

period unless **You** have notified a claim which has been accepted by **Us** under this policy in which case no return of premium shall be allowed. If **We** have not accepted a claim under this policy, the amount of premium **We** will refund will be calculated as 1/365th of the premium paid for each day that remains unexpired. A maximum administration fee of £15 will apply.

3. **We** may cancel this policy at any time by giving at least 21 days' written notice to **You**. **We** will refund part of the premium paid for the unexpired period based on the calculation in 2 above.

#### COMPLAINTS PROCEDURE

**We** always aim to provide a first class service. However, if **You** have any complaint, please notify the Coverholder at: Managing Director, General Legal Protection Ltd, Kings House, King Street, York, YO1 9WP. Tel: 01904 683300, Fax: 01904 656950.

The **Coverholder** will contact **You** within five days of receiving your complaint to inform **You** of what action is being taken. The **Coverholder** will try to resolve the problem and give **You** an answer within four weeks. If it will take longer than four weeks the **Coverholder** will tell **You** when **You** can expect an answer.

If **Your** complaint remains unresolved after eight weeks, **You** may request that the Financial Ombudsman Service review the case provided that the complaint falls within its jurisdiction. The Financial Ombudsman Service can normally deal with complaints from private individuals and micro-enterprises (an EU term covering smaller businesses) as long as they have an annual turnover of less than two million euros and fewer than ten employees. The Financial Ombudsman Service can also help with complaints from charities with an annual income of less than £1 million, and from trusts with a net asset value of less than £1 million. The address is: Financial Ombudsman Service, Exchange Tower, London, E14 9SR Telephone number 0800 023 4567 or 0300 123 9 123.

**We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **We** cannot meet **Our** obligations. This depends upon the type of business and circumstances of the claim. Further information about compensation scheme arrangements is available from the FSCS at: Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU Tel: 0800 678 1100 or 020 7741 4100

If **You** take any of the action mentioned above it will not affect **Your** right to take legal action.

#### DATA PROTECTION ACT 1998

##### Data Protection & Privacy Statements

##### Data Transfer Consent

By purchasing this insurance policy with AmTrust Europe Ltd, **You** have consented to the use of **Your** data as described below.

##### Data Protection Policy

**We** are committed to protecting **Your** privacy including sensitive personal information; please read this section carefully as acceptance of this insurance policy will be regarded as having read and accepted these Terms and Conditions.

##### Sensitive Information

Some of the personal information **We** ask **You** for may be sensitive personal data, as defined by the Data Protection Act 1998 (such as information about health or criminal convictions). **We** will not use such

sensitive personal data about **You** or others except for the specific purpose for which **You** provide it and to provide the services described in **Your** policy documents.

##### How we use and protect your information and who we share it with

**We** will use **Your** information to manage **Your** insurance policy, including underwriting and claims handling. This may include disclosing it to other insurers, administrators, third party underwriters and reinsurers.

**Your** information comprises of all the details **We** hold about **You** and **Your** transactions and includes information obtained from third parties. **We** may use and share **Your** information with other members of the AmTrust Group companies (The Group). **We** will provide an adequate level of protection to **Your** data. **We** do not disclose **Your** information to anyone outside The Group except:

- Where **We** have **Your** permission
- Where **We** are required or permitted to do so by law
- To credit reference and fraud prevention agencies
- Other companies that provide a service to **Us** or **You**
- Where **We** may transfer rights and obligations under this agreement.

**We** may transfer **Your** information to other countries and jurisdictions on the basis that anyone to whom **We** pass it provides an adequate level of protection. However, such information may be accessed by law enforcement agencies and other authorities to prevent and detect crime and comply with legal obligations.

##### Your Rights

Under the Data Protection Act 1998 **You** have certain rights regarding access to **Your** information. **You** have the right to see a copy of the personal information **We** hold about **You**, if **You** believe that any of the information **We** are holding is incorrect or incomplete, please let **Us** know as soon as possible. To provide a copy of the information **We** may ask **You** for a small fee.

##### Marketing

**We** will not use **Your** data for Marketing purposes. All information provided is used to manage **Your** insurance policy only.



André Scruton, Managing Director  
General Legal Protection Limited Registered Number 2047908  
King's House, King Street, York YO1 9WP  
Tel: 01904 683300 Fax: 01904 656950  
E-mail: [contact@glpgroup.co.uk](mailto:contact@glpgroup.co.uk) Web: [www.glpgroup.co.uk](http://www.glpgroup.co.uk)  
General Legal Protection Limited is authorised and regulated by the Financial Conduct Authority.  
Financial services register number 313084.



