

# PERSONAL ACCIDENT

Policy document



**HIVE**  
Insurance Services

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

# PERSONAL ACCIDENT PLAN

This insurance is intended to cover **you** against certain injuries which are a direct result of an **accident** only. For that reason it will not cover **you** for an injury which is the result of an illness or disease. Please see policy section 9. 'What **you** are not covered for' for a full list of policy exclusions and limitations.

The following pages contain the details of **your** policy and the contractual terms of **your** cover. This policy and **your** policy schedule form the contract of insurance between **you** and **us**. Please read them and keep them safe.

This insurance is administered by Compass Underwriting who are specialists in this type of insurance with many years' experience. They will be there throughout the lifetime of **your** policy to collect **your** premium and deal with any claims. Compass Underwriting is referred to as the **administrator** in **your** Policy Wording.

Their contact details are: Compass Underwriting, Suite 214, 75 King William Street, London. EC4N 7BE. Tel: 020 7398 0100. Email: sales@compassuw.co.uk

This insurance is underwritten by Lloyd's Syndicate 5000 which is managed by Travelers Syndicate Management Limited. Travelers Syndicate Management Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Conduct Authority. Lloyd's Syndicate 5000 is referred to as "**we**", "**us**" and "**our**" in this policy wording.

The insurance is distributed by Hive Insurance Services Limited. They will be there throughout the lifetime of **your** policy to answer any questions that **you** might have. Their contact details are: Hive Insurance Services, Unit 4 Ground Floor Bredon House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH. Tel: 0800 028 0849. Email: enquiries@hiveinsure.co.uk

The words in bold text have special meanings which can be found in section 5 of this policy. It is very IMPORTANT that **you** refer to these special meanings when **you** read the policy as they will help **you** understand the cover. **We** have tried to make these meanings as understandable as possible. If there is anything that **you** do not understand from these meanings or if there is, at any time, anything else in this policy on which **you** would like to have more information, then please contact Hive Insurance Services on 0800 028 0849\*.

To add or remove family members from **your** policy and to change **your** cover level please contact Hive Insurance Services on 0800 028 0849\*.

**Your** cover began on the day **you** agreed to take out this Personal Accident Plan. **You** have already provided **us** with **your** payment details and **your** cover will run until it comes to an end as detailed in this policy under section 10. 'When **your** protection ends'.

**Your** first payment date is shown on the enclosed policy schedule.

\* Lines are open 9am-3pm Monday to Friday (excluding public holidays). Calls are recorded and kept for training, monitoring and regulatory purposes

## 1 MAKING A CLAIM

To make a claim under this policy, **you** or **your** appointed representative should contact the **administrator** for a claim form.

The claim form must be filled in and sent to the **administrator** at the below address. All claims must be submitted within three calendar months from the date of the **accident** or as soon as reasonably possible after the **accident**. All information and evidence required by the **administrator** to prove a claim must be on a claim form provided by them.

All certificates that the **administrator** requires must be provided at **your** expense.

### 1. CHECK YOUR COVER

Check the policy booklet and schedule to ensure **you** have the relevant cover.

### 2. GET THE FOLLOWING READY

Please ensure **you** have **your** policy number, home postcode and the reason for the claim ready.

### 3. CONTACT US

By writing or emailing:

Compass Underwriting, Suite 214, 75 King William Street, London EC4N 7BE

Email: claims@compassuw.co.uk

Tel: 0800 319 6601 (Lines are open between 9am and 5pm Monday to Friday and all calls are recorded for quality purposes.)

Claim forms are also available at <https://hiveinsure.co.uk/products/literature>

## 2 MAKING A COMPLAINT

Details of Lloyd's complaints procedure are set out in a leaflet "How We Will Handle Your Complaint", which is available at <https://www.lloyds.com/complaints>.

### STEP 1

In the first instance, please direct **your** complaint to the **administrator**:

The Customer Service Manager, Compass Underwriting, Suite 214, 75 King William Street, London EC4N 7BE.

