



# **GUARANTEED LIFE**

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# **POLICY WORDING**

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## 1 WELCOME

Thank **You** for choosing this **Guaranteed Life Insurance Policy**. This insurance was arranged for **You** by **Pulse Insurance Limited** who act on **Your** behalf, and is underwritten by **1Edge Insurance PCC Limited ("Insurer")**.

This **Policy** is a legal contract between the **Insurer** and **You** (the '**Policyholder**'). It is important that this document is checked to make sure that it meets **Your** requirements and that all the details stated in the **Schedule** are correct and reflect the cover requested.

The **Insurer** in this **Policy** Document is **1Edge Insurance PCC Limited** acting on behalf of its **Cell, 1Edge Insurance Cell 1** (the "**Cell**"), which is licensed to carry on international insurance business by the Guernsey Financial Services Commission (GFSC) – GFSC Ref. No. 2771296. **1Edge Insurance PCC Limited** is a protected cell company with liability limited by shares incorporated in Guernsey under the Companies (Guernsey) Law, 2008, as amended ("**Companies Law**").

The **Administrator ("We, Us or Our")** is authorised and regulated by the Financial Conduct Authority("FCA"). **Our** full details can be found in **Your Policy Schedule**.

**Pulse Insurance Limited** is authorised and regulated by the Financial Conduct Authority("FCA"). **Pulse Insurance Limited (No 3492137)** is registered in England and Wales. Registered office: 6 Oxford Court, St. James Road, Brackley, Northants. NN13 7XY.

**We** are the **Policy** administrator in relation to this **Policy** and all administrative queries are to be directed to **Us** using the contact details provided in **Your Policy Schedule**.

Full details are available on the Financial Services Register at <https://register.fca.org.uk/> or by contacting the FCA on 0800 111 6768 (Freephone) or 0300 500 8082 from the **UK** or +44 207 066 1000 from abroad.

This document, the **Schedule** and any **Endorsement(s)** attaching to this document and/or **Schedule** constitute the **Policy**, which is the insurance contract and sets out the terms of this insurance between **You** and the **Insurer**.

## 2 DEFINITIONS

Terms that appear in bold face type are defined in the Definitions section of this **Policy**. Terms with capitalised first letters are defined in more detail in the **Schedule** to this **Policy** or as the context requires. The singular includes the plural.

### **Administrator**

As identified in **Your Policy Schedule**

### **Annual Renewal Date**

The date, 12 months after the **Commencement Date** and each anniversary after that date

### **Benefit(s)**

The amount shown in the **Policy Schedule**, the **Policy** wording states the maximum **Benefits You** can receive.

### **Commencement Date**

The day **Your** cover is effective from as set out in the **Policy Schedule**.

### **Doctor**

A qualified medical practitioner registered in the **UK** with the General Medical Council. A **Doctor** cannot be **You**, anyone related to **You** or anyone living with **You**.

### **Effective Date**

Means the date when **You** were first covered as shown on the **Policy Schedule**.

### **Endorsement**

A written record of any change made by the **Insurer** to the **Policy**. Any **Endorsement** will be signed by one of the **Insurer's** official representatives or show an authorised reproduction of their signature.

### **Insurer**

**1Edge Insurance PCC Limited** acting on behalf of its **Cell, 1Edge Insurance Cell 1**, Suite 1 North, 1st Floor, Albert House, South Esplanade, St Peter Port, Guernsey, GY1 1AJ

### **Life/Lives Assured:**

The person/s whose life is being covered and as shown in the **Policy Schedule**.

### **Medical Condition**

Any disease, illness or injury, including psychiatric illness.

### **Period of Cover**

The dates between which **Your Policy** is in force as shown on the **Policy Schedule**.

### **Policy**

These provisions, the application form, the personal illustration, any questionnaires, any **Endorsement**, the **Policy Schedule**. And any other document specified in the **Policy Schedule**.

### **Policyholder**

The person/persons named as **Policyholder** in the **Policy Schedule**.

### **Policy Schedule**

The **Schedule** relating to this **Policy**, which is attached. It shows the key features, **Benefits** and, if applicable, the exclusions that apply to **Your Policy**.

**Policy Year**

A period of 12 months from the **Commencement Date** or from any **Annual Renewal Date**.

**Pre-Existing Condition**

Is any condition, injury, illness, disease or related condition and/or associated signs or symptoms, whether diagnosed or not, which in the 3 year period immediately prior to the **Effective Date**: **You** knew about, or should reasonably have known about, or **You** had seen, or had arranged to see a **Doctor** about.

