

INCOME ASSISTANCE PLAN

Policy document



HIVE
Insurance Services

www.hiveinsure.ie

INCOME ASSISTANCE PLAN

INSURING CLAUSE

This policy document is a legal contract between the Assured and/or Insured Person and Lloyd's Insurance Company S.A. (herein called the Underwriters). This Policy Document and any Schedule, Endorsements and Clauses should be read as if they are one document.

This policy is administered by Hive Insurance Services, arranged by Classic Financial Solutions and underwritten by Lloyd's Insurance Company S.A. who are authorised and regulated by the National Bank of Belgium (NBB) and regulated by the Financial Services and Markets Authority (FSMA) (Ref: 3094)

The Underwriters acceptance of this risk is based on the information presented to being a fair presentation of the Assured's and/or Insured Person's business including any unusual or special circumstances which increase the risk and any particular concerns which have led the Assured and/or Insured Person to seek insurance.

Any reference to the singular will include plural and vice versa.

Any reference to any statute or statutory instrument will include modifications or re-enactment thereto.

Any heading in this Policy Document is for ease of reference only and does not affect its interpretation.

Please ensure you examine your documents thoroughly to ensure it meets with your requirements, if not, contact your insurance adviser without undue delay.

The Underwriters will provide the insurance described in this Policy Document subject to the terms and conditions for the Period of Insurance shown and any subsequent period for which the Assured &/or Insured Person shall pay the Underwriters shall agree to accept the premium.

1 SCHEDULE OF BENEFITS

This Policy insures only those Items that have an amount entered against them.

SCHEDULE OF BENEFITS	
SECTION [A] PAYABLE IN THE EVENT OF ACCIDENT	
1 Accidental death	Equal to 50 times your monthly Income Assistance Benefit as shown on your Certificate of Insurance
2 Loss of one limb	Equal to 50 times your monthly Income Assistance Benefit as shown on your Certificate of Insurance
3 Total and irrecoverable loss of sight of one eye	Equal to 50 times your monthly Income Assistance Benefit as shown on your Certificate of Insurance
4 Loss of two limbs	Equal to 50 times your monthly Income Assistance Benefit as shown on your Certificate of Insurance
5 Total and irrecoverable loss of sight of both eyes	Equal to 50 times your monthly Income Assistance Benefit as shown on your Certificate of Insurance
6 Loss of one limb and total and irrecoverable loss of sight in one eye	Equal to 50 times your monthly Income Assistance Benefit as shown on your Certificate of Insurance
7 Permanent Total Disablement	Equal to 50 times your monthly Income Assistance Benefit as shown on your Certificate of Insurance
8 Temporary Total Disablement	This is your Income Assistance Benefit. Please refer to your Certificate of Insurance for your benefit amount
Benefit in respect of Item 8, Temporary Disablement, shall be payable for such period or periods during which the Insured Person shall be disabled, up to but not beyond 52 weeks from the date on which he first becomes disabled, excluding the first 2 weeks of disablement.	
SECTION [B] PAYABLE IN THE EVENT OF ILLNESS	
9 Total and irrecoverable loss of sight of both eyes	Equal to 50 times your monthly Income Assistance Benefit as shown on your Certificate of Insurance
10 Permanent total disablement by paralysis	Equal to 50 times your monthly Income Assistance Benefit as shown on your Certificate of Insurance
11 Temporary total disablement	This is your Income Assistance Benefit. Please refer to your Certificate of Insurance for your benefit amount
Compensation in respect of Item 11 shall be payable for such period or periods during which the Insured Person shall be disabled up to but not beyond 52 weeks from the date on which he first becomes disabled, excluding the first 2 weeks of disablement.	
Medical expenses incurred in respect of Items 8 & 11 within the above time limit specified for such Items, will in addition be paid, in excess of any other valid or collectible insurance, up to but not exceeding 25% of the total amount of the claim admitted under those Items. (Up to maximum €15,000).	
Age Limit	No cover shall attach under this Certificate if at the commencement date of the Period of Insurance the Insured Person has reached his 61st birthday.