Tel: 020 7398 0100, or 020 3758 9744 if calling from a mobile. All calls are recorded. Email: Complaints@compassuw.co.uk

### STEP 2

Should **you** remain dissatisfied with the outcome of **your** complaint, **your** legal rights are not affected and **you** may refer **your** complaint to Lloyd's. Lloyd's contact information is:

Complaints at Lloyd's, Fidentia House, Walter Burke Way, Chatham Maritime, Kent ME4 4RN

Tel: +44 (0)20 7327 5693

Email: complaints@lloyds.com

Website: [www.lloyds.com/complaints](http://www.lloyds.com/complaints)

### STEP 3

If **you** remain dissatisfied after Lloyd's has considered **your** complaint, **you** may have the right to refer **your** complaint to the Financial Ombudsman Service. The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services.

The contact information is: Financial Ombudsman Service, Exchange Tower, London E14 9SR

Tel: 0800 0234 567 (calls to this number are free on mobile phones and landlines).

Tel: 0300 1239 123 (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)

Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

## 3 ARE YOU ELIGIBLE FOR COVER?

It is particularly important that **you** check that **you** are eligible to be covered under this policy by reading the following carefully.

To take out cover, **you** must, on the **start date** be:

1. living and present in the **United Kingdom**; and
2. over 18 and under 70 years of age.

To be covered by this policy, **you** must on the **start date** be:

1. living and present in the **United Kingdom**; and
2. over 4 and under 70 years of age.

Please note: **You** can only be covered under one of **our** Personal Injury Plans at any one time.

## 4 WHAT HAPPENS IF YOU CHANGE YOUR MIND?

**You** have the right to cancel **your** policy for a period of 14 days from the **start date** or the date **you** receive **your** policy documents, if this is later. If **you** cancel **your** policy in this period **you** will receive a full refund of any premium **you** have paid.

**IMPORTANT:** Any claim arising during the first 14 days of this policy will not be covered.

After the initial 14-day period, if **you** wish to cancel **your** policy please contact Hive Insurance Services using the contact details below. If **you** simply stop paying any further premium when premiums are due **your** policy will end. Any premiums paid after the initial 14-day period are non-refundable.

To cancel **your** policy **you** should either write to Hive Insurance Services Limited, Unit 4 Ground Floor Bredon House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH or email [enquiries@hiveinsure.co.uk](mailto:enquiries@hiveinsure.co.uk) or call 0800 028 0849.

## 5 WORDS WITH SPECIAL MEANING

The words listed below have the following special meanings when they appear in this policy in bold text with or without capital letters:-

"Accident/accidental" means a sudden and unforeseen event which happens by chance after the **start date** and results in **bodily injury**.

"Administrator" means Compass Underwriting, Suite 214, 75 King William Street, London, EC4N 7BE, Tel: 020 7398 0100. Email: [sales@compassuw.co.uk](mailto:sales@compassuw.co.uk)

"Anterior Cruciate Ligament Injury" means a complete tear of the Anterior Cruciate Ligament whereby the ligament has been split into two pieces and the knee joint is unstable which is caused by an **accident**.

"Bodily injury" means physical injury resulting from external violent and visible means. It does not include any sickness, disease, bacterial or viral infection (unless this is a direct result of an **accidental** bodily injury) naturally occurring condition or degenerative process (a condition which becomes progressively worse).

"Dislocation" means the displacement from their normal position of bones meeting at a joint requiring local or general anaesthetic or traction at a **hospital**, which is caused by an **accident**.

"Doctor" means a fully qualified medical practitioner appearing in the Medical Register maintained by the General Medical Council. It does not include **you**, someone living in **your** household, a member of **your** immediate family or **your partner**.

"End date" means the date when the policy ends. **You** can find details in section 10 of this policy.

"Fracture" means a breach in the continuity of the bone caused by an **accident** which is identified by an x-ray (or in the case of a **fracture** which is unable to be x-rayed, by confirmation from a **doctor**). **Fracture** does not include hairline **fractures** unless there is clear MRI or X-ray evidence and confirmed by **your doctor**. The maximum sum insured will be 25% of the relevant grade within **your** selected level of cover.

"Hospital" means a lawfully registered establishment providing medical and surgical treatment and 24-hour a day nursing care by registered nurses for ill or injured people. It does not include a convalescent, self-care or rest home, or a department in a **hospital** which has the role of a convalescent or nursing home.

"Hospitalisation" means staying in a **hospital** on the advice of a **doctor** because of an **accident**.

"Internal injuries" means internal injuries resulting in open abdominal or **thoracic surgery** (excluding hernias).

"Start date" is the **start date** of this cover as stated in the schedule.