**Premium**

Refers to the payments **You** make to **Us**/the **Insurer** and is shown in the **Policy Schedule**. Any **Premium** changes are as confirmed in an **Endorsement**.

**Specialist**

Means a **Doctor** or medical consultant having a **United Kingdom Specialist** qualification.

**Sum Assured**

The amount of money that is payable as a one-time lump sum if a claim is accepted and as detailed in the **Policy Schedule**.

**Terrorism**

Any unlawful use of violence by an individual terrorist or a terrorist group to coerce or intimidate the civilian population to achieve a political, military, social or religious goal.

**Treatment(s)**

Surgical or medical services (including diagnostic tests and day patient **Treatment**) that are needed to diagnose, relieve or cure a disease, illness or injury.

**UK, United Kingdom**

England, Scotland, Wales and Northern Ireland.

**You or Your(s)**

The **Policyholder** named on the **Policy Schedule**, or, in the event of a claim, **Your** legal representative.

## 3 ABOUT YOUR COVER

### 3.1 WHO IS COVERED

The **Life Assured** is covered under this **Policy**.

### 3.2 ELIGIBILITY

Each **Life Assured** must be:

- at least 18 years old and not older than 55 ; and
- a lawful permanent **UK** resident and domiciled in the **UK**.

There are certain countries in which the **Insurer** does not conduct business. If **You** move to such country, the **Insurer** will no longer be able to pay any **Premiums** and cover under the **Policy** will cease. Further information is available upon request. **You** must notify **Us** if **You** apply for life assurance cover with another provider for the same purpose as this **Policy**. In such instances, the **Insurer** reserves the right to cancel the **Policy** and **Your** cover will cease.

### 3.3 THE COVER PROVIDED

The **Insurer** will pay the **Sum Assured** to the Person to whom the **Sum Assured** is payable as specified in the **Schedule**, or to the trustees if the **Policy** has been placed in trust, or to the assignee if the **Policy** has been assigned, or to the **Policyholder's** estate once satisfactory proof has been produced to **Us** of:

- The death of the **Life Assured** during the **Period of Cover**;
- The entitlement to payment of the person claiming payment; and
- The age of the **Life Assured** (where such age has not been admitted).

The payment will also be subject to these Terms and Conditions and any amendments to this **Policy** requested by the **Policyholder** must be agreed in writing by the **Insurer**.

## TABLE OF BENEFITS

Level 1 (Gold)	
Age	Life Cover Benefit
18 – 55	£100,000
56 – 68	£50,000
Level 2 (Silver)	
Age	Life Cover Benefit
18 – 55	£75,000
56 – 68	£37,500
Level 3 (Bronze)	
Age	Life Cover Benefit
18 – 55	£50,000
56 – 68	£25,000

### 3.4 PERIOD OF COVER

Cover under **Your Policy** starts on the **Policy Commencement Date**. Cover will stop:

- at the end of the **Period of Cover** noted on **Your Schedule**
- when the **Life Assured** dies; or
- if **You** stop paying **Your Premiums**; or
- if **You** move to a country where the **Insurer** does not conduct business; or
- if **You** or the **Insurer** cancels the **Policy** for any other reasons in accordance with these provisions.

### 3.5 UNDERSTANDING YOUR POLICY

This **Policy** must be read by **You** in its entirety as conditions, exclusions and other limitations apply.

**You** must ensure that the cover **You** have purchased under this **Policy** is adequate for **Your** needs. If **You** are unsure or unclear about any aspect, please discuss this **Policy** with **Us**.

If **You** think there is a mistake in or a change needs to be made to this **Policy**, please notify **Us** immediately.

Specifically note that this **Policy** is only available for those aged between 18-55 at inception, thereafter it may be renewed on the different Life Cover Benefit tiers as set out in the Table of Benefits above until the age of 68. **You** will not be able to renew after the age of 68.

### 3.6 INFORMATION YOU HAVE GIVEN US

In deciding to accept this **Policy** and in setting the terms and **Premium**, the **Insurer** has relied on the information **You** have given **Us** and the **Insurer**. **You** must take care when answering any questions **We** ask by ensuring that all information provided is accurate and complete.

If the **Insurer** establishes that **You** deliberately or recklessly provided false or misleading information the **Insurer** will treat this **Policy** as if it never existed and decline all claims.