2 SPECIAL EXTENSIONS APPLYING TO THIS CERTIFICATE

COMA BENEFIT

If during the Operative Time the Insured Person sustains Bodily Injury which results in the continuous unconscious state of the Insured Person, there is a payment of €350 for each full week of continuous unconsciousness, up to a maximum of 104 weeks.

HOSPITALISATION BENEFIT

If during the Operative Time the Insured Person sustains Bodily Injury following an Accident which within 6 months is the sole and independent cause of the Insured Person being admitted to hospital on the recommendation of a Medical Practitioner the Underwriters will pay €350 per full week up to a maximum of 52 weeks any one Insured Person while they are a hospital in-patient.

DEPENDENTS BENEFIT

If during the Operative Time the Insured Person sustains Bodily Injury following an Accident which within two years is the sole and independent cause of Death for which Benefit 1 is paid the Benefit is increased by 2% per dependent child up to the age of 18 or up to the age of 25 years if in full time education.

RETRAINING EXPENSES BENEFIT

If during the Operative Time the Insured Person sustains Bodily Injury following an Accident which within two years is the sole and independent cause of the Insured Person suffering Permanent Total Disablement from the Insured Person's usual occupation in the Business for which the Benefit is paid the Underwriters will pay reasonable expenses incurred with the Underwriters prior consent in retraining the Insured Person for an alternative occupation with the Assured up to a maximum of €10,000.

DAMAGE TO CLOTHING

If an Insured Person suffers permanent and irrecoverable damage to Personal Clothing as a result of Bodily Injury following an Accident the Underwriters will indemnify the Insured Person for such loss up to €250 in all excluding the first €50 of each and every loss.

3 ENDORSEMENTS

It is hereby noted and agreed that cover under this Certificate excludes all travel to areas of War & Unrest unless declared and agreed by Underwriter's prior to travelling to such areas.

DEFINITION OF AREA OF WAR OR UNREST

Country or Area within a Country where either Department of Foreign Affairs and Trade or the UK Foreign and Commonwealth office advise against "ALL" travel. www.dfa.ie/travel/travel-advice www.fco.gov.uk.

It is further noted and agreed that items 2-6 of the Schedule of Benefits are extended to include:

Permanent Loss of Speech	100%
Permanent Loss of Hearing in both ears	100%
Permanent Loss of Hearing in one ear	25%

Loss of Speech – Shall mean total loss of speech which lasts twelve months and at the end of that period is beyond hope of improvement.

Loss of Hearing – Shall mean total loss of hearing in one or both ears which lasts twelve months and at the end of that period is beyond hope of improvement.

It is further noted and agreed that the sum insured specified in items 8 and 11 of the Schedule of Benefits is limited to a maximum €100 per week in respect of persons not in full time gainful employment at date of accident.

It is further noted and agreed that benefits paid under Items 8 and 11 shall not exceed 65% of the Insured Person's gross weekly wage at the date of accident.

It is further noted and agreed that cover under this Policy is subject to the Pre-Existing Exclusion Clause.

PRE-EXISTING EXCLUSION CLAUSE

The Underwriters shall not be liable for claims arising out of or attributable to any physical defect, infirmity or medical condition known to the Insured Person at the inception date of this insurance or date of their addition, whichever the later. This exclusion shall not apply if such condition has been without the necessity of medical consultation or treatment including regular medication for 24 consecutive months prior to the commencement date of this insurance. Any medical conditions that are excluded at commencement date of this insurance can become covered once you complete 24 consecutive months without the necessity of medical consultation or treatment including regular medication.

It is further noted and agreed that accident or illness suffered in the first 14 days from the start date will not be covered under this Policy.

It is further noted and agreed that the cover under this policy excludes all claims relating to an injury of the Insured Persons back or spine unless radiological evidence from a qualified medical practitioner is provided.

