured as shown in the Schedule for the **Insured Person**.
- b) The **Maximum Benefit** payable in respect of **Death** of an **Insured Person** under 16 years of age or under 18 years of age and in full time education shall not exceed £10,000 or the **Benefit** stated in the Schedule whichever is the lower.
- c) The maximum **Weekly Benefit** payable for
 - **Temporary Total Disablement** will not exceed 65%
 - **Temporary Partial Disablement** will not exceed 32.5%

of the **Insured Person's** normal **Weekly Wage**. It is the duty of the **Insured** to inform the **Insurer** if any claim payment does exceed these limits. Payment will be proportionately reduced until these limits are not exceeded.

- d) Payment by the **Insurer** to the **Insured** of any **Weekly Benefit** does not prejudice the **Insured's** entitlement to any other **Benefit** but payment of **Weekly Benefits** will cease if the **Insurer** pays any of the **Capital Sum Benefits** and the **Insurer** will not be liable to pay any further **Benefits** in respect of the same **Insured Person** for the same **Loss**.
- e) The Schedule shows the **Weekly Benefit** payable to the **Insured** for each complete working week of **Temporary Total Disablement** or **Temporary Partial Disablement**.

Payment for any incomplete working week will be calculated as a proportion of the **Weekly Benefit** shown in the Schedule equivalent to the number of days of disablement compared to the number of days which the **Insured** normally pays the **Insured Person** to work in a normal week.

- f) The **Insurer** will not pay more than one of the **Benefits 1** to 6 shown in the Table of Sums Insured in respect of the **Insured Person** for injuries arising from the same **Loss**.
- g) The **Insurer** will not pay more than one of **Benefits 7** and 8 shown in Section 1 and **Benefit 1** shown in Section 2 of the Table of Sums Insured in respect of the **Insured Person** for the same **Loss**.
- h) The **Insurer** will not pay more than one of **Benefits 7** and 8 shown in Section 1 of the Table of Sums Insured for an accident arising from separate originating **Losses** concurrently.

11. Disappearance

Death of the **Insured Person** shall not be presumed by reason of their disappearance.

If after a reasonable period of time has elapsed the **Insurer** having examined all the evidence available has no reason to suppose other than that the **Insured Person** has sustained an accident during the **Operative Time of Cover** resulting in their **Death**, the disappearance of such **Insured Person** shall be deemed to constitute **Death** by accident for the purposes of this Policy.

In the event of the **Insured Person's** re-appearance after payment of compensation under **Benefit 1** in the Table of Sums Insured the beneficiary thereof will repay such compensation to the **Insurer** unless probate has been granted or legal evidence of the presumption of **Death** has been supplied to the **Insurer**.

12. Claims conditions

No claim will be paid unless the **Insured** and where applicable the **Insured Person** complies strictly with these conditions:

- a) The **Insured** or **Insured Person** must give notice to the **Insurer** as soon as possible and in any event within 30 days after the happening of any **loss** damage or occurrence which may result in a claim under this Policy.
- b) The **Insured** or **Insured Person** must provide the **Insurer** with all information and evidence which the **Insurer** may reasonably require at no cost to the **Insurer**.
- c) The **Insured** or **Insured Person** must at the **Insurer's** request provide a medical examination report in respect of any **Accidental Bodily Injury** where the **Insured** requires the **Insurer** to consider a claim under this policy for which the **Insurer** will pay the cost of the medical examination fee.
- d) The **Insured** must ensure that as soon as possible after the occurrence of any **Accidental Bodily Injury** the **Insured Person** obtains and follows the advice of a registered medical practitioner.

The **Insurer** will not be liable for any bodily injury or medical condition which is worsened or prolonged or any other consequences which arise as a result of the **Insured Person's** failure to obtain and follow such advice and to use such treatment remedies or appliances as may be prescribed.

