

# PERSONAL ACCIDENT & ILLNESS PLAN

Policy document

(ex-Covea prefix ASH & SOV)



**HIVE**  
Insurance Services

[www.hiveinsure.co.uk](http://www.hiveinsure.co.uk)

# PERSONAL ACCIDENT & ILLNESS PLAN

This Certificate is a legal contract between the Assured &/or Insured Person/s and Canopus Syndicate 4444 and Travelers Syndicate 5000 (herein called the **Underwriters**). This Certificate and any Schedule, Endorsements and Clauses should be read as if they are one document. The **Underwriters** acceptance of this risk is based on the information presented to being a fair presentation of the Assured's &/or Insured Person/s Business including any unusual or special circumstances which increase the risk and any particular concerns which have led the Assured &/or Insured Person/s 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 Certificate 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 broker/advisor without undue delay.

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

## 1 INTRODUCTION

This Policy Document in connection with **your Schedule of Cover** proves that **you** have chosen protection under the Personal Accident & Illness Plan, and that **you** will be protected by it provided the relevant insurance **premium(s)** are paid and **you** meet the eligibility criteria.

This insurance is an FCA regulated product. Some words in this Document have special meanings, which are explained in Section 9, under the heading MEANING OF WORDS/ DEFINITIONS. When these words are shown in bold text they have a special meaning, otherwise, their ordinary everyday meaning applies.

The Policy Document shows details of the benefits provided for **you** if **you** suffer **Accidental Death**, suffer from an **accident** or **sickness** or become **hospitalised**.

Section 3 explains the benefits of the policy, together with circumstances when **you** cannot claim.

### CUSTOMERS WITH ADDITIONAL REQUIREMENTS

In order to make **our** documentation accessible to all, **we** are able to provide upon request audiotapes, large print documentation and Braille documentation. Please advise **us** if **you** require any of these services so that **we** can communicate in an appropriate manner.

#### Please note:

- ▶ **You** should make sure the information **you** supplied in connection with this

policy is correct to the best of **your** knowledge and belief.

- › **You** should keep a record of all information supplied to both **us** and/or Hive Insurance Services for the purpose of taking out this policy. A copy of any such information will be supplied by both **us** and/or Hive Insurance Services on request.
- › If **you** make any claim, which **we** consider to be fraudulent, unfounded or exaggerated, all benefits under this policy will be lost and **we** will seek to recover any benefits paid under a claim.
- › **We** may, and **you** agree that **we** may, use video surveillance to investigate any claim that **we** have good reason to believe may be fraudulent.

## 2 ELIGIBILITY REQUIREMENTS

**You** can take out this policy for **accident, sickness and hospitalisation** benefits if, on the **commencement date**:

- › **You** are aged 18 years old or over and under 65; and
- › **You** are **resident** in the **United Kingdom**, Isle of Man or Channel Islands; and
- › **You** are actively **working**, being:
  - **employed** for a minimum of 16 hours per week or equivalent of 70 hours per month. (i.e. not medically certified as unfit for **work**)
  - self-**employed** (i.e. not medically certified as unfit for **work**).

For **Accident or Sickness, Hospitalisation, Serious Injury and Accidental Death** Benefit options (applicable to the second named policyholder only):

- › **You** are aged 16 years old or over and under 60; and
- › **You** are **resident** in the **United Kingdom**, Isle of Man or Channel

Islands; and

- › If **You** are **employed** or self-**employed** **You** must not be medically certified as unfit to **work**.

**Please note:**

- › If **You** have selected **Child** Benefit cover as shown on **Your** Schedule, **Your Child** must be **resident** in the **United Kingdom**, Isle of Man or Channel Islands and attending school or nursery.

### Important

Provided **you** meet the relevant requirements set out in this Section 2 **you** will be eligible for the applicable cover. There are, however, circumstances set out in Section 3 that may mean that **you** will be unable to claim benefit. Please read Section 3 of the Policy Document carefully as it may affect **your** decision as to whether the policy is suitable for **you**. If, at any time during the term of the policy, **your** circumstances change **you** should contact Hive immediately. For example, a change in:

- › **Your gross monthly income** **your** **employment** status (to less than 16 hours per week or equivalent of 70 hours per month being worked, if **you** are **employed**)
- › retirement **residency** may affect **your** entitlement to claim under the **Accident or Sickness** sections of the policy.