It is further noted and agreed that no cover will apply for persons working in the following occupations:

Antenna/ Lines person working above 15 metres, Armed Guards / Armoured Car Drivers, Armed Services - Army/Navy/Air Force - All ranks & Personnel, Bodyguard, Cycle Despatch Rider, Diver - Abalone/Professional/Salvage, Stunt person, Fisherman/woman, Jockey/Trotting Driver, Journalist/Reporter/Photographer - Overseas Assignments, Marine Biologist - Manual duties (diving), Police Officer, Professional Sports, Sea Vessels - Officers & crew, Wrecker/demolisher - Explosives

It is further hereby noted and agreed that cover under this Certificate excludes any claim in any way caused by or resulting from:

- a Coronavirus disease (COVID-19)
- b Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
- c any mutation or variation of SARS-CoV-2
- d any fear or threat of a), b) or c) above

For example, your Insurance Policy does not cover any claim, in any way caused by or resulting from a), b), c) or d) above, for:

- i bodily injury or illness
- ii self-isolation or any quarantine requirements or restrictions in movement of people, goods or animals
- iii any travel advice or warning, or fear or threat of such advice or warning

4 CONDITIONS

INFORMATION YOU HAVE GIVEN US

In deciding to accept this insurance and in setting the terms and

premium, we have relied on the information you have given us. You must take care when answering any questions we ask by ensuring that all information provided is accurate and complete.

If we establish that you deliberately or recklessly provided us with false or misleading information, we will treat this insurance as if it had never existed and decline all claims. However, if we establish that, unknown to you, an Insured Person deliberately or recklessly provided false or misleading information we shall treat this insurance, in so far as it relates to the Insured Person concerned, as if it had never existed and decline all claims relating to such Insured Person.

If we establish that you carelessly provided us with false or misleading information it could adversely affect your insurance and any claim. For example, we may:

- › treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. However, if we establish that, unknown to you, an Insured Person was careless in providing information then we shall treat this insurance, in so far as it relates to the Insured Person concerned, as if it had never existed and refuse to pay claims and return a proportion of the paid premium that relates to such Insured Person. We will only do this if we provided you with insurance cover which we would not otherwise have offered;

If we establish that you or an Insured Person was careless in providing us with the information that we have relied upon in accepting this insurance and setting its terms and premium we may:

- › amend the terms of your insurance. We may apply these amended terms as if they were already in place if a claim has been adversely impacted by you or an Insured Person's carelessness; or
- › charge you more for your insurance or reduce the amount we pay on a claim in the proportion the premium you have paid bears to the premium we would have charged you; or
- › cancel your insurance in accordance with the "Cancelling this insurance" section below.

We or Hive Insurance Services will write to you if we:

- › intend to treat this insurance as if it had never existed; or
- › need to amend the terms of your insurance; or
- › require you to pay more for your insurance.

NOTIFYING US OF ANY CHANGES OR INACCURACIES

If you become aware that information you have given us is inaccurate or has changed, you must inform Hive Insurance Services as soon as practicable.

When we are notified that information you previously provided is inaccurate, or of any changes to that information, we will tell you if this affects your insurance. For example, we may amend the terms of your insurance or require you to pay more for your insurance or cancel your insurance in accordance with the "Cancelling this insurance" section that follows.

If you fail to notify us that information you have provided is inaccurate, or you fail to notify us of any changes, this insurance may become invalid and we may not pay your claim, or any payment could be reduced.

CANCELLING THIS INSURANCE

You can cancel this insurance at any time by writing to Hive

Insurance Services. We can cancel this insurance by giving you thirty (30) days' notice in writing. We will only do this for a valid reason (examples of valid reasons are as follows):

- › Non-payment of premium;
- › A change in risk occurring which means that we can no longer provide you with insurance cover;
- › Non-cooperation or failure to supply any information or documentation we request; or
- › Threatening or abusive behaviour or the use of threatening or abusive language.

REFUND OF PREMIUM

This insurance has a cooling off period of fourteen (14) days from either:

- › the date you receive this insurance documentation; or
- › the start of the period of insurance

whichever is the later.