- e) In the event of the **Death** of an **Insured Person** the **Insurer** will be entitled to have a post-mortem examination carried out at its expense.
- f) For the **Insured** to claim for **Weekly Benefits** under this policy the **Insured Person** must have no other **weekly benefits** insurance in force except as declared to and accepted by the **Insurer** during the **Period of Insurance**.

13. Third Parties

Save as set out herein, a person or company who is not a party to this Policy has no right under the Contracts (Rights of Third Parties) Act 1999 or any subsequent legislation to enforce any terms of this Policy but this does not affect any right or remedy of a third party which exists or is available apart from such act.

14. Law Applicable to Contract

Unless the **Insurer** agrees otherwise:

- a) the language of the policy and all communications relating to it will be English; and
- b) all aspects of the policy including negotiation and performance are subject to English law and the decisions of English courts.

15. Accumulation Limits

The **Insurer's** maximum liability for all accepted claims in total in respect of the same **Loss** shall not exceed the **Aircraft Accumulation Limit, Event Accumulation Limit, Non-scheduled Air Accumulation Limit** or **Contamination by Terrorism Accumulation Limit** as applicable. Where the total of all individual claims exceeds the limit applicable the individual claims shall be reduced proportionately until the total of all individual claims does not exceed the limit applicable in the Schedule.

16. Policy Age Limit

Unless otherwise agreed by the **Insurer** and specifically noted in this Policy no person aged:

- a) **75 or over in respect of section 1 and 1a of this Policy**
- b) **55 or over in respect of section 2 of this Policy**

at commencement of the **Period of Insurance** will be covered by this Policy.

Policy Exclusions

This part of the policy provides details of all Exclusions. Exclusions applicable to all sections of the policy are listed first, followed by Exclusions applicable to each individual section of the policy.

This policy does not cover:

Any claim arising out of or consequent upon or contributed to directly or indirectly by:

1. any **Insured Person** committing a criminal act or taking part or whilst engaged in civil commotions or riots of any kind.
2. the **Insured Person**
 - a) taking illegal drugs or taking non-prescribed drugs for recreational purposes or taking drugs prescribed for the **Insured Person's** own drug addiction or alcoholism
 - b) serving in the Armed Forces of any Nation or International Authority
 - c) committing suicide, attempted suicide or intentional self-injury
 - d) participating in off-piste winter sports
3. **war** (whether declared or not):
 - a) between any of the Major Powers (specifically China, France, the **United Kingdom**, any of the former member states of the Soviet Union and the United States of America)and/or
 - b) within **Europe** in which any of such Major Powers or their armed forces are involved or any enforcement action within **Europe** by or on behalf of the United Nations.
4. ionising radiations, radioactive contamination or radiation of any kind including the radioactive, toxic or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
5. venereal disease or Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) and or any mutual derivative or variations however caused.
6. The following Exclusion applies to any Loss in excess of the **Contamination by Terrorism Accumulation Limit** shown in the Schedule.

Claims are not payable as a result of any event directly or indirectly arising out of **Contamination** due to any act of **Terrorism** regardless of any other cause or any other event contributing at the same time or in any other sequence to such event. If the **Insurer** alleges that by reason of this exclusion any **loss** damage cost or expense is not covered the burden of proving the contrary shall be upon the **Insured** or **Insured Person**, as applicable.
7. Any claim arising out of or consequent upon travel to Afghanistan, Iraq, Ivory Coast, Somalia or Chechnya unless agreed in writing by the **Insurer**.
8. Any claim in excess of:
 - a) £2 million
 - b) the **Event Accumulation Limit, Non-scheduled Air Accumulation Limit, Aircraft Accumulation Limit**
 - c) **Contamination by Terrorism Accumulation Limit**whichever shall be the lower.
9. **Any claim under Section 1 of this Policy in respect of:**
 - a) any **Benefit** during the **Excess Period**
 - b) **sickness** or disease (with the exception of **Associated Illness**)
 - c) engaging in air travel as aircraft crew of any kind or carrying out any trade or technical operation whilst an aircraft is in flight.