"Thoracic surgery" means a surgical operation on organs within the chest cavity.

"UK resident" means living permanently in the **United Kingdom** for at least 40 weeks in every 52 week period after the **start date**.

"United Kingdom" means England, Scotland, Wales, Northern

Ireland, the Channel Islands and the Isle of Man.

“We, us, our, insurer” means Lloyd’s Syndicate 5000 which is managed by Travelers Syndicate Management Limited

“You and your” means the person named in the schedule as the insured.

## 6 WHAT YOU HAVE TO PAY

Your monthly premium is shown in your schedule and is payable monthly by Direct Debit. The premium includes Insurance Premium Tax at the current rate. If there is a future change in the rate of Insurance Premium Tax the administrator will automatically adjust the premium you pay and this will show on the next annual statement that Hive Insurance Services sends you.

## 7 THE BENEFITS YOU GET

All benefits will be paid to you.

If any person covered under this policy has an accident before the end date that results in a bodily injury covered under this policy then you will be entitled to the appropriate benefit stated in the table of benefits.

The amount of benefit that you will receive will depend on the level of cover you have, and on the effect of the accident for which the benefit is being paid. The initial level of cover you have is shown in your initial schedule; any subsequent updates to your level of cover will be confirmed by us sending you an updated schedule.

Those under the age of 18 are restricted to Level 1 cover only.

### BENEFITS DUE IN THE EVENT OF AN ACCIDENT CAUSING:

BENEFITS	LEVEL 1	LEVEL 2	LEVEL 3
<b>A Fracture</b> of one of the bones listed below:			
<b>Grade 3:</b> Upper leg (femur), Vertebral body (not Coccyx), Pelvis or Skull	£1,000	£2,000	£3,000
<b>Grade 2:</b> Vertebra other than vertebral body, Lower leg (tibia), Lower leg (fibula), Lower jaw, Breastbone (sternum), Shoulder blade (scapula), Kneecap (patella), Upper arm (humerus) or Lower arm (radius and ulna)	£500	£1,000	£1,500
<b>Grade 1:</b> Collar bone (clavicle), Wrist (carpals) & Colles’ Fracture, Ankle (tarsals) & Pott’s Fracture, Hand (metacarpals)*, Foot (metatarsals)*, Coccyx, Rib(s) or Nose	£250	£500	£750
<b>A Dislocation**</b> of one of the bones listed below:			
<b>Grade 3:</b> Spine or hip	£1,000	£2,000	£3,000
<b>Grade 2:</b> Knee, ankle, wrist, elbow or collar-bone	£500	£1,000	£1,500
<b>Grade 1:</b> Shoulder, jaw, finger, thumb, toe	£250	£500	£750

Other benefits:			
<b>Anterior cruciate ligament injury</b>	£500	£1,000	£1,500
<b>Internal Injuries</b> resulting in open abdominal or <b>thoracic surgery</b> (excluding hernias)	£500	£1,000	£1,500
Hospitalisation:			
The first 24 hours are not covered but after that benefit paid in respect of each day spent in <b>hospital</b> up to 45 days	£25	£50	£75
One off lump sum (paid after 14 days)	£250	£500	£750

\* Excludes all fingers and toes

\*\* Dislocations must be treated under local or general anaesthetic or traction at a **hospital**

In certain circumstances the amount we will pay may be restricted or limited. Please see section 8 ‘Maximum benefits and restrictions on benefits’. Certain accidents are not covered, please see section 9 ‘What you are not covered for’.

### HOSPITALISATION

The daily benefit rate shown in the above table of benefits:

- is for each complete 24 hour period in **hospital**;
- excludes the first 24 hours in **hospital** for any one **accident**;
- is paid for a maximum amount equal to 45 days in **hospital** for each **accident**.

A single lump sum payment benefit shown in the above table of benefits will be made in addition to the daily **hospitalisation** benefit after 14 continuous days in **hospital**. Only one lump sum payment will be paid for the same **accident**.

## 8 MAXIMUM BENEFITS AND RESTRICTIONS ON BENEFITS

### The maximum benefits:

The maximum total benefit which we will pay for all claims during the life of this policy is £20,000 for Level 1 cover, £40,000 for Level 2 cover and £60,000 for Level 3 cover.