If you cancel this insurance within the cooling off period then, provided you have not made a claim, we will refund in full any premium you have paid.

If this insurance is cancelled outside the cooling off period then, provided you have not made a claim, you will be entitled to a pro rata refund of any premium paid, less a 15% cancellation fee (subject to a minimum of €25).

If we pay any claim in whole or in part, then no refund of premium will be allowed.

THE UNDERWRITERS SHALL ONLY BE LIABLE

- Under Item 1 of the Schedule of Benefits if death occurs within twenty-four calendar months of the date of the accident.
- Under Items 2 to 6 of the Schedule of Benefits if the period of Total Disablement giving rise to the claim for this Item commences within twenty-four calendar months of the date of the accident and lasts for twelve consecutive calendar months or more.
- Under Item 7 of the Schedule of Benefits if the disability giving rise to the claim under this Item manifests itself within twenty-four calendar months of the date of the accident and lasts for twelve consecutive calendar months or more.
- Under Item 9 of the Schedule of Benefits if the Total and irrecoverable loss of sight of both eyes occurs within twelve calendar months of the date on which the illness declares itself.
- Under Item 10 of the Schedule of Benefits if the period of Total Disablement by paralysis giving rise to the claim for this Item commences within twelve calendar months of the date on which the Illness declares itself and lasts for twelve consecutive calendar months or more.

In respect of any accident or Illness covered under this Insurance no benefit will be payable under more than one of the items in the Schedule of Benefits in respect of the consequences of one Accident or Illness, and no Temporary Total Disablement benefit will become payable until the total amount has been ascertained and agreed. Where any payment is made for Temporary Total Disablement benefit, the amount paid will be deducted from any lump sum subsequently payable in respect of the same Accident or Illness.

In the event that an accident covered under this Insurance should

result in the death of the Insured Person within twenty-four calendar months of the date of such accident and prior to the definite settlement of a claim for disablement as provided for under Items 2 to 7 of the Schedule of Benefits, there shall be paid instead of such claim for disablement the Sum Insured payable for Item 1 Death.

Any claim for medical expenses hereunder shall be payable only to the extent of the difference between the total amount of such claim as calculated in accordance with the provisions stated in the Schedule of Benefits and the total of any amounts due from other insurances and medical schemes covering the same expenses.

If the Insured Person disappears during the Period of Insurance and is not found within twelve months of disappearing, and that sufficient evidence is produced that leads Underwriters inevitably to the conclusion that the Insured Person has sustained Bodily Injury and that such injury has caused the Insured Person's death, the Sum Insured for Item 1 Death shall become payable hereunder. If at any time after such payment the Insured Person shall be found to be living, the sum thus paid shall be refunded to the Underwriters.

If at the expiry date of the Period of Insurance the Insured Person is subject to the control of persons effecting a hijack or kidnap, cover under of this Insurance will continue without additional premium for a further period not exceeding twelve calendar months in all until the Insured Person has been released and has travelled direct from the place of his detention to his home or original destination.

EVIDENCE REQUIRED

In connection with any claim:

- a All medical certificates, reports, information and evidence required by the Underwriters to substantiate that claim must be supplied at the Assured &/or Insured Person's own expense and in such form as the Underwriters may reasonably require;
- b The Insured Person must undergo a medical examination and provide medical evidence to the Underwriters (at the Underwriters expense) as often as the Underwriters may reasonably require following receipt of that claim; and
- c No benefit shall be payable in respect of that claim where the Insured Person fails to undergo such medical examination or provide such medical evidence as referred to in B above.

DATA PROTECTION

Please visit www.pulse-insurance.co.uk/privacy-policy for further information about how and when we process your personal information under our full Privacy Policy.

HOW WE USE YOUR INFORMATION

The personal information, provided by you (or anyone acting on your behalf), is collected by or on our behalf and may be used by us, our employees, agents and service providers acting under our instruction for the purposes of insurance administration, underwriting, claims handling, research or for statistical purposes. We may process your information for a number of different purposes. For each purpose we must have a legal ground for such processing. When the information that we process is classed as 'special category data', we must have a specific additional legal ground for such processing.