AmTrust Europe Limited underwrite these policies that General Legal Protection Limited administer on their behalf

AmTrust Europe Limited, whose registered office is at Market Square House, St James's Street, Nottingham, NG1 6FG, is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial services register number 202189. These details can be checked on the Financial Services Register by visiting: [www.fca.org.uk](http://www.fca.org.uk) or by contacting the Financial Conduct Authority on 0800 111 6768.

AMT/GLP/XS07/FEB16

[computerquoteinsurance.com](http://computerquoteinsurance.com)



# Policy Excess Protect

## INSURANCE POLICY

# WELCOME TO POLICY EXCESS PROTECT

In the event of any claim, advice or assistance you must firstly contact our Claims Helpline. The number to ring is

**01904 23 82 81**

Please quote your name and address, and insurance agent details

Your policy number is **CC16020IXSP**

**This is a “claims made” insurance and only covers claims notified to the Coverholder during the Period of Insurance.**

This is a legally binding policy between **You** (the insured) and **Us** (the insurer). This contract does not give, or intend to give, rights to anyone else. No one else has the right to enforce any part of this contract. **We** may cancel or change any part of this contract without getting anyone else’s permission.

## MEANING OF WORDS

**AGENT** means the intermediary from whom **You** purchased this insurance

**COVERHOLDER** means General Legal Protection Limited who administers this insurance and handles claims under this insurance on **Our** behalf

**COVER LEVEL** means the amount shown in either **Your Home Insurance Policy, Your Motor Insurance Policy, Your Pet Insurance Policy or Your Travel Insurance Policy** in respect of the **Excess** which **We** will pay to **You** under this Policy during any one **Period of Insurance**

**CLAIM** means a claim accepted by the **Insurer** of **Your Home Insurance Policy, Your Motor Insurance Policy, Your Pet Insurance Policy or Your Travel Insurance Policy**

**EXCESS** means the amount **You** must pay under the terms of either **Your Home Insurance Policy, Your Motor Insurance Policy, Your Pet Insurance Policy or Your Travel Insurance Policy** in respect of any claim as the first amount of that claim

**HOME** means **Your** main residence in the **Territorial Limits**

**HOME INSURANCE POLICY** means the insurance policy arranged by the **Agent** in respect of **Your Home** and its contents and where **You** are named on the policy as the insured

**LIMIT OF LIABILITY** means the maximum amount **We** will pay for any one claim and in all under this policy during the **Period of Insurance** as stated in the attached Schedule

**INSURER** means an FCA Authorised UK insurer who underwrites either **Your Home Insurance Policy, Your Motor Insurance Policy, Your Pet Insurance Policy or Your Travel Insurance Policy**

**MOTOR INSURANCE POLICY** means the insurance policy arranged by the **Agent** in respect of a motor vehicle owned by **You** and registered to **You**, used solely for social, domestic and pleasure purposes and where you are named on the policy as the insured

**MOTOR VEHICLE** means a vehicle (not being an invalid carriage), which is constructed for the carriage of passengers and their effects, is adapted to carry not more than seven passengers of which **You** are the owner and registered keeper

**NAMED DRIVER** means any driver in addition to **You** who is permitted to drive **Your Motor Vehicle** under the terms of **Your Motor Insurance Policy**

**PERIOD OF INSURANCE** means the 12 month period declared to **Us** by the **Agent** for which **We** have accepted the premium

**PET INSURANCE POLICY** means the insurance policy arranged by the **Agent** which provides cover for veterinary fees arising out of the illness or injury of any domestic pet kept in **Your Home**

**SETTLED CLAIM** means a claim made by **You** under **Your Home Insurance Policy, Your Motor Insurance Policy, Your Pet Insurance Policy or Your Travel Insurance Policy** which is accepted and successfully settled by **Your Insurer** within the stated **Period of Insurance**

**TERRITORIAL LIMITS** means the United Kingdom

**TRAVEL INSURANCE POLICY** means the insurance policy arranged by the **Agent** which provides cover for medical expenses, cancellation, curtailment, delay, loss of or damage to baggage incurred and in which **You** are named as an insured traveller.

**WE, OUR, US** means AmTrust Europe Limited, the **insurer** of this policy

**YOU, YOUR** means the person who has taken out this policy, any joint policyholder named in **Your Home Insurance Policy, Your Pet Insurance Policy, Your Travel Insurance Policy or Named Driver** permitted to drive a motor vehicle owned by **You** under the terms of **Your Motor Insurance Policy**

## WHAT YOU ARE COVERED FOR:

A single claim by **You** for an amount equal to **Your Excess** under either **Your Home Insurance Policy, Your Motor Insurance Policy, Your Pet Insurance Policy or Your Travel Insurance Policy** in relation to **Your Settled Claim**, provided the amount of the **Settled Claim** always exceeds the amount of **Your Excess**.