### CHANGE IN RESIDENCY

No benefit will be paid while **you** are outside the **United Kingdom** for a period intended by **you** to be more than 90 days, or if **you** cease to be **resident** in the **United Kingdom**, Isle of Man or Channel Islands.

This clause will not apply if **your** reason for leaving the **United Kingdom** is because **you** are a member of the British Armed Forces or as a civil servant in a British Embassy or Consulate.

## 3 BENEFITS AND EXCLUSIONS

### 3.1 ACCIDENT OR SICKNESS BENEFIT

#### When can you claim for accident or sickness benefit?

If **you** are unable to **work** because of an **accident** or **sickness** for more than **your** chosen **qualification period**, subject to the policy terms **we** will pay 1/30th of **your monthly benefit** for each subsequent continuous day of disability resulting from **accident** or **sickness** until the first of the following occur:

- › **You** cease to be unable to **work** due to an **accident** or **sickness**; or
- › **You** fail to provide **us** with proof of an **accident** or **sickness**; or
- › **We** have paid a maximum number of monthly benefits (12 or 24 - see **Schedule**) in respect of any one event of **accident** or **sickness**; or
- › The policy **end date**.

If **you** have a job but do not meet the definition of **work** because **you** are returning as part of a phased return to **work** or a permitted **work** scheme, **you** may still be able to claim for **accident** or **sickness** benefits under this policy. Any payments made will be on a pro rata basis.

Periods of disability resulting from **accident** or **sickness** separated by less than three months will be treated as one continuous period of disability resulting from **accident** or **sickness**. If **we** have paid the maximum of monthly benefits, **you** must return to **work** for a continuous period of three months before **you** are entitled to make another claim for **accident** or **sickness**.

#### When can you not claim for accident or sickness benefit?

**We** will not pay any **accident** or **sickness** benefits:

- › if **your sickness** occurs within 60 days of the **commencement date**;
- › if **your accident** or **sickness** results directly or indirectly from:
  - any **pre-existing medical condition**, unless **you** have been symptom-free and not received treatment or advice for that condition during any consecutive period of 24 months preceding a claim
  - any **chronic condition** which is existing or which **you** knew about at the **commencement date**, or of which **you** were exhibiting the symptoms whether specifically diagnosed or not or for which **you** were receiving medical treatment or advice during the 24 months preceding the **commencement date**
  - **normal pregnancy/childbirth related conditions**. (Special Note: when a claim is made by **you** for a pregnancy or childbirth related condition, **we** may refer **you** to a **doctor** or consultant who specialises in obstetrics for an opinion of whether the condition is a **normal pregnancy/childbirth related condition**. **We** will consider this opinion to be final)
  - for **sickness** claims only, **you** will not be able to claim during a **confinement period**
  - elective surgical procedures or surgical procedures which are not medically required
  - **back condition** or **whiplash**, unless a **doctor** provides medical evidence (e.g. radiological evidence, MRI scan or x-ray) showing definite symptoms of restriction of movement
  - any emotional or psychiatric condition, depression, stress or mental disorder, unless it is due to organic mental disease or psychosis and **you** are under the care of a Consultant Psychiatrist, Psychiatric Specialist or a Psychiatric Nurse **working** as part of a psychiatric team, which reports into

- a Psychiatric Specialist or Consultant Psychiatrist
- the taking of alcohol or drugs, unless under the specific direction of a **doctor** and, in that case, not for the treatment of drug addiction
- deliberately self-inflicted injury or illness - **war**, riot or civil commotion.

If **your accident** or **sickness** occurs while **you** are outside the **United Kingdom** for a period intended by **you** to be more than 90 days, or if **you** cease to be **resident** in the **United Kingdom**, Isle of Man or Channel Islands. This clause will not apply if **your** reason for leaving the **United Kingdom** is because **you** are a member of the British Armed Forces or as a civil servant in a British Embassy or Consulate.

### 3.2 HOSPITALISATION BENEFIT

#### When can you claim for hospitalisation benefit?

If **you** are **hospitalised** for more than 48 hours, subject to the policy terms **we** will pay **you** a benefit of 10% of **your** chosen **monthly benefit** for each subsequent 24 hours thereafter that **you** remain in **hospital** for up to a maximum of 30 such payments per **policy year**. In addition, **you** will still be entitled to claim **your monthly benefit** for **accident** or **sickness**.

