



INSIGNIA

Personal Injury Insurance

Policy Wording

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Introduction

This policy wording, together with **Your Schedule** and any endorsement(s) applied to **Your Schedule**, forms **Your** Personal Injury policy and sets out the conditions of the contract of insurance between **You** and **Us**.

Cover is designed for serving members of HM Armed Forces including Reservists, together with civilians/employees of MoD affiliate organisations and charities. Cover may be continued when Personnel have left HM Forces/Reservists, subject to prior acceptance by Insignia Insurance Services.

The policy has been designed to offer flexibility and choice. The benefits can be chosen as follows:

- on a banded basis depending on the level of cover required.
- individual sections can also be chosen within that band.
- not all sections have to be purchased at any one time.
- sections can be added and removed at any time subject to prior acceptance by Insignia Insurance Services.
- a combination of bands and sections can be chosen.

Please read **Your** policy wording carefully and keep it, together with **Your Schedule**, in a safe place.

- **You** should understand what the insurance covers and does not cover.
- **You** should understand **Your** duties under the insurance, as the **Policyholder**.

Please contact Insignia Insurance Services if this policy wording is not correct or **You** would like to ask any questions. The policy and the **Schedule**, including any policy **Clauses** and **Endorsements**, should be read together and form the contract of insurance between **You** and **Us**.

The proposal form and declaration or statement of fact, whether verbal or written, is the basis of the contract.

Definitions

These definitions are applicable to all sections. Specific definitions in relation to the various benefits are contained within each relevant section.

Accident

A sudden, unexpected, unusual, specific event that occurs at an identifiable time and place.

Bodily Injury

Means an identifiable physical injury which:

- a) is sustained by the Insured Person and,
- b) is caused by an **Accident** during the **Operative Time** and,
- c) solely and independently of any other cause, except illness directly resulting from, or medical or surgical treatment rendered necessary by such injury, results in death, disablement, specified burns, specified fractures, loss of sexual organs or hospitalisation within twelve calendar months from the date of the **Accident**.

Children

Insured Person's dependent children aged over 30 days and under 18 years (23 years if in full time further education) and they normally live with the insured at the time of injury.

Coverholder

Trinity Insurance Services Ltd trading as Insignia Insurance Services.

Medical Practitioner

Any person who has the primary degrees in the practise of medicine and surgery and who is licensed to practise medicine in the country where treatment is given, other than:

- a) an insured person,
- b) a member of the immediate family of an insured person,
- c) an employee of the insured person.

Operative Time

24 hours per day throughout the period of insurance.

Period of Insurance

From the commencement date as set out in the **Schedule** for a period of twelve months and any further period for which the Underwriters accept a premium.

Policy holder/You/Your

The policyholder named in the **Schedule**.

Schedule

The **Schedule** attached to and forming part of this policy.

Spouse

Spouse or cohabitee who has been residing with the **policy holder** at the same address for at least six months.

We/You/Our Insurer/Underwriter

Arch Insurance (Europe) Limited.

Section 1 – Accidental Death

The **Schedule** will state whether this section is insured or not insured.

COVER (applicable to Section 1 Accidental Death)

In the event of the death of the insured person the underwriters shall within the terms of this section pay the benefits as defined below.

If an insured person dies as a result of accidental death as defined during the period and **Operative Time** of this policy, the Underwriters will pay compensation to such Insured Person or to his/her legal representatives.

DEFINITIONS (applicable to Section 1 Accidental Death)

1. Death

Shall mean death by **Accident** other than:

- i) death by suicide,
- ii) death by natural causes.

2. Insured Person

The insured person(s) under this section and the cover selected for the Accidental Death Section as shown in the **Schedule**.

3. Benefit

The benefit payable under this section is determined by the level of cover shown under Section 1 Accidental Death. The maximum amount payable under this section in respect of children is £5,000 irrespective of the level of cover.