## WHAT YOU ARE NOT COVERED FOR:

**We** will not pay:

1. Any claim for **Your Excess** in respect of any claim **You** make under either **Your Home Insurance Policy, Your Motor Insurance Policy, Your Pet Insurance Policy or Your Travel Insurance Policy** that **Your Insurer** declines or any instance where no claim is brought under either **Your Home Insurance Policy, Your Motor Insurance Policy, Your Pet Insurance Policy or Your Travel Insurance Policy** because the value of such claim would not exceed the **Excess** payable by **You**
2. Any claim for **Your Excess** in respect of any claim which occurred prior to the commencement date of this **Policy**
3. Any claim for **Your Excess** where the total amount exceeds the **Cover Level** limit stated in either **Your Home Insurance Policy, Your Motor Insurance Policy, Your Pet Insurance Policy or Your Travel Insurance Policy**
4. Any contribution to or deduction from the settlement of **Your Claim** other than the **Excess** under either **Your Home Insurance Policy, Your Motor Insurance Policy, Your Pet Insurance Policy or Your Travel Insurance Policy**
5. Where any third party has reimbursed **You** and made good **Your Excess**
6. Any claim arising out of the use of the **Motor Vehicle** by **You** for racing, rallies, trials or competitions of ‘any kind’
7. Any theft or malicious damage claim which has not been reported to the Police and has not been given a “crime incident number”
8. Any claim that arises out of **Your** unlawful use of drink or drugs
9. Any claim in respect of any dispute arising from or involving:
  - (a) Ionising radiations or contamination by radioactivity from an irradiated nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
  - (b) The radioactive toxic explosive or other hazardous properties of any nuclear assembly or nuclear component thereof

- (c) Riot, civil commotion, war, invasion, acts of foreign enemy, hostilities, (whether war is declared or not) civil war, rebellion, revolution, insurrection or usurped power or confiscation or nationalisation or requisition of or damage to property by or under the order of any government

## CONDITIONS

1. **Your** name must be the lead name on **Your Home Insurance Policy, Your Motor Insurance Policy, Your Pet Insurance Policy and Your Travel Insurance Policy**
2. Any claim must be reported to us within 28 days of settlement of **Your Settled Claim** being made by **Your Insurer**
3. No payment will be made under this Policy unless **Your Insurer** has settled a **Claim**
4. In the event that any misrepresentation or concealment is made by **You** or on **Your** behalf in obtaining insurance or in support of any claim, or if **You** make a claim under this Policy or **Your Home Insurance Policy, Your Motor Insurance Policy, Your Pet Insurance Policy or Your Travel Insurance Policy** that is false or fraudulent, this policy will be voided and no refund of premium will be given
5. **You** must maintain either a **Home Insurance Policy, a Motor Insurance Policy, a Pet Insurance Policy or a Travel Insurance Policy** at all times during the **Period of Insurance** of this policy
6. **You** must agree to **Us** trying to recover any payments made to **You** under this policy in **Your** name and any payments recovered must be paid to **Us**
7. If **You** are covered by any other insurance for **Your Excess** and which has resulted in a valid claim under this policy, **We** will only pay **Our** share of the claim
8. **You** must take reasonable steps to safeguard against loss or additional exposure to loss
9. **You** must keep to the terms of this policy

## CLAIMS

To make a claim under this policy, **You** must call our Claims Department on 01904 238281 and the **Coverholder** will deal with **Your** claim on **Our** behalf. Before **We** consider how **We** will settle **Your** claim **We** must have receipt of the following supporting documentation (whichever **We** request and consider is applicable):

- (a) Depending upon which policy you are making a **Claim** under, **You** will need to produce a copy of either **Your Home Insurance Policy, Your Motor Insurance Policy, Your Pet Insurance Policy or Your Travel Insurance Policy**
- (b) A copy of **Your** settlement offer letter from **Your Insurer** showing any **Excess** applicable
- (c) Copy of any written evidence of **Your Excess** receipt
- (e) Copy of the letter from **Your Insurer** attaching their settlement cheque

Failure to provide ALL requested documentation will delay and may jeopardise **Your** claim.

## CANCELLATION

1. **You** may cancel this policy within 14 days of purchasing the cover with a full refund of the insurance premium paid providing **You** have not made a claim which has been accepted under this policy.
2. **You** may cancel this policy at any time by giving at least 21 days’ written notice to **Us**. **We** will refund part of the premium for the unexpired