10. Any claim under Section 2 of this Policy in respect of:

- a) any **Benefit** during the **Excess Period**
- b) **Sickness** first diagnosed or existing before commencement of the **Period of Insurance**
- c) any period of **Sickness** which first commenced before the **Insured Person** first becomes covered under Section 2 of this Policy
- d) **Sickness** directly or indirectly caused by a condition for which medical advice or treatment has been received within 12 months immediately preceding the **Insured Person** first becoming covered under Section 2 of this Policy (or any other **Sickness** policy held by the **Insured** provided the **Insured Person's** cover has been continuous)
- e) **Sickness** directly or indirectly caused by, prolonged by, or aggravated by any psychiatric, mental or nervous disorder of the **Insured Person**, including anxiety and/or depression.

Complaints

Our aim is to get it right, first time every time. If we make a mistake we will try to put it right promptly.

We will always confirm to you the receipt of your complaint within five working days and do our best to resolve the problem within four weeks. If we cannot we will let you know when an answer may be expected.

If we have not resolved the situation within eight weeks we will provide you with information about the Financial Ombudsman Service.

Should you wish to make a complaint then it should be directed to the Customer Satisfaction Manager at the

Allianz location shown in your policy documentation or alternatively contact the Customer Satisfaction Manager at:

Allianz Insurance plc
57 Ladymead
Guildford
Surrey
GU1 1DB
Tel: 01483 552438
Email: accsm@allianz.co.uk

Using our complaints procedure or referral to the Financial Ombudsman Service does not affect your legal rights.

Data Protection Act

We may use the personal and business details you have given us or which are supplied by third parties including any details of directors, officers, partners and employees to provide you with a quotation; deal with your policy; to search credit reference and fraud agencies who may keep a record of the search; to share with other insurance organisations to help offset risks, to help administer your policy and to handle claims and prevent fraud; to support the development of our business by including your details in customer surveys, and for market research and compliance business reviews which may be carried out by third parties acting on our behalf. You agreed when you applied for the policy that your directors, officers, partners, and employees have consented to our using their details in this way.

We may need to collect data relating to Insured Persons, which under the Data Protection Act is defined as sensitive (such as medical history of Insured Persons) for the purpose of evaluating the risk or administering claims which may occur. You must ensure that you have explicit verbal or written consent from the insured persons to such information being processed by us and that this fact is made known to the insured persons.

We may share your details with other companies within the Allianz group of companies or pass them to third parties so that we may tell you by telephone, email or post of products and services which we think may be of interest to you. If you do not want to know about these products and services, please write to: Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB to let us know. Your details will not be kept for longer than is necessary.

Under the Data Protection Act 1998 individuals are entitled to a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager at the address above.

Personal details may be transferred to countries outside the EEA. They will at all times be held securely and handled with the utmost care in accordance with all principles of English law.

Financial Services Compensation Scheme

Allianz Insurance plc contributes to the Financial Services Compensation Scheme (FSCS).

You may be entitled to compensation by the FSCS if We are unable to meet Our liabilities. Further information about compensation scheme arrangements is available from:

Financial Services Compensation Scheme

7th Floor, Lloyds Chambers

Portsoken Street

London E1 8BN

Tel: 020 7892 7300

Fax: 020 7892 7301

Email: enquiries@fscs.org.uk

www.fscs.org.uk

Making a Claim

Claims under this policy should be referred to:

A&H Claims Unit

Allianz Insurance plc

PO BOX 5525

Milton Keynes

Buckinghamshire

MK9 2XR

Tel: 0845 0710 335

Fax: 01483 790726

www.allianz.co.uk

Allianz Insurance plc. Registered in England number 84638
Registered office. 57 Ladymead, Guildford, Surrey, GU1 1DB, United Kingdom.

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