Generally, we will rely on the following legal grounds:

- › It is necessary for us to process your personal information to provide this policy and services related to it. We will rely on this for activities such as assessing your application,

managing your policy, handling claims and providing other services to you

- › We have an appropriate business need to process your personal information and such business need does not cause harm to you. We will rely on this for activities such as maintaining our business records and developing, improving our products and services, and providing information about our products and services to you
- › We have a legal or regulatory obligation to use such personal information
- › We need to use such personal information to establish, exercise or defend our legal rights
- › You have provided your consent to our use of your personal information, including special category data

HOW WE SHARE YOUR INFORMATION

In order to sell, manage and provide our products and services, prevent fraud and comply with legal and regulatory requirements, we may need to share your information with the following types of third parties:

- › Reinsurers, Regulators and Authorised/Statutory Bodies
- › Credit reference agencies
- › Fraud prevention agencies
- › Crime prevention agencies, including the police
- › Suppliers carrying out a service on our behalf
- › Other insurers, business partners and agents
- › Hive Insurance Services

MARKETING

We will not use your information or pass it on to any other person for the purposes of marketing further products or services to you unless you have consented to this.

FRAUD PREVENTION AND DETECTION

In order to prevent or detect fraud and money laundering we may check your details with various fraud prevention agencies, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes. We may also conduct credit reference checks in certain circumstances.

You can find further details in our full Privacy Policy explaining how the information held by fraud prevention agencies may be used or in which circumstances we conduct credit reference checks and how these checks might affect your credit rating.

AUTOMATED DECISIONS

We may use automated tools with decision making to assess your application for insurance and for claims handling processes. If you object to an automated decision, we may not be able to offer you an insurance quotation.

SANCTIONS

We will not provide any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

CHOICE OF LAW

You and we are free to choose the law applicable to this contract of insurance. Unless specifically agreed to the contrary this contract of insurance will be governed by the laws of England and

Wales and subject to the exclusive jurisdiction of the courts of England and Wales.

RIGHTS OF THIRD PARTIES

A person who is not a party to this insurance has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

5 DEFINITIONS

Accident – means a sudden, unexpected, unusual, specific, external event which occurs at an identifiable time and location during the period of insurance.

Bodily Injury – means identifiable physical injury which is caused by an Accident, and solely and independently of any other cause except illness directly resulting from, or medical or surgical treatment rendered necessary by, such bodily injury, results in the Insured Person's death or disablement as provided for under this insurance within twenty-four calendar months of the date of such Accident. Bodily Injury shall also include exposure resulting from a mishap to a conveyance in which the Insured Person is travelling; the date of such mishap shall be deemed to be the date of the Accident causing such bodily injury.

Computer System – means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by you or any other party.

Cyber Act – means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System.

Cyber Incident

- 1.1 any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any Computer System; or
- 1.2 any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Computer System.

Illness – shall mean sickness or disease which first declares itself during the Period of Insurance and which results in the Insured Person's disablement as provided for under Section [B] of this Insurance within twelve calendar months of the date on which it declares itself.

Loss of a Limb – means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes permanent total and irrecoverable loss of use of hand, arm or leg.

Permanent Total Disablement – means disablement which entirely prevents the Insured Person from engaging in their usual occupation and which lasts for twelve consecutive calendar months and at the end of that time is beyond prospect of improvement.

Personal Clothing – shall mean all items of clothing on or about the

Insured Person at the time of Bodily Injury following an Accident.

Pre-Existing Condition – means any physical defect, infirmity or medical condition known to the Insured Person at the inception date of this insurance or date of their addition.

Temporary Total Disablement – means disablement which entirely prevents the Insured Person from engaging in their usual occupation.

Underwriters – Lloyd's Insurance Company S.A.