### Annual claim limit:

The maximum number of claims we will pay for each person insured under this policy during any one year period is four.

### Where the effects of the accident are made worse by sickness or disease:

If the effects of an **accident** are made worse because the person affected already had a sickness, disease, naturally occurring condition or injury then we will ask a **doctor** to assess the effects that the sickness, disease, naturally occurring condition or injury has on the **bodily injury** and we will reduce your benefit by a proportionate amount taking any such pre-existing sickness, disease, condition or injury into account.

### Where the effects of the accident result in more than one fracture to the same joint or bone:

If you have any **accident** which results in more than one **fracture** to the same joint or bone we will only pay benefit for one of the fractures.

### Where you already have an existing injury:

If **you** have an existing injury and **you** suffer an **accidental bodily injury** taking part in any sport, hobby or pastime whilst **you** are still under a medical certificate for **your** existing injury, or before this has fully healed or where this would have been against the advice of a **doctor**, **we** will not pay a further benefit to **you** for that **accident**.

### Accidents that occur within the first 14 days of your policy:

**You** cannot make a claim on this policy during the first 14 days of **your** cover.

### Can you have more than one Personal Injury Plan?

**You** will only be eligible for insurance cover under one of **our** Personal Injury Plans at any one time.

## 9 WHAT YOU ARE NOT COVERED FOR

**We** will not pay benefits for an **accident** that is directly or indirectly the result of the following:

- › Exposure to exceptional danger (except in an attempt to save human life);
- › The illegal acts of the person who has suffered the **accident**;
- › Self-inflicted injury whether of a sound mind or not;
- › Being under the influence of or being affected by alcohol or drugs unless under the advice of a **doctor** for a condition other than alcohol or drug addiction;
- › Radiation or contamination or the effects of radiation;
- › Participating in any sport involving individuals or groups fighting or engaging in combat including mixed martial arts, boxing, wrestling, fencing, savate, kickboxing, Muay Thai, Sanda, Tae Kwon Do, Capoeira, Brazilian Jiu-jitsu, HMB, Sambo, Kyokushin and Kūdō;
- › Participating in sports as a professional, where the participant is paid to play or train and it is in whole or in part their work;
- › Any sickness, disease, or degenerative process (a condition which becomes progressively worse).

### In addition, we will not pay benefit for:

- › An **accident** which occurs prior to the **start date** or within 14 days of the **start date** or after the cover ends;
- › An **accident** which happens to an insured person who has been outside the **United Kingdom** for more than 12 weeks in the preceding 52 week period. This exclusion does not apply if **you** have informed **us** of this and **we** have agreed in writing to provide this cover;
- › Any **bodily injury** occurring more than 12 months after the **accident**.

### if you have not NOT included the Motor Sports option then this exclusion clause will apply:

**We** will not pay benefits for an **accident** that is directly or indirectly the result of the following:

- › Driving or being a passenger in a motor vehicle of any type, whilst in a competition or race, or in any arranged event where the vehicle is driven at high speeds;
- › Riding on a motorcycle, moped or scooter as a driver or passenger.

## 10 WHEN YOUR PROTECTION ENDS

This policy ends automatically as soon as one of the following happens:

- › **you** die;

- › **you** reach 85 years of age;
- › **you** do not pay a monthly premium when it is due;
- › **you** cancel the policy;
- › **we** cancel **your** policy as set out in section 11;
- › **you** cease to be a **UK resident**;
- › the date on which **we** pay benefits which together with any previous benefits equal the maximum benefit payment in accordance with section 8.

If **you** or **we** cancel **your** policy **you** will not be considered for cover again by **us** under this policy for at least 6 months .

## 11 CAN WE CHANGE THE TERMS OF YOUR POLICY OR CANCEL IT?

If **your** circumstances change, **you** need to contact Hive Insurance Services. For example, if **you** move house or cease to be a resident in the **United Kingdom**, or would like to change **your** level of cover.

**We** may make changes to these terms and conditions and **your** premium that are reasonable, including but not limited to where there is any change in **our** expectations of future claims costs, **our** expectation of the future costs of operating **your** policy, applicable law, regulation or taxation or where these changes make the terms easier to understand or fairer to **you** or would not be to **your** disadvantage. In such event Hive Insurance Services will give **you** 30 days' notice in writing of any changes and how these may impact **you**.