If the **Insurer** establishes that **You** carelessly provided **Us** with false or misleading information it could adversely affect **Your Policy** and any claim. For example, the **Insurer** may:

- treat this **Policy** as if it had never existed and refuse to pay all claims and return the **Premium** paid. The **Insurer** will only do this if the **Insurer** provided **You** with insurance cover which the **Insurer** would not otherwise have underwritten;
- amend the terms of **Your** insurance. The **Insurer** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **Your** carelessness;
- charge **You** more for **Your** insurance or reduce the amount the **Insurer** pays on a claim in the proportion the **Premium** **You** have paid bears to the **Premium** the **Insurer** would have charged **You**; or
- cancel **Your Policy** in accordance with the cancellation conditions contained in the exclusions section below.

**We** or the **Insurer** will write to **You** if the **Insurer**:

- intends to treat **Your Policy** as if it never existed; or
- needs to amend the terms of **Your Policy**.

If **You** become aware that information **You** have given **Us** is inaccurate, **You** must inform **Us** as soon as practicable.

## 4 PREMIUM PAYMENT AND RENEWAL OF YOUR POLICY

The **Premium** amount and the frequency of its payment is shown on the **Policy Schedule**.

The **Premium** must be paid within 30 days of the **Commencement Date** of this **Policy** and within 15 days of each due date thereafter. If a claim arises during this period, the unpaid **Premium** will be deducted from any **Sum Assured** payable. The **Premiums** payable are guaranteed not to change during the **Period of Cover**, unless the contract has been changed during the term.

If the **Premium** has not been paid by the end of the 30 days, this **Policy** will be cancelled and all **Benefits** under it will cease. The cover shall lapse with immediate effect.

This **Policy** lasts for one year at a time. Before each **Annual Renewal Date** we will tell you the premium rates and policy terms that will apply for the next **Policy Year**. We will also tell you of any changes to **Your Policy** for the next **Policy Year**. **We** will always give **You** reasonable notice of any changes to your **Policy** terms. **We** will automatically renew **Your Policy** at each **Annual Renewal Date** on the basis notified to **You**, unless you tell **Us** not to. **We** will not offer **You** a renewal after the age of 68.

## 5 COOLING-OFF PERIOD

If the insurance provided under this **Policy** does not meet **Your** requirements **You** can cancel this **Policy** within thirty (30) days of the **Commencement Date** shown in the **Schedule**, or the date **You** received the **Policy**, whichever is the later. **We** will refund any **Premium** **You** have paid as long as **You** have not made any eligible claim.

## 6 CANCELLING YOUR COVER

**You** may cancel **Your Policy** at any time. If **You** decide to cancel this **Policy** within the first 30 days following the **Commencement Date** as shown on **Your Policy Schedule**, **We** will provide a full refund of **Your Premium** unless **You** have made a claim, in which case no refund of **Premium** will be provided. If **You** decide to cancel this **Policy** after this 30-day period, **We** shall provide a pro rata refund, unless **You** have made a claim, based upon the remainder of full months left to run. If a claim has been made on the **Policy** no refund of **Premium** shall be provided.

**You** may cancel this **Policy** in line with the conditions detailed above by contacting **Us** directly or the **Representative** who arranged the **Policy**. **Our** contact details are set out in **Your Policy Schedule**.

## 7 GENERAL POLICY CONDITIONS

### 7.1 Altering the Policy

If there is a change in law, taxation, regulation or guidance that affects **Our** industry so that:

- it becomes unreasonable or impossible to carry out the provisions of this **Policy**;
- the basis of taxation which applies to the **Insurer** or this **Policy** is changed; or
- any existing taxes, charges or levies are changed, or any new taxes, charges or levies are imposed, the **Insurer** reserves the right not to implement any of the provisions of the **Policy** and/or change the terms and **Benefits** of the **Policy** to take account of the changed circumstances. In such instances, **We** will notify **You** in writing in advance of any changes being made.

### 7.2 CURRENCY

All **Benefits** under these provisions are payable in pound sterling (GBP).

### 7.3 ASSIGNMENTS

If **You** assign the **Benefit** of **Your Policy** to another person, the **Insurer** will only register the assignment if **You** provide the relevant documentation. **We** will note the assignment on **Our** records, but **You** are responsible for making sure that the assignment has been successful.