#### When can you not claim for hospitalisation benefit?

**We** will not pay any **hospitalisation** benefits:

- › if **your hospitalisation** due to **sickness** occurs within 60 days after the policy **commencement date**
- › if **your hospitalisation** results directly or indirectly from:
  - any **pre-existing medical condition**, unless **you** have been symptom free and not received treatment or advice for that condition during any consecutive period of 24 months preceding a claim

- any **chronic condition** which is existing or which **you** knew about at the **commencement date**, or of which **you** were exhibiting the symptoms whether specifically diagnosed or not or for which **you** were receiving medical treatment or advice during the 24 months preceding the **commencement date**

- **normal pregnancy/childbirth related conditions** (Special note: when a claim is made by **you** for a pregnancy or **child** birth related condition, **we** may refer **you** to a **doctor** or consultant who specialises in obstetrics for an opinion of whether the condition is a **normal pregnancy/childbirth related condition**. **We** will consider this opinion to be final)

- for **hospitalisation** claims for **sickness** only, **you** will not be able to claim during a **confinement period**
  - elective surgical procedures or surgical procedures which are not medically required
  - **back condition** or **whiplash**, unless a **doctor** provides medical evidence (e.g. radiological evidence, MRI scan or x-ray) showing definite symptoms of restriction of movement
  - any emotional or psychiatric condition, depression, stress or mental disorder, unless it is due to organic mental disease or psychosis
  - deliberately self-inflicted injury or illness
  - the taking of alcohol or drugs, unless under the specific direction of a **doctor** and in that case not for the treatment of drug addiction
  - **war**, riot or civil commotion
- › if **your hospitalisation** occurs while **you** are outside the **United Kingdom** for a period intended by **you** to be more than 90 days, or if **you** cease to be **resident** in the **United Kingdom**, Isle of Man or Channel Islands. This clause will not apply if **your** reason

for leaving the **United Kingdom** is because **you** are a member of the British Armed Forces or as a civil servant in a British Embassy or Consulate.

### 3.3 SERIOUS INJURY BENEFIT (IF CHOSEN)

#### When can you claim for Serious Injury Benefit?

If **You** suffer a **Serious Injury** as the result of an **Accident** and **You** survive for 30 days after the **Accident**, **We** will pay **You** a lump sum as follows:

- ▶ if **Serious Injury** results in total and irrecoverable loss of use of one limb or **Loss of Sight** in one eye - 25 times **Your Monthly Benefit**.
- ▶ if **Serious Injury** results in total and irrecoverable loss of use of two limbs or **Loss of Sight** in both eyes - 50 times **Your Monthly Benefit**.

The maximum benefit payable under this section during the term of this Policy is 50 times the **Monthly Benefit** selected. In addition, **You** will still be entitled to claim **Your Monthly Benefit**.

#### When can you not claim for Serious Injury Benefit?

No benefit will be paid if **Serious Injury** results from flight in a non-scheduled aircraft.

### 3.4 ACCIDENTAL DEATH BENEFIT (IF CHOSEN)

#### When can you claim for Accidental Death Benefit?

If **You** die as the result of a **Serious Injury** **We** will pay **Your** estate a lump sum of 50 times **Your Monthly Benefit**. If benefit for a **Serious Injury** has previously been paid and **You** later die from the same **Serious Injury**, the amount payable on **Accidental Death** will be reduced by the amount already paid for **Serious Injury**.

#### When can you not claim for Accidental Death Benefit?

No benefit will be paid if **Your Accidental Death** results from flight in a non-scheduled aircraft.

### 3.5 CHILD BENEFIT (IF CHOSEN)

**You** are only entitled to this benefit for **Children** named on **Your** Schedule and if **You** have paid the relevant **Premium**.

#### For joint policyholders

Up to 4 named **Children** aged 3 years old or over and under 16 years old can be included free of charge. If cover is required for more than four **Children**, an additional charge will be added to the monthly **Premium**.

#### For sole policyholders

**Children** aged 3 years old or over and under 16 years old can be included at an additional monthly charge which will be added to the monthly **Premium**.

#### When can you claim for Child Benefit?

If **Your Child**, as detailed on **Your** Schedule, is absent from school or nursery during the term-time solely due to an **Accident** for more than **Your** chosen Deferred Period, **We** will pay 1/30th of £250 for each subsequent day of absence during term-time. **We** will continue to pay 1/30th of £250 in respect of each day during which **Your Child** is continuously absent from school or nursery until the first of the following occur:

- ▶ **Your Child** returns to school or nursery; or
- ▶ **We** have paid a total of £3,000; or
- ▶ The date **Your Child** reaches 16 years of age; or
- ▶ The date of **Your Child's** death; or
- ▶ The **End Date**.