**We** will review the cost of the cover, at least annually, and **we** may change the rate of **your** monthly premium if there is a change in (or **we** reasonably expect that there will be a change in):

- › the rate of any relevant taxation, including Insurance Premium Tax;
- › the costs of operating **your** policy;
- › any law, regulation or industry guidance that affects - **our** insurance business; or - the risk of underwriting **your** policy;
- › the expected cost of claims under this policy arising from changes in the expected prevalence of accidents as observed on similar policies or in the general population.

**We** may cancel this policy where there is a valid reason for doing so, by sending written notice to **your** last known postal address setting out the reason for cancellation.

Valid reasons for cancelling this policy include but are not limited to where:

- › **our** investigations provide evidence of fraud or a serious non-disclosure. In which case, **we** may cancel the policy immediately and backdate the cancellation to the date of the fraud or when **you** provided **us** with incomplete information.
- › **we** have been unable to collect **your** premium within 30 days of the due date and, following notification to **you** of such non-collection, **we** remain unable to collect the following month's premium. **Your** insurance will be cancelled with effect from the date on which the unpaid premium was due;
- › **we** offer **you** an equivalent alternative product. In this event Hive Insurance Services will give **you** at least 45 days' notice of cancellation; or
- › **we** no longer provide this product and are not offering an equivalent alternative product. In this event Hive Insurance Services will give **you** at least 90 days' notice.

If **we** cancel the insurance **you** will be entitled to a refund

of the premium paid in respect of the cancelled cover, less a proportionate deduction for the time **we** have provided such cover, unless the reason for cancellation is fraud.

## 12 CHANGE IN CIRCUMSTANCE

If **your** circumstances change, for example **you** move house, would like to amend who is covered under the policy, please contact Hive Insurance Services on 0800 028 0849 and they will amend **your** policy.

## 13 WHAT HAPPENS IF ANY PERSON (INCLUDING YOU) COVERED UNDER THIS POLICY LEAVES THE UNITED KINGDOM

Benefit will not be paid for an **accident** which happens to a person (including **you**) covered under this policy if at the date of the **accident** the person has been outside the **United Kingdom** for more than 12 weeks in the preceding 52-week period. Cover in respect of that person will cease on the last day of the twelfth week.

If **you** do wish to extend cover to include such absences (including **your** own), then please write to Hive Insurance Services with full details before the person concerned leaves the **United Kingdom**. **We** will then decide in **our** discretion whether **we** will extend cover to the person while they are abroad. If **we** do so decide, Hive Insurance Services will send **you** a written endorsement extending the cover under this policy. **You** will need to provide this endorsement to **us** if **you** have to make a claim relating to that period.

If **you** do not wish to extend cover please write to Hive Insurance Services to confirm that **you**, and/or the person concerned are no longer a **UK resident** and **we** will cancel **your** policy and/or that person's cover as the case may be.

## 14 LEGAL TRANSFER:

**You** cannot transfer or sell the rights or benefits under this policy.

### CYBER RISKS ENDORSEMENT (PERSONAL ACCIDENT ONLY)

Any benefits for **bodily injury** due to:

- › the use of, or inability to use, any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device);
- › any computer virus;
- › any computer related hoax relating to the above points

are payable, subject to the terms, conditions, limitations and exclusions of this policy.

### FALSE AND MISLEADING INFORMATION:

If **you** give false or inaccurate information and **we** suspect fraud, **we** will record this and the information will be available to other organisations that have access to the database(s). **We** can supply details of the databases **we** access or contribute to, on request.

If **you** (including any agent acting on **your** behalf) deliberately or

recklessly provide inaccurate information **we** may cancel **your** policy and refuse to pay the benefit. In these circumstances **we** may not refund any premiums **you** have paid.

If **you** (including any agent acting on **your** behalf) carelessly provide inaccurate information, **we** shall be entitled to amend **your** policy to reflect the terms that **we** would have offered had the accurate information been provided during the application process.

### GOVERNING LAW:

English law applies to this policy unless **you** have asked for another law and **we** agreed to this in writing before the **start date**. Unless otherwise agreed, the contractual terms and conditions and other information relating to this contract will be in English.

## 15 DATA PROTECTION NOTICE

**We** and Compass Underwriting are the data controllers (as defined by the Data Protection Act 1998 and all applicable laws which replace or amend it, including the General Data Protection Regulation) who may collect and process **your** personal information.