### 7.4 SURRENDER VALUE

This **Policy** does not acquire a surrender value. The **Sum Assured** is only payable on death and there is no **Benefit** payable at expiry of this **Policy**.

### 7.5 LAW & JURISDICTION

This **Policy** shall be governed by the laws of England and Wales and subject to the non-exclusive jurisdiction of the courts of England, save that any issue specific to the **Insurer** under the Companies (Guernsey) Law, 2008, or Protected Cell Companies, as defined therein, including but not limited to its formation, operation and limitation of liability, will be governed by the laws of the Island of Guernsey.

### 7.6 THIRD PARTY CONTRACT RIGHTS

The Contracts (Rights of Third Parties) Act 1999 does not apply to this **Policy**. This **Policy** does not confer any **Benefit** on any third parties. No third parties may enforce any term of this **Policy** or any certificate under it. This provision shall not affect the rights of the Insured, any assignee, or the rights of any named payee properly notified to **Us**

## 8 EXCLUSIONS

No **Benefit** shall be payable as a direct or indirect result of the following:

- **Suicide** - If, in **Our** sole discretion, **We** reasonably suspect that the relevant **Life Assured** has committed suicide, or died as a result of an intentional self-inflicted injury or illness within 24 months of the **Policy Effective Date** the **Policy** will stop and no **Benefit** shall be payable under this **Policy**.
- **Mis-statement** - During the application process **You** were asked questions about **Your** personal circumstances to enable to **Us** to calculate the appropriate **Premium**. If **You** have not answered the questions honestly or correctly, **We** reserve the right to cancel the **Policy**, amend the terms of the **Policy** to reflect the terms that would have been provided had **We** known the correct answer and/or not pay part of the **Benefit** under this **Policy**.
- **We** will not pay for any **Benefit** under the **Policy** which is incurred whilst the **Life Assured** is/are in any territory where the Foreign, Commonwealth, & Development Office (FCDO) or any relevant successor department in the **United Kingdom** government has either advised against all travel, or all but essential travel, as at the date of departure on travel from the **Life Assured's** usual country of residence. <https://www.gov.uk/foreign-travel-advice>
- If the date of birth of a **Life Assured** is incorrect **We** may cancel the **Policy** or **We** may require **You** to pay any shortfall in **Premium**. This shortfall will be based on the **Premium** which should have been paid since outset assuming the correct date of birth had been provided. **We** will issue an **Endorsement** confirming the new details.
- Any **Pre-Existing Condition**;
- inappropriate use of alcohol or drugs, including but not limited to the following:
  - › consuming too much alcohol
  - › taking an overdose of drugs, whether prescribed or not
  - › taking controlled drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription
- war, invasion, acts of foreign enemies, hostilities (whether war be declared or not) civil war, riots, strikes, civil commotion, **Terrorism**, rebellion, insurrection or military or usurped power, or explosions of war weapons;
- nuclear contamination, biological contamination or chemical contamination.

## 9 BENEFITS

The level of cover is set out in the **Schedule** (or any **Endorsements** subsequently issued by **Us**). This amount is payable if the relevant **Life Assured** dies. This is the only amount payable under the **Policy**. For the avoidance of doubt, the **Policy** is not linked to any company profits.

## 10 MAKING A CLAIM

In the event of a claim, **Your** legal representative(s) must contact the **Administrator** using the contact details as set out in **Your Policy Schedule**. All circumstances that are likely to give rise to a claim under this **Policy** should be notified within 30 days of death (or as soon as reasonably practicable thereafter).

A Claim Form will be sent to **Your** legal representative(s) in order for the claim to be assessed, they will need to complete and return the Claim Form together with the original Death Certificate to the **Administrator** identified in the **Policy Schedule**.

In addition, the **Insurer** may need some, or, all of the following evidence depending on the nature and circumstances of the claim:

- Proof of who legally owns the **Policy**
- Medical reports and records
- Coroners and/or police reports
- Such other information as the **Insurer** may reasonably require to assess the claim.

All information and evidence to support a claim shall be provided at the expense of **Your** estate and shall be in a form as required by the relevant party identified in the **Policy Schedule**. **Your** estate cannot **Benefit** if an exclusion applies as set out in this **Policy**, including **Pre-Existing Conditions**. The receipt of **Benefit** from **Us** to **Your** legal representative(s) will be a full and final discharge by **Us**.