Please note, the payment will be suspended during any school/nursery holidays and will re-start the following school/nursery term-time, provided **Your Child** remains absent

from school/ nursery solely due to the **Accident**.

**We** may require medical evidence from a **Doctor** and proof of absence from **Your Child's** school or nursery.

#### **When can you not claim for Child Benefit?**

No benefit will be paid:

- › where **Your Child's** absence is not due to an **Accident**; or
- › for a **child** not named on **Your** Schedule

## **4 WHEN YOUR PROTECTION STARTS AND ENDS**

**Your** contract with **us** starts from the date **Your** contract with **us** starts from the date confirmed on **your Schedule of Cover** (for **sickness** and **hospitalisation** resulting from **sickness** benefit protection starts if it is diagnosed more than 60 days after the **commencement date**) and ends on the earliest of the following:

- › The date of **your** death
- › The date when **you** become 65 years of age, or The date **you** retire, whichever is the sooner
- › The date **you** fail to pay **your premium** when due
- › The date **your** policy is cancelled by **you** or terminated by **us**

#### **Important**

This policy is for monthly periods, and **we** do not guarantee that this policy will be available indefinitely. **We** reserve the right to withdraw this policy at any time, by providing 60 days notice, in writing, to **you**. This will only occur where it is a result of a serious breach of contract by **you** or where **we** are not authorised or otherwise unable to continue to provide cover.

**Your premium** and the benefit provided

under this policy is based on the historical performance of this product. **Your premium** and the benefit provided under this policy are not guaranteed to remain at the same level throughout the life of **your** policy. **We** reserve the right to amend the **premium** and/or benefit(s) provided under this policy at any time, by providing 30 days notice, in writing, to **you**. **We** cannot foresee every circumstance under which **your premium** and/or benefit provided will change; however, a few reasons are now listed.

The **premium** and/or benefit provided may change if:

- › the level of claims costs are significantly different to the level **we** had expected
- › **our** administration and/or distribution costs change
- › the level of benefit provided or amount of **premium** charged for this policy is significantly different than the projected costs of the policy
- › there are changes in tax or other government or regulatory charges which affect **your** policy.

**We** will notify **you** in advance of any **premium** and/or policy benefit(s) changes. Upon notification, **you** are under no obligation to continue **your** policy at the revised **premium** and/or benefit levels but the previous **premium** and/or benefit levels will no longer be available to **you**. If **you** do not wish to continue with **your** cover **you** can cancel **your** policy by following the details in Section 7.

Any change in **your premium** will not depend upon **your** individual circumstances; for example, **your** health or the number of claims that **you** make. The assessment of future premiums and/or benefit provided under this policy is based upon the **premium** being charged for everyone insured under this policy, and not **you** personally.

## 5 HOW TO 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.

1. In the event of an **Accident** 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 Crawford's.
2. In the event of an **Accident** the Insured Person must seek the attention of a Medical Practitioner. Notice must be given to **your** broker in the event of the Insured Person's death resulting or alleged to result from an **accident**.
3. 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.
4. **You** must provide **your** broker 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 Certificate, please register **your** claim using the following online claim form: <https://us-fnol.claims.global/PulseInsurance>

**You** can also register **your** claim over the phone: 01908 735318.

### How we deal with your claim

**You** will be asked to provide supporting documents alongside **your** completed claim form. Once all documents have been received, **your** claim will be assessed. If the documents provided 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.

If **you** have any queries regarding **your** claim, please contact the following:  
Crawford TPA, Ashton House, Silbury Boulevard, Milton Keynes MK9 2AH  
[www.crawco.co.uk](http://www.crawco.co.uk)  
[PulseClaims@Crawco.co.uk](mailto:PulseClaims@Crawco.co.uk)  
01908 735318

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 Assured or Insured Person/s makes a fraudulent claim under this insurance contract, **Underwriters:**
  - a) Are not liable to pay the claim; and
  - b) May recover from the Assured or an Insured Person any sums paid by the Insurer to the Assured or an Insured Person in respect of the claim; and
  - c) May by notice to the Assured or an Insured Person 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 Assured or an Insured Person 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.