For more information about how **we** process **your** data and the rights **you** have please go to <http://www.travelers.co.uk/main/privacy-policy.aspx>

If **you** do not have access to the Internet, please write to the Group Data Protection Officer (address below) with **your** address and a copy will be sent to **you** in the post.

### IN SUMMARY:

**We** and **our** claims handlers 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 **our** claims handlers will also collect personal information about any additional people who **you** wish to be insured under the policy.

**We** and **our** claims handlers may also collect sensitive personal information about **you**, and any additional people who **you** wish to be insured under the policy, where the provision of this type of information is in the substantial public interest, including medical records to validate a claim should **you** be claiming for Medical Expenses.

**We** and **our** claims handlers 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 **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 **we** have specified in **our** Privacy Notice. Some third parties that process **your** data on **our** behalf may do so outside of the European Economic Area (“EEA”). This transfer and processing is protected by EU Model Contracts which aim to provide the equivalent level of data protection to that found in the EU.

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

If **you** have any concerns about how **your** personal data is being collected and processed, or wish to exercise any of **your** rights detailed in **our** Privacy Notice, please contact: Group Data Protection Officer, Travelers Syndicate Management Limited, One Creechurch Place, London EC3A 5AF. <https://www.travelers.co.uk/privacy-policy>

#### **Rights of Third Parties**

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

For **your** information, the Contracts (Rights of Third Parties) Act 1999 allows a person who is not a party to a contract to be able to enforce that contract if the contract expressly allows him to or if the contract confers a benefit upon him. However the Act will not be applied if the parties make it clear in the contract that the third party does not have the right to enforce it. For further guidance please see [www.legislation.gov.uk](http://www.legislation.gov.uk) or contact the Citizens Advice Bureau.

#### **Law and Jurisdiction**

Unless specifically agreed to the contrary, this policy shall be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England.

#### **Financial Services Compensation Scheme**

**We** are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme if **we** are unable to meet **our** obligation to **you** under this contract. Further information can be obtained from the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St. Botolph Street, London, EC3A 7QU. Tel: 0800 678 1100 (Freephone) or 020 7741 4100. Website: [www.fscs.org.uk](http://www.fscs.org.uk)

#### **Sanctions**

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

#### **Several Liability**

The subscribing insurers’ obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing **insurer** who for any reason does not satisfy all or part of its obligations.

#### **The Insurer**

This insurance is underwritten by Lloyd’s Syndicate 5000, which is managed by Travelers Syndicate Management Limited. Registered office: Travelers Syndicate Management Limited, One Creechurch Place, London, EC3A 5AF. Registered in England, no.: 3207530

#### **Regulatory Details**

Travelers Syndicate Management Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference: 204960. The **administrator**, Compass Underwriting is a trading name of Vivet Limited, which is authorised and regulated by the Financial Conduct Authority. Firm Reference: 565079. Under Company Number 07632781 and their registered office at Suite 214, 75 King William Street, London EC4N 7BE. Vivet Limited is a member of the Managing General Agents Association.

#### **Accessibility**

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 Hive Insurance Services if **you** require any of these services to be provided so that **we** can communicate in an appropriate manner.

#### **Contracts (Rights of Third Parties) Act 1999**

The **Insurer** and **you** do not intend any term of this policy to be enforceable by any third party pursuant to the Contracts (Rights of Third Parties) Act 1999.



01454 619500 | [www.hiveinsure.co.uk](http://www.hiveinsure.co.uk)

UNIT 4, BREDON HOUSE, WOODLANDS, ALMONDSBURY BUSINESS CENTRE, BRISTOL, BS32 4QH

This plan is distributed by Hive Insurance Services Limited (registered in England No 3179382), authorised and regulated by the Financial Conduct Authority, registered number 308655 with registered office at the above address.

This plan issued by, and administered including premium collections and claims payments by Compass Underwriting which is a trading name of Vivet Limited which is a private limited company registered in England (No. 07632781) with registered address at Suite 214, 75 King William Street, London. EC4N 7BE. Vivet Limited is authorised and regulated by the Financial Conduct Authority (FCA Register No. 565079) and is a member of the Managing General Agents' Association. VIVet is a part of the elseco group. **CAPPDN 06/24**