## 11 MORATORIUM

**We** do not provide cover for any **Pre-Existing Condition**, or any related condition, for which **You** have suffered signs or symptoms, sought or received medical advice, tests or **Treatment** or taken medication, prescribed or not, in the 3 years before the **Effective Date**.

However, subject to the plan terms and conditions, a **Pre-Existing Condition** can become eligible for cover providing **You** have not:

- › consulted anyone (e.g. a **Doctor** or **Specialist**) for medical **Treatment**, tests or advice (including check-ups);
- › taken medicines (including prescription or over the-counter drugs, medicines, special diets or injections), for that **Pre-Existing Condition** or any related condition for two continuous years after the **Effective Date**.

If **You** experience symptoms, receive advice, medication, diagnostic tests or **Treatment** for that **Medical Condition** within the 2 years of the **Effective Date** then the moratorium period will not be satisfied, and **You** will only be covered after there has been a continuous period of 2 years where **You** have been advice, medication, symptom, test and **Treatment** free for that condition.

## 12 GENERAL CONDITIONS

**You** must comply with all conditions to have the full protection of **Your Policy**. If **You** do not comply with them, **We** may at **Our** option cancel the **Policy**, or refuse to deal with **Your** claim or reduce the amount of any claim payment.

## 13 CHANGE IN CIRCUMSTANCES

**You** must give written notice of any change in **Your** personal circumstances within 30 days or as soon as **you** can. This includes if **You** have a family **Policy** and **Your** partner and/or children no longer reside with **You**, move to live or work outside the **UK**, or any other relevant circumstance. If **You** do not provide details about a change in **Your** circumstances, it may affect **Your** ability to claim under the **Policy**.

Please also keep us updated as to **Your** bank account details, address and other contact details.

**You** must make sure that whenever **You** provide any information, it is true, accurate, and complete to the best of **Your** knowledge and belief so that it shows **Us** the risk **We** are taking on. If any information **You** (or anyone acting on **Your** behalf) provide is not accurate or is not complete, **Your** cover may not protect **You** if **You** need to make a claim.

**We** will use **Your** personal information to provide the service set out under the terms of this **Policy** and to manage **Your Policy**. Because the **Policyholder** on the **Schedule** of Insurance may be acting on behalf of another person covered by this **Policy**, **We** will send all information about the **Policy** (including any forms, reports and letters or e-mails) to the **Policyholder**, unless **We** are told to do otherwise. However, **We** will not send any claims information to the **Policyholder**, unless it is the **Policyholder** making the claim. **You** may not have more than one **Policy** with **Us**.

If **You** break any terms of the **Policy** or make, or attempt to make, any dishonest claim, **We** can refuse to make any payment and end **Your Policy** and all cover under it immediately.

Only **You** and **Us** have legal rights under this **Policy** and it is not intended that any clause or term of this **Policy** should be enforceable, by virtue of the Contracts (Rights of Third Parties) Act 1999.

## 14 SANCTION LIMITATION AND EXCLUSION CLAUSE

**We** shall not be deemed to provide cover or be liable to pay any claim or provide any **Benefit** hereunder to the extent that the provision of such cover, payment of such claim or provision of such **Benefit** that would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **United Kingdom** or United States of America.

## 15 MAKING A COMPLAINT

**Our** aim is to provide **You** with a high-quality service at all times, although **We** do appreciate that there may be instances where **You** feel it is necessary to lodge a complaint.

If **You** are unhappy with any element of **Our** service concerning the sale and administration of **Your Policy**, please contact the **Administrator** using the details contained in **Your Policy Schedule**:

**We** will acknowledge receipt of **Your** complaint in writing within 5 working days and give **You Our** response to **Your** complaint at this time if **We** can. If **We** are unable to respond to **You** within this period of time, **We** will provide **You** with **Our** complaints procedure, (which is available on **Our** website and on request) as well as further details as to when **We** will likely be in a position to respond.

If **We** cannot settle **Your** complaint to **Your** satisfaction, **You** may be eligible to refer **Your** complaint to the Financial Ombudsman Service (“**FOS**”).

The **FOS** is an independent and free to access service in the **UK** for settling disputes between consumers and businesses providing financial services. **You** can find more information on the **FOS** at [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk) or in **Our** complaints procedure which is available on **Our** website or by request.