EXTENSIONS (applicable to Section 1 Accidental Death)

1. Disappearance

In the event of the disappearance of the insured person, if after a suitable period of time (and in any event not more than a year) it is reasonable to believe death has occurred as a result of accidental **Bodily Injury**, Accidental Death will become payable subject to a signed undertaking by the person claiming on behalf of the insured person that if the belief is subsequently found to be wrong, such benefit will be refunded to the Underwriters.

2. Exposure

Death caused as a direct result of exposure to the elements will be deemed to have been caused by accidental **Bodily Injury** for the purposes of this extension.

PROVISIONS (applicable to Section 1 Accidental Death)

The Statement of Fact and the Policy constitute the entire contract between the parties hereto. All statements made by the insured persons shall, in the absence of fraud, be deemed representations and not warranties, and no statement shall void the insurance or be used in defence of a claim under it, unless it is contained on a written application.

TERMINATIONS (applicable to Section 1 Accidental Death)

Cover shall immediately terminate on the earliest of the following dates:

- i) on the date of Death

The Underwriters shall have the right to terminate the cover if the premium is not paid on the due date.

CONDITIONS (applicable to Section 1 Accidental Death)

- 1) all benefits shall be payable only to the legal personal representative whose receipt shall actually discharge the underwriters,
- 2) notice shall be given to the underwriters in writing as soon as practicable and in any case within 30 days of any occurrence which may give rise to a claim under this policy,
- 3) all certificates, information and evidence required by the Underwriters shall be furnished in the form prescribed and without expense to the underwriters.

Section 2 – Personal Injury

The **Schedule** will state whether this section is insured or not insured.

COVER (applicable to Section 2 Personal Injury)

In the event of **Bodily injury** to the insured person, the underwriters shall within the terms of this section pay the benefits as defined below.

If an insured person sustains accidental **Bodily Injury** as defined during the period and **Operative Time** of this policy, the Underwriters will pay compensation to such insured person or to his/her legal representatives.

DEFINITIONS (of Bodily Injury applicable to Section 2 Personal Injury)

1. Permanent Total Disablement

- i) permanent total disablement from any and every occupation shall mean disablement that totally prevents the insured person from attending to any and every occupation whether within HM Forces or outside, and which lasts twelve calendar months and at expiry of that period is beyond hope of improvement,
- ii) permanent total disablement from usual occupation (available to HM Forces Personnel only) shall mean disablement that totally prevents the insured person from attending to any gainful occupation within HM Forces, which is likely to continue for the remainder of the insured person's life and which necessitates medical discharge from HM Forces within twenty four calendar months from the date of the **Accident** giving rise to such medical discharge. This benefit is only available to insured persons in full-time paid employment as a member of HM Forces at the time of the loss.

Compensation shall only be payable under one of Benefits 1(i) and 1(ii) stated in the **Schedule**.

2. Loss of Limb or Limbs

Permanent and complete loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle, or permanent loss of use of such hand or foot.

3. Loss of Eye or Eyes

Permanent and total loss of sight that shall be considered as having occurred:

- i) in both eyes if the Insured Person's name is added to the register of blind persons on the authority of a fully qualified ophthalmic specialist,
- ii) in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

4. Loss of Speech

Total loss of speech that has lasted for 52 consecutive weeks without expectation of recovery.

5. Loss of Hearing

Total loss of hearing in one or both ears that has lasted for 52 consecutive weeks without expectation of recovery.

6. Burns

Full-thickness burn or burns (2nd or 3rd degree).

7. Fracture or Fractures

A break in the full thickness of a bone.

8. Projectile

Any object fired from a gun by means of an explosive charge including but not limited to a bullet, shell, rocket or grenade.

9. Loss of Sexual Organs

An injury resulting in the loss of **Your** penis, testicles, uterus or ovaries as outlined in the levels below. Loss of penis will be considered as the loss of the glands where the remaining proportion functions for urination only.

Grade 1 - the complete loss of two testicles and penis or the complete loss of two ovaries and uterus

Grade 2 - the complete loss of two testicles or the complete loss of two ovaries

Grade 3 - the complete loss of one testicle or the complete loss of one ovary

Grade 4 - the complete loss of penis or the complete loss of uterus.