## Fraudulent claims – group insurance

- 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.

# 6 GENERAL TERMS AND CONDITIONS

- › **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.
- › The maximum **monthly benefit** payable for **accident** or **sickness** is £2,500 per month
- › The maximum daily benefit payable for **hospitalisation** is £250 per day
- › The maximum **monthly benefit** shall not exceed **your** chosen level of cover or 60% of **your gross monthly income**, whichever is less
- › The maximum **Monthly Benefit** payable for **Child Benefit** when added to any other **monthly benefit** or benefit (excluding increases due to indexation benefit) being paid by **Us** following a claim made by **You** under this Policy or any other policy in force with **Us** is £250 per month.
- › An insured customer may only have a maximum of one Plan at any one time
- › If **you** increase the **monthly benefit**, the increase in benefit is not payable for any of the following should they occur within 60 days of the increase having been received: **sickness** or **hospitalisation** due to **sickness**. The increased **monthly benefit** is payable immediately in the event of an **accident** and **hospitalisation** due to an **accident** that occurs after the date of increase of the **monthly benefit**
- › Any benefit due under this policy will be paid to **you** except for life payments which will be to **your** next of kin or the executor of **your** estate
- › Currently for UK policyholders all benefits under this policy are non-taxable, although this may change

in line with any amendments to legislation

- › It shall not be possible for **you** to assign or charge the benefits of this policy in any way whatsoever
- › When applying for or varying **your** insurance, or submitting a claim, **you** or anyone acting on **your** behalf must take reasonable care to answer all questions honestly and to the best of **your** knowledge. Failure to do so may affect the validity of **your** policy or the payment of **your** claim

## 7 CANCELLATION RIGHTS

**You** may cancel this policy at any time. If **you** cancel this policy within 30 days of the **commencement date**, as detailed on **your Schedule of Cover**, any **premium** that **you** have paid will be refunded, subject to no successful claim being made. If cancellation is made after 30 days, there will be no refund of **premium** paid. To cancel this policy write to Hive Insurance Services, Unit 4 Bredon House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH, or e-mail: [cancellations@hiveinsure.co.uk](mailto:cancellations@hiveinsure.co.uk), or call 01454 619500\* (Monday to Friday, 8am-5pm, excluding public holidays) quoting **your** name and policy number.

**We** may cancel this policy if **you** fail to pay **your premium** when due. However, **we** will continue to pay any valid claim accepted by **us**, until the end of the valid claim period. **We** may also cancel **your** policy due to fraudulent activity.

## 8 CUSTOMER CARE

**Our** aim is to ensure that all aspects of **your** insurance are dealt with promptly, efficiently and fairly. At all times **we** are committed to providing **you** with the highest standard of service.

If **you** have any questions or concerns about **your** policy or the handling of a claim **you** should, in the first instance, contact the Broker who issued this insurance to **you**

In the event that **you** remain dissatisfied and wish to make a complaint, **you** can do so at any time by referring the matter to either:

Crawford TPA,  
Ashton House, Silbury Boulevard, Milton Keynes MK9 2AH  
Website: [www.crawco.co.uk](http://www.crawco.co.uk)  
E-mail: [PulseClaims@Crawco.co.uk](mailto:PulseClaims@Crawco.co.uk)  
Tel: 01908 735318

or Complaints:

Lloyd's,  
Fidentia House,  
Walter Burke Way,  
Chatham Maritime  
Chatham ME4 4RN.  
Tel: 020 7327 5693.  
Fax: 020 7327 5225  
E-mail: [complaints@lloyds.com](mailto:complaints@lloyds.com)  
Website: [www.lloyds.com/complaints](http://www.lloyds.com/complaints)

Details of Lloyd's complaints procedures, including timescales are set out in a leaflet "Your Complaint - How We Can Help" available at [www.lloyds.com](http://www.lloyds.com) and are also available from the above address. If **you** remain dissatisfied after Lloyd's has considered **your** complaint, or, in any event, after a period of eight weeks from making **your** complaint, **you** may refer **your** complaint to the Financial Ombudsman Service (FOS). The FOS is an independent service in the UK for settling disputes between consumers and Businesses providing financial services.

The contact details for the FOS are:  
The Financial Ombudsman Service,  
Exchange Tower,  
London E14 9SR.  
Telephone: 0800 023 4567

or: 0300 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers.)

Email [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

**You** can find more information on the FOS at [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Making a complaint does not affect **your** right to take legal action.