If **You** wish to complain about the **Insurer**, please contact:

**Company:** 1Edge Insurance PCC Limited  
**Address:** Suite 1 North, 1st Floor, Albert House, South Esplanade,  
St Peter Port, Guernsey, GY1 1AJ  
**Tel:** 0207 8469 946  
**Email:** [hello@1Edgeinsurance.gg](mailto:hello@1Edgeinsurance.gg)  
**Office hours:** 09h00 to 17h00 Mon – Fri (Excluding Bank Holidays)

If **You** are an individual consumer (whether or not **You** are in the Channel Islands), If **You** remain dissatisfied after the **Insurer** has considered **Your** complaint or if they have not provided a response within 3 months, **You** have the right to refer **Your** complaint to the Channel Islands Financial Ombudsman:

**Channel Islands Financial Ombudsman**  
**Address:** PO Box 114, Jersey, Channel Islands, JE4 9QG  
**Tel:** +44 1534 748610 International  
**Fax:** +44 1534 747629  
**Email:** [enquiries@ci-fo.org](mailto:enquiries@ci-fo.org)  
**Web:** <https://www.ci-fo.org/>

## 16 FINANCIAL COMPENSATION IF WE OR YOUR INSURER FAIL

### 16.1 THE POLICY ADMINISTRATOR

**We, Your Policy Administrator**, are covered by the Financial Services Compensation Scheme ('FSCS'). This means **You** may be entitled to compensation from the scheme if **We** cannot meet **Our** obligations. This depends on **Your** circumstances and the circumstances under which **You** make a claim for compensation. Further information is available from the Financial Conduct Authority or the FSCS. The latter can be visited on the web at [www.fscs.org.uk](http://www.fscs.org.uk) or by contacting the FSCS on 0207 892 7300.

### 16.2 INSURER

The **Insurer** is **not** covered by the FSCS. This means **You** will **not** be entitled to compensation from the FSCS if the **Insurer** were to fail. There is no equivalent compensation scheme available to **You** via the Guernsey Financial Services Commission or under Guernsey law.

The **Insurer** is a licensed insurance Company in Guernsey and regulated by the Guernsey Financial Services Authority ('GFSC'). As such, the **Insurer** is required to maintain solvency in line with Guernsey's regulatory requirements.

The **Insurer** is therefore required to hold a specified level of capital resources as prescribed by The Insurance Business (Solvency) Rules 2021, to meet its finance business commitments and to withstand the risks to which the business is subject. Willis Towers Watson (NASDAQ: WTW) are engaged as the Insurance Manager for the **Insurer** and act as the General Representative of the **Insurer** and are responsible for monitoring and reporting to the GFSC compliance with the solvency requirements imposed.

## 17 LIMITATION OF LIABILITY OF THE INSURER

The **Insurer** is contracting under this **Policy** Document as a protected cell company under the provisions of the Companies Law in the name of and in respect of **1Edge Insurance Cell 1** ("the Cell"). Recourse in respect of the **Insurer's** liability under this insurance contract is restricted to the available assets of the **Cell** for the time being without recourse against the core assets of **1Edge Insurance PCC Limited** (as defined in section 467 of the Companies Law) or the assets of any other protected cell of **1Edge Insurance PCC Limited**. In the event that the assets attributable to the **Cell** are insufficient to fully discharge a claim against the **Insurer** hereunder, **You** hereby agree not to make or to join in making any application to any court for the winding up, administration, receivership or re-organisation of **1Edge Insurance PCC Limited** or the **Cell** (or any other cell of **1Edge Insurance PCC Limited**), or any other insolvency proceeding in respect of **1Edge Insurance PCC Limited** or the **Cell** (or any other cell of **1Edge Insurance PCC Limited**).

## 18 DATA PROTECTION NOTICE

**We** and the **Insurer** are the joint data controller(s) (as defined by the Data Protection Act 2018 and all applicable laws which replace or amend it, including the General Data Protection Regulation and the Data Protection (Bailiwick of Guernsey) Law, 2017) who may collect and process **Your** personal information.

For full details of what data the **Insurer/We** collect about **You**, how the **Insurer/We** use it, who the **Insurer/We** share it with, how long the **Insurer/We** keep it and **Your** rights relating to **Your** personal data, please refer to **Our** Privacy Notice which is available on **Our** website and which can be found in **Your** Policy Schedule and on the **Insurer's** website at [1Edge PCC privacy policy notice](#). If **You** do not have access to the Internet, please write to **Us** or the **Insurer** with **Your** address and a copy will be sent to **You** in the post.