10. Insured/Insured Person

Any person named in the **Schedule**. Where the **Schedule** indicates that cover has been taken, the insured person under this section is the **policy holder** only. Cover will not apply in respect of persons older than 60 years of age at the beginning of the **Period of Insurance**.

EXTENSIONS (applicable to Section 2 Personal Injury)

1. Exposure

Disablement caused as a direct result of exposure to the elements will be deemed to have been caused by accidental **Bodily Injury** for the purposes of this extension.

2. Permanent Disability Continental Scale

Permanent disability benefit, as follows, shall be payable as a percentage of the sum insured stated in Benefit 1(i), Permanent Total Disablement, in the **Schedule**:

- i) permanent loss or loss of use of four fingers and thumb of either hand or permanent loss or loss of use of either hand – 50%,
- ii) permanent loss or loss of use of four fingers of either hand – 40%,
- iii) permanent loss or loss of use of one thumb of either hand:
 - a) both joints – 30%,
 - b) one joint – 15%,
- iv) permanent loss or loss of use of a finger of either hand:
 - a) three joints – 10%,
 - b) two joints – 7.5%,
 - c) one joint – 5%,
- v) permanent loss or loss of use of toes of either foot:
 - a) all on one foot – 15%,
 - b) big toe - both joints – 5%,
 - c) big toe - one joint – 3%,
 - d) any other toe – 1%,
- vi) permanent loss or loss of use of:
 - a) shoulder or elbow – 20%,
 - b) wrist – 15%,
- vii) removal by surgical operation of lower jaw – 30%,
- viii) permanent disability not otherwise listed above up to 25%.

Any amount payable under item (viii) above will be assessed in accordance with the above scale. Payments made under this benefit will be at the discretion of the underwriters and will not take the insured person's occupation into consideration.

The compensation payable under items (i) to (viii) above in respect of injuries arising from one **Accident** may be added together but the underwriters will not be liable for more than 100% of Benefit 1(i) Permanent Total Disablement.

If compensation becomes payable in respect of loss of or loss of use of an entire limb of the body then compensation for parts of the limb cannot be claimed.

3. Burns

Compensation shall be payable as a percentage of the sum insured stated in the **Schedule** in respect of Benefit 7 as follows:

- a) burns that cover 27% or more of the body surface – 100%
- b) burns that cover 18% or more but less than 27% of the body surface – 65%
- c) burns that cover 9% or more but less than 18% of the body surface – 35%
- d) burns that cover 4.5% or more but less than 9% of the body surface – 15%.

4. Fracture

Compensation shall be payable as follows:

- i) fracture or fractures to the wrist or one or more bones of the arm (humerus, radius and ulna) up to £ 750
- ii) fracture or fractures to the ankle or one or more bones of the leg (femur, patella, tibia and fibula) up to £ 1,500

5. Shrapnel Benefit

Compensation will be payable as follows:

The insured person sustains **Bodily Injury** to any part of the body during the **Period of Insurance** which results in a restriction of movement, loss of strength or permanent physical disfigurement which in total covers at least 15 square centimetres in area or a total of 15 centimetres in length, such injury being caused by flying debris and/or a projectile.

The total sum payable under this section in respect of any one or more claims shall not exceed £3,000 in all, in any one **Period of Insurance**.

6. Sexual Organs

Compensation shall be payable as maximum of the sum insured as stated in **Schedule** in respect of Benefit 10 dependant of the following grades of injury:

- a) Grade 1 - the complete loss of two testicles and penis or the complete loss of two ovaries and uterus
- b) Grade 2 - the complete loss of two testicles or the complete loss of two ovaries
- c) Grade 3 - the complete loss of one testicle or the complete loss of one ovary
- d) Grade 4 - the complete loss of penis or the complete loss of uterus

CONDITIONS (applicable to Section 2 Personal Injury)