### Compensation

Lloyd's insurers are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the Scheme if a Lloyd's **Underwriters** is unable to meet its obligations to **you** under this insurance. If **you** were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this insurance. Further Information about the Scheme is available from the Financial Services Compensation Scheme (10th Floor, Beaufort House, 15 St. Botolph Street, London EC3A 7QU) and on their website: [www.fscs.org.uk](http://www.fscs.org.uk)

## 9 MEANING OF WORDS/ DEFINITIONS

In this Policy Document the following words will have the following meanings throughout.

**Accident** – An event which is not reasonably foreseeable, intended or designed (but excluding **sickness**). The **accident** must be certified by a **doctor** as preventing **you** doing **your work** or any **work** that **your** experience, education or training may reasonably qualify **you** to do.

In respect of **Child** Benefit the **accident** must prevent **Your Child** from attending school or nursery during term-time after the Deferred Period.

**Accidental Death – Bodily injury** resulting solely and directly from an **accident**, caused by outward, violent and visible means (including drowning), which shall directly and independently of any other cause, result in death.

**Back Condition** – Any musculo-skeletal disorders arising from abnormalities of the whole vertebral column (including the cervical spine), discs, muscles attached to the spine and those due to nerve root irritation.

**Bodily Injury** – means identifiable physical injury which is caused solely and independently of any other cause except illness directly resulting from which physical injury, results in the Insured Person's death or disablement as provided for under this Insurance within twenty-four calendar months.

**Carer** – A policyholder who at the **commencement date** was **working** and therefore eligible to take out cover and who has subsequently become a **carer** whereby they are required to care for a member of their immediate family and are in receipt of **Carer's Allowance**.

**Chemical** – Any artificially created **chemical** toxin or compound.

**Child/Children** – The named **child/children** identified on **Your** Schedule, of which **You** are the parent or legal guardian. Each **child** must be aged 3 years or over and under 16 years old, and **resident** in the **United Kingdom**, Isle of Man or Channel Islands between the **Commencement Date** and the **End Date**. The **child/children** must be attending school or nursery.

**Chronic Condition** – A condition which has symptoms that are constant or recur, or which requires long-term monitoring, treatment, consultations, check-ups,

examinations or tests.

**Claims Handler** – Crawfords

**Commencement Date** – The start date of **your** contract with **us**, as confirmed on **your Schedule of Cover**.

**Confinement Period** – The period two weeks prior to and four weeks after birth.  
Coronary Artery By-pass Grafts – With surgery to divide the breast bone: The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

**Deferred Period** – The period of time that **You** must wait before any **Monthly Benefit** becomes payable. This period is chosen by **You** and is confirmed in **Your** Schedule.

**Doctor** – A medical practitioner, other than **you** or a member of **your** family, who is registered as a medical practitioner with the General Medical Council and entitled to practice as such in the **United Kingdom**, Channel Islands or Isle of Man.

**End Date** – The date **your** policy ends, as detailed in Section 4.

**Employed/Employment** – In paid **employment** under a contract of services under which **you** ordinarily **work** in the **United Kingdom**, Channel Islands or Isle of Man for a minimum of 16 hours per week or equivalent of 70 hours per month and paying Class 1 National Insurance Contributions.

**Gross Monthly Income** – If **you** are **employed**, **your gross monthly income** means:

- › The average of **your** last 3 months wage slips received from **your**

employer, prior to the date **you** stopped **working**; or

- › Dividends received from a Limited Company in lieu of wages.

**You** may be asked to provide evidence of **your gross monthly income** to allow **us** to determine the benefit payable. Please note, **we** may also request that **you** provide **us** with **your** P60 in the event of a claim.

If **you** are self-**employed** and registered with HMRC, **taxable income** means the monthly average of **your** income for the 6 months immediately prior to the relevant claim start, and where **your** earnings have been declared to HMRC. **You** may be asked to provide evidence of **your taxable income** to allow **us** to determine the benefit payable.

**Hospital** – A lawfully operated establishment (other than a convalescent, nursing or rest home, or convalescent, nursing, self-care or rest section or unit of a **hospital**) which has accommodation for **resident** patients with organised facilities for diagnosis and major surgery and which provides a 24-hour-a-day nursing service by registered nurses.