6 EXCLUSIONS

The Underwriters shall not be liable for death or disablement directly or indirectly resulting from:

- 1 The Insured Person's suicide, attempted suicide or intentional self injury
- 2 The Insured Person's deliberate exposure to exceptional danger (except in an attempt to save human life).
- 3 The Insured Person's own criminal act.
- 4 The Insured Person engaging in riding or driving in any kind of race.
- 5 The Insured Person's engaging in any form of operational duties as a member of the armed forces.
- 6 The Insured Person engaging in mountaineering or rock-climbing normally requiring the use of ropes or guides.
- 7 The Insured Person engaging in aerial activities other than air travel as a passenger.
- 8 Radioactive contamination.
- 9 Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS) and/or any HIV or AIDS related illness.
- 10 Bodily Injury sustained after the first renewal date following the Insured Person's 61st birthday
- 11
 - a Any naturally occurring condition or degenerative process
 - b Any gradually operating process
 - c Post traumatic stress disorder or any psychological or psychiatric condition (not resulting from Bodily Injury following an Accident)
- 12 Neuroses, psychoneuroses or psychopathies, anxiety, stress, fatigue or mental or any other emotional diseases or disorders of any type.
- 13 A chronic pain syndrome including but not limited to chronic or complex regional pain syndrome, or fibromyalgia (a syndrome characterised by chronic pain in the muscles and soft tissues surrounding the joints, fatigue and tenderness at specific sites in the body).
- 14 Any claim in any way caused by or resulting from:
 - a Coronavirus disease (COVID-19)
 - b Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
 - c Any mutation or variation of SARS-CoV-2
 - d Any fear or threat of a), b) or c) above
- 15 Any benefits for Bodily Injury or Illness caused by or arising out of a Cyber Incident are payable subject to the terms, conditions, limitations and exclusions of this policy. This policy does not provide cover under any circumstances for any Bodily Injury or Illness arising directly or indirectly from any Cyber Act.
- 16 For any claim as a result of War within the insured persons country of residence.
- 17 For any claim as a result of War occasioned by any Nuclear, Chemical or Biological Cause.
- 18 Pre-existing condition

7 HOW TO MAKE A CLAIM

THINGS YOU AND THE INSURED PERSON MUST DO

You must comply with the obligations set out below. If we determine that any claim you make under this insurance has been adversely impacted directly by failure to comply with the obligations below, we may refuse to pay your claim or reduce the amount of any payment we make for the claim.

- › In the event of an Accident &/or Illness which causes or may cause a claim under this insurance, you must, as soon as practicable, and up to a maximum of 6 months from the date of such event, notify the Claims Handler, Sentry Solutions.
- › In the event of an Accident &/or Illness the Insured Person must seek the attention of a duly qualified medical practitioner. Notice must be given to Sentry Solutions in the event of the Insured Person's death resulting or alleged to result from an Accident.
- › The Insured Person must provide us or our medical adviser with the necessary authorisation to access or obtain all the Insured Person's medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition. The medical adviser must, for the purpose of reviewing the claim, be allowed to examine the Insured Person as we consider necessary.
- › You must provide Sentry Solutions with all information we may reasonably require including a fully completed claim form.

Each Insured Person can only claim for one (1) of the benefits listed in the schedule of benefits in respect of the consequences of one Accident, and no Temporary Total Disablement benefit will become payable until the total amount has been ascertained and agreed. Where any payment is made for Temporary Total Disablement benefit, the amount paid will be deducted from any lump sum subsequently payable in respect of the same Accident.

REGISTERING YOUR CLAIM

In the event of you having to make a claim under this Policy, please register your claim online using the following URL:
www.sentrysolutions.co.uk/pulse_can

You can also register your claim over the phone: Sentry Solutions: +44 (0) 20 8667 2467. Please quote: Scheme Code: A03253

Once you have been allocated a claims reference number, you can sign into the portal at any time, using the following information:

- › Claims reference number
- › Claimant's last name
- › Claimant's date of birth
- › Claimant's postcode

HOW WE DEAL WITH YOUR CLAIM

You will be asked to upload supporting documents via the claims portal. Once all documents have been uploaded, your claim will be assessed. If the documents uploaded are accepted/rejected, you will be notified by email. Sometimes it may be necessary for additional information or documents to be requested. If this is the case, you will be notified by email and on the portal itself.