1. Compensation will be payable in respect of an insured person under only one of the Benefits 1 to 10 stated in the **Policy Schedule**.
2. Compensation will only become payable under Benefit 1(i) upon proof which is satisfactory to the underwriters that such disablement has lasted for twenty four calendar months from the date of the **Accident** and is beyond hope of improvement.
Compensation will only become payable under Benefit 1(ii) upon proof which is satisfactory to the underwriters that such disablement is likely to continue for the remainder of the insured person's life and has necessitated medical discharge from HM Forces within twenty four calendar months of the date of the **Accident**.
3. Compensation will only become payable where substantiating medical evidence has been received from a **Medical Practitioner**.
4. If the Policy holder has purchased Section 1 Accidental Death in addition to Section 2 Personal Injury, where the amount of compensation payable under any one of the Personal Injury Benefits 1, 2, 3, 4, 5, 6 and 7 is greater than that under Section 1 Accidental Death, the underwriters will not pay more than the amount of compensation under Section 1 Accidental Death until at least 13 weeks after the **Accident** and the underwriters will not pay the balance if the insured person dies due to that **Accident** during those 13 weeks.
5. The payment of compensation under one of Benefits 1 to 10 will terminate all further benefits in respect of that insured person.
6. The total sum payable under the Fracture Benefit in respect of any one or more claims shall not exceed £2,000 in all, in any one **Period of Insurance**.
7. The total sum payable under the Shrapnel Benefit in respect of any one or more claims shall not exceed £3,000 in all, in any one **Period of Insurance**.

Section 3 – Recovery

The **Schedule** will state whether this section is insured or not insured.

HOSPITAL CASH AND CONVALESCENCE COVER (applicable to Section 3 Recovery)

In the event that the insured person is hospitalised due to accidental **Bodily Injury** sustained or sickness first manifesting itself during the **Period of Insurance** the underwriters will pay to the insured person the benefit as stated in the **Schedule** for each complete day of hospitalisation, after the first 5 (five) consecutive days of hospitalisation, up to a maximum of 365 (three hundred and sixty five) days in all.

In the event that the insured person is confined to home on the instructions of a **Medical Practitioner** following hospitalisation due to accidental **Bodily Injury** sustained or sickness first manifesting itself during the **Period of Insurance**, the underwriters will pay the benefit as stated in the **Schedule** for each complete week of confinement to Home, after the first complete week of confinement, up to a maximum of 52 weeks in all.

DEFINITIONS (applicable to Section 3 Recovery)

1. Hospitalisation

Shall mean the admission of an insured person into a properly licensed hospital for treatment as an in-patient for a period in excess of 5 (five) consecutive days.

2. Chronic

Shall mean any medical condition, which reoccurs following treatment and for which there is no permanent cure.

3. Sickness

Shall mean the illness or disease of an insured person which first manifests itself during the **Period of Insurance** and is certified by a **Medical Practitioner**.

4. Hospital

Shall mean an institution which meets the following criteria:

- a) maintains permanent and full time facilities for the care overnight to resident patients,
- b) has diagnostic and therapeutic facilities for medical and surgical diagnosis, treatment and care of injured and sick persons by and under the supervision of Medical Practitioners,
- c) continuously provides 24 hour a day nursing service supervised by State Registered Nurses or nurses with the equivalent national recognised state vocational qualification,
- d) is not, other than incidentally:
 - i) a mental institution or,
 - ii) a rehabilitation hospital, nursing or convalescent home or place of rest for the aged or,
 - iii) a place for the treatment, rehabilitation or refuge for drug addicts and/or alcoholics.

5. Home

Shall mean:

- a) the insured person's home residence or,
- b) a rehabilitation hospital or,
- c) a convalescent home.

EXCLUSIONS (Applicable to Section 3 Recovery)

The Underwriters shall not be liable for:

1. Claims arising out of or contributed to by:
 - a) pregnancy or childbirth,
 - b) an insured person contracting HIV/AIDS,
 - c) elective and/or cosmetic surgery,
 - d) any medical condition diagnosed as chronic prior to incepting cover,
 - e) an insured person suffering from stress, anxiety, depression, mental anguish, mental disorder, neurosis or the like.
2. Hospitalisation occurring more than twelve calendar months after the date on which **Bodily Injury** is sustained or sickness first manifests itself.