**Hospitalisation/Hospitalised** –

Being confined to **hospital** upon the recommendation of a **doctor** solely as a result of **accident**, **sickness** or critical illness (except for a pre-existing condition) which commenced or occurred after the **commencement date**.

**Loss of Sight** – The permanent **loss of sight** or the mere ability to perceive light, caused directly and solely from an **Accident** which in the reasonable opinion of a **Doctor** appointed by **Us** is total, permanent and irreversible.

**Loss of Limb** – The loss of use of either a leg or an arm at or above the knee or elbow joint, caused directly and solely from an

**Accident** which in the reasonable opinion of a **Doctor** appointed by **Us** is total, permanent and irreversible.

**Monthly Benefit** – The **monthly benefit** stated in **your Schedule of Cover**, which is payable by **us** in the event of a successful claim.

### **Normal Pregnancy/Childbirth-Related Conditions**

- › Symptoms which normally accompany a pregnancy and/or childbirth (including those related to multiple pregnancy) and which are generally of a minor and/or temporary nature not representing an unusual or significant hazard to mother or baby
- › Childbirth including delivery by Caesarean section or any other medically or surgically assisted delivery which does not cause medical complications

**Policy Year** – A period of 365 days (366 for a leap year) following the **commencement date** or any consecutive annual anniversary date of the **commencement date**.

**Premium** – The amount as detailed in **your Schedule of Cover**, which is payable by **you** in respect of this policy.

### **Pre-Existing Medical Condition**

A condition or related condition either:

- › for which **you** received treatment in the 24 months up to and including the **commencement date**, or
- › which **you** were aware of, or in **our** opinion **you** should have been aware of, during the 24 months up to and including the **commencement date**.

Unless **you** have been symptom-free and not consulted a **doctor** or received treatment in the 24 months preceding the claim.

**Qualification Period** – The period of time

that **you** must wait since the occurrence of an insured event before any **monthly benefit** becomes payable if the insured event is still applicable at that time. This period is chosen by **you** and is confirmed in **your Schedule of Cover**.

**Resident/Residency** – Living in the **United Kingdom**, Channel Islands or Isle of Man for 40 out of 52 weeks a year.

**Schedule of Cover – Your Schedule of Cover** (also known as Certificate), detailing **your** cover level, waiting period and benefit.

**Self-Employed/Self-Employment** – Being in a profession or business, alone or in association with others, paying Class 2 National Insurance contributions.

**Serious Injury** – A physical or other injury which is caused wholly by an **Accident** and which within 12 months of the date of the **Accident** results in **Your** death, **Loss of Sight** or the **Loss of Limb**.

**Sickness** – A medical condition or disease, after it is diagnosed and confirmed by **your doctor** and occurring whilst **you** are in **work**, which stops **you** doing **your work** or any **work** that **your** experience, education or training may reasonably qualify **you** to do. **You** must be under the continuing care of a **doctor** throughout **your** claim.

**Taxable Income** – If **You** are **Self-Employed taxable income** means:

- (i) **Your** share of the average of **Your** last 3 months pre-tax profit (after the deduction of trading expenses) as certified by **Your** Accountant; or
- (ii) **Your** income as declared in **Your** last verified tax return; or
- (ii) **Your taxable income** for **Your** last full year's account. **You** may be asked to provide evidence of **Your taxable income** to allow **Us** to determine the benefit payable.

**Underwriters** – Canopius Syndicate 4444 and Travelers Syndicate 5000

**United Kingdom** – England, Scotland, Wales, and Northern Ireland

**Unrest or Disruption** – A Country or region to which the Foreign, Commonwealth & Development Office advise against “ALL” or “All but Essential” travel. [www.gov.uk/foreign-travel-advice](http://www.gov.uk/foreign-travel-advice)

**War** – **War** shall mean armed conflict between nations including forces acting for any international authority, whether **war** be declared or not, invasion, civil **war**, any attempt to usurp power, or any activity arising out of an attempt to participate in military force between nations.

**We, Us or Our** – **Underwriters**

**Whiplash** – **whiplash**, as diagnosed and confirmed by **your doctor**, whereby the soft tissue of the spine is placed under stress after the body is thrown in a sudden, forceful jerk.

**Work/Working** – Permanent gainful **employment** paying the correct National Insurance contributions.

**You or Your** – The person who has been accepted for insurance and is named in the **Schedule of Cover**.

## 10 DATA PRIVACY

Please visit [www.pulse-insurance.co.uk/privacy-policy](http://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.



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