In summary:

**We**, and the **Insurer** may, as part of **Our** agreement with **You** under this contract, collect personal information about **You**, including:

- Name, address, contact details, date of birth and cover required.
- Financial information such as bank details
- Details of any claim

**We**, and the **Insurer**, collect and process **Your** personal information for the purpose of insurance and claims administration.

All phone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

**Your** personal information may be shared with third parties which supply services to the **Insurer/Us** or which process information on **Our** behalf (for example, **Premium** collection and claims validation, or for communication purposes related to **Your** cover). **We** will ensure that they keep **Your** information secure and do not use it for purposes other than those that the **Insurer/We** have specified in **Our** Privacy Notice.

**Your** data will be processed by the **Insurer** outside of the **United Kingdom**, in Guernsey, which provides the equivalent level of data protection to that found in the **United Kingdom** and EU.

**We**, and the **Insurer** will keep **Your** personal information only for as long as **We** believe is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

**We**, and the **Insurer**, will share **Your** information if the **Insurer/We** are required to by law. The **Insurer/We** may share **Your** information with enforcement authorities if they ask the **Insurer/Us** to, or with a third party in the context of actual or threatened legal proceedings, provided the **Insurer/We** can do so without breaching data protection laws.

### 18.1 YOUR PERSONAL INFORMATION NOTICE WHO WE ARE

**We** are the authorised intermediary identified in the contract of insurance.

### 18.2 HOW WE DEAL WITH YOUR DATA

The **Insurer/We** collect and use relevant information about **You** to provide **You** with **Your** insurance cover or the insurance cover that benefits **You** and to meet **Our** legal obligations.



This information includes details such as **Your** name, address and contact details and any other information that the **Insurer/ We** collect about **You** in connection with the insurance cover from which **You** benefit. This information may include more sensitive details such as information about **Your** health and any criminal convictions **You** may have.

In certain circumstances, the **Insurer/We** may need **Your** consent to process certain categories of information about **You** (including sensitive details such as information about **Your** health and any criminal convictions **You** may have). Where the **Insurer/We** need **Your** consent, the **Insurer/We** will ask **You** for it separately. **You** do not have to give **Your** consent and **You** may withdraw **Your** consent at any time. However, if **You** do not give **Your** consent, or **You** withdraw **Your** consent, this may affect the **Insurer/Our** ability to arrange the insurance cover from which **You** benefit and may prevent the **Insurer/Us** from arranging cover for **You** or handling **Your** claims.

The way insurance works means that **Your** information may be shared with, and used by, a number of third parties in the insurance sector for example, **Insurers**, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. The **Insurer/We** will only disclose **Your** personal information in connection with the insurance cover that **We** arrange and to the extent required or permitted by law.

### 18.3 OTHER PEOPLE'S DETAILS YOU PROVIDE TO US

Where **You** provide **Us** or **Your** agent or broker with details about other people, **You** must provide this notice to them.

### 18.4 WANT MORE DETAILS?

For more information about how **We** or the **Insurer** use **Your** personal information please see **Our** full privacy notice(s), which is/are available online on **Our** website(s) or in other formats on request.

### 18.5 CONTACTING US AND YOUR RIGHTS

**You** have rights in relation to the information the **Insurer/We** hold about **You**, including the right to access **Your** information. If **You** wish to exercise **Your** rights, discuss how **We** use **Your** information or request a copy of the **Insurer/Our** full privacy notice(s), please contact the **Us** using the details provided in **Your** Policy Schedule and the **Insurer** on [hello@1edgeinsurance.gg](mailto:hello@1edgeinsurance.gg)

## 19 COMMUNICATION

For any matters not contemplated in this Policy, **You** may contact the **Insurer** by writing to:

**Company:** 1Edge Insurance PCC Limited  
**Address:** Suite 1 North, 1st Floor, Albert House, South Esplanade,  
St Peter Port, Guernsey, GY1 1AJ  
**Tel:** 0207 8469 946  
**Email:** [hello@1edgeinsurance.gg](mailto:hello@1edgeinsurance.gg)  
**Office hours:** 09h00 to 17h00 Mon – Fri (Excluding Bank Holidays)

The sending of documents is at **Your** own risk. As such, **You** may want to send important documents by recorded or registered post. Written communications will be sent to **Your** last known postal address. The **Insurer** will regard them as having been received by **You** within five days of posting. The **Insurer** can only act on communication received. **The Insurer** will write and tell **You** if there are any address changes. You must write and tell **Us** if **Your** address changes.