CONDITIONS (applicable to Section 3 Recovery)

The total sum payable under this section in respect of any one or more claims shall not exceed in all, in any one **Period of Insurance**, the maximum level of benefit stated in the **Schedule**.

If compensation also becomes payable under Section 1 Accidental Death and Section 2 Personal Injury (Benefits 1 to 10) in respect of injuries arising from the same **Accident**, then the total sum payable for Section 3 Recovery will be deducted from any subsequent claim under Section 1 Accidental Death and Section 2 Personal Injury.

Cooling Off Period

You can cancel this **policy** by contacting Insignia Insurance Services in writing to Cross Keys House, 22 Queen Street, Salisbury, SP1 1EY or by calling +44 (0) 1722 597980 within 14 days of either:

- the date **You** receive **Your** insurance **policy** or;
- the start of the **period of insurance**, whichever is the later.

If **You** have not made any claims during the "cooling off period", **We** will refund the premium paid to **Us**.

Cancellation During Period of Insurance

You can cancel this **policy** at any time by contacting Insignia Insurance Services in writing at Cross Keys House, 22 Queen Street, Salisbury, SP1 1EY or by calling +44 (0) 1722 597980.

You may be entitled to a refund of premium for the unexpired **period of insurance** provided that **You** have not made a claim during the **period of insurance**.

We can cancel this **policy** by giving **You** 30 days' notice in writing to **Your** last known correspondence address.

Peace of Mind

Arch Insurance Company (Europe) Limited are members of the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme if **We** cannot meet our obligations. Information about the Compensation Scheme arrangements is available from:

FSCS: www.FSCS.org.uk

Insignia Insurance Services is a trading name of Trinity Insurance Services Ltd who are registered in England & Wales under Company number 03904541 and are authorised and regulated by the Financial Conduct Authority under firm reference number 307068.

Arch Insurance Company (Europe) Limited are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The Company is registered in England and Wales under registered no 4977362 and its registered office is at 6th Floor, Plantation Place South, 60 Great Tower Street, London, EC3R 5AZ.

Data Protection

You should understand that any information **You** have provided will be processed by **Us**, in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to other parties.

Language Used

The English language will be used for all communications, the contractual terms and conditions and any other information **We** are required to supply **You** before and during the contract.

Law Applicable to This Policy

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

Contracts (Rights of Third Party) Act 1999

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

How to Make a Claim

For all claims please contact Insignia Insurance Services at Cross Keys House, 22 Queen Street, Salisbury SP1 1EY or by telephone +44 (0) 1722 597980 quoting the **Policy** reference shown on the Schedule.

General Conditions Applicable to All Sections

(Specific conditions are contained with each section).

1. Interpretation

Any word or expression to which a specific meaning has been attached will bear the same meaning wherever it may appear except where a definition is contained within a section in which case such meaning will apply to that section only.

2. Material Facts

The Insured Person will give immediate notice in writing to the **Coverholder** of any alterations, which materially affect the risk insured. If **You** are unsure if any alteration is relevant, **You** should inform the **Coverholder** e.g. leaving HM Forces/Reservists.

3. Assignment

The underwriters will not be bound to accept or be affected by any trust, charge, lien, assignment or other dealing with or relating to this insurance.

4. Interest

No sum payable under this insurance will carry interest.

5. Observance

The liability of the underwriters shall be conditional on the observance by the insured persons of the specific and General Conditions and any endorsements of this Policy.

6. Non-payment of Premium

If premium is not paid, this insurance will be considered void from its intended commencement date of insurance.

7. Fraud

If any claim is in any respect fraudulent or if any fraudulent means including submission of falsified documents are used to obtain benefit by the insured person or anyone acting on the insured person's behalf, this policy shall become void and all benefit under the policy shall be forfeited.

8. Transfer of Benefit

You may not transfer the benefit under this policy by assignment, declaration of trust or legal charge.

9. Eligibility

The insured person must be under age 60 at the time the policy commences.