If you have any queries regarding your claim, please contact the following: Sentry Solutions, New Century House, 17-21 New Century Road, Laindon, SS15 6AG. www.sentrysolutions.co.uk +44 (0) 20 8667 2467.

Once your claim is accepted, we will pay you the amount stated in the

relevant section of the schedule of benefits.

- 1 The maximum benefit period in respect of Temporary Total Disablement will be the benefit period shown in the schedule of benefits following the expiry of the excess period.
- 2 The total sum payable under this insurance in respect of any one (1) or more claims will not exceed in all the largest benefit under any one of the items contained in the schedule of benefits.

FRAUDULENT CLAIMS CLAUSE

- 1 If the Insured makes a fraudulent claim under this insurance contract, the Insurer:
 - a Is not liable to pay the claim; and
 - b May recover from the Insured any sums paid by the Insurer to the Insured in respect of the claim; and
 - c May by notice to the Insured treat the contract as having been terminated with effect from the time of the fraudulent act.
- 2 If the Insurer exercises its right under clause 1) c) above:
 - a The Insurer shall not be liable to the Insured in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to the Insurer's liability under the insurance contract (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and
 - b The Insurer need not return any of the premiums paid.
- 3 If this insurance contract provides cover for any person who is not a party to the contract ("a covered person"), and a fraudulent claim is made under the contract by or on behalf of a covered person, the Insurer may exercise the rights set out in clause 1) above as if there were an individual insurance contract between the Insurer and the covered person. However, the exercise of any of those rights shall not affect the cover provided under the contract for any other person.

Nothing in these clauses is intended to vary the position under the Insurance Act 2015.

8 HOW TO MAKE A COMPLAINT

In the event that you wish to make a complaint, you can do so at any time by referring the matter to: The Service Manager, Operations Team, Lloyd's Insurance Company S.A., Bastion Tower, Marsveldplein 5, 1050 Brussels, Belgium. Tel: +32 (0)2 227 39 39 E-mail: enquiries.lloydsbrussels@lloyds.com

Your complaint will be acknowledged, in writing, within 5 (five) business days of the complaint being made. You will also be informed of the name of one or more individuals that will be your point of contact regarding your complaint until the complaint is resolved or cannot be progressed any further. You will be provided with an update on the progress of the investigation of your complaint, in writing, within twenty business days of the complaint being made. A decision on your complaint will be provided to you, in writing, within 40 (forty) business days of the complaint being made.

Should you remain dissatisfied with the final response or if you have not received a final response within 40 (forty) business days of the complaint being made, you may be eligible to refer your complaint to the Financial Services and Pensions Ombudsman (FSPO). The contact details are as follows: Financial Services and Pensions Ombudsman, Lincoln House, Lincoln Place, Dublin 2, D02 VH29, Republic of Ireland. Tel: +353 1 567 7000. E-mail: info@fsp.ie. Website: www.fspo.ie.



074 9161868 | www.hiveinsure.ie

OFFICE 15, LAKEVIEW POINT, UNIT 24 CLAREGALWAY CORPORATE PARK, CLAREGALWAY, CO. GALWAY, H91 PX38

Hive Insurance Services DAC (Company Registration No 360638) is regulated by the Central Bank of Ireland, registered number C29542 and a wholly owned subsidiary of Hive Insurance Services Limited.

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This policy is arranged by Classic Financial Solutions and underwritten on behalf of Lloyd's Insurance Company S.A., an insurance company authorised and regulated by the National Bank of Belgium (NBB) and regulated by the Financial Services and Markets Authority (FSMA) (Ref. 3094). Registered office: Bastion Tower, Marsveldplein 5, 1050 Brussels, Belgium. **IAPIPD 02/2022**