General Exceptions Applicable to All Sections

(Specific exceptions are contained with each section)

Underwriters shall not be liable for death or **Bodily Injury** relating to:

1. Hazardous Pursuits

Sustained whilst taking part in racing by horse, motor or motorcycle, aviation (except when travelling solely as a passenger), parachuting, skydiving, hang-gliding, potholing or professional sports.

This exclusion is deemed not to apply to HM Forces personnel in the event that the insured Person is undertaking such activities whilst on duty.

2. Drugs

Sustained as a result of or contributed by drugs that the insured person is taking other than drugs taken in accordance with treatment subscribed and directed by a qualified registered **Medical Practitioner** (but not for the treatment of drug addiction).

3. Pre-Existing Conditions

Arising from any pre-existing condition, physical or mental defect, infirmity or illness for which the insured person has received medical treatment or advice in the twelve months before the inception of this insurance.

4. Criminal Act

Resulting from an insured person's own criminal acts.

5. Suicide

Accidental Death, personal injury, hospital cash, rising out of or contributed to, by the insured person's intentional self-injury, suicide, attempted suicide whether sane or insane at the time, or deliberate exposure to exceptional danger (except in an attempt to save human life).

6. Age Limit

Sustained by an insured person who exceeds 60 years of age at the inception of this insurance. In respect of children an insureds dependent children aged under 30 days or over 18 years of age (23 years if in full time further education).

7. War, Terrorism and Related Risks

Caused or contributed to by:

- i) war, whether declared or not between any of the following countries, namely, China, France, the United Kingdom, the Russian Federation and the United States of America,
- ii) war or terrorism involving the use of chemical, biological or nuclear weapons.

8. Radioactivity

Directly or indirectly caused by or contributed to, by or arising from:

- i) ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel,
- ii) the radioactive, toxic, explosive, or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

9. Post-Traumatic Stress

Sustained whilst an Insured Person is suffering from post-traumatic stress disorder.

10. Alcohol

Sustained whilst an Insured Person is under the influence of alcohol.

11. Sanction Limitation and Exclusion Clause

No insurer shall be deemed to provide cover and no insurer shall 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 would expose that insurer 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

Exclusion Period

In the event of agreed circumstances the underwriters may declare an Exclusion Period. The exclusion period may take effect immediately or on a future stated date. This will operate as follows:

- a) the underwriters will not accept applications for cover or additional cover applied for during an exclusion period or the 30 days immediately prior to the commencement of an exclusion period,
- b) any premium received by the underwriters in respect of cover affected by or in respect of the insured person during 30 days immediately prior to the commencement of an exclusion period shall be returned,
- c) the cover of an insured person who enrolled before an exclusion period and its previous 30 days will not be affected and the benefits will continue.

Conditions Precedent

The observance by the **Policyholder** of the terms of this policy and the truth to the best of his/her knowledge and belief the statements and answers in the applications and any supplementary declaration or statement shall be conditions precedent to any liability of the insurer.

Our Service to You

Our goal is to give excellent service to all **Our** customers but **We** recognise that things do go wrong occasionally. **We** take all complaints **We** receive seriously and aim to resolve all of **Our** customer's problems promptly.

If **You** are disappointed with any aspect of the handling of **Your** insurance **We** would encourage **You**, in the first instance, to contact the Managing Director. **You** can write or telephone using the contact details below:

Managing Director
Insignia Insurance Services Limited
Cross Keys House
22 Queen Street
Salisbury
SP1 1EY

Tel: 01722 597980
Email: admin@insigniainsurance.co.uk

If however, **You** are not satisfied and have a complaint about **Our** service or a complaint regarding a claim, please contact:

Arch Insurance Company (Europe) Limited
5th Floor
Plantation Place South
60 Great Tower Street
London
EC3R 5AZ

Tel: 0207 621 4500
Email: complaints@archinsurance.co.uk

If **You remain** dissatisfied you may refer the matter at any time to the Financial Ombudsman Service, which is an independent body that arbitrates on complaints. They can be contacted at:

Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Tel: 0800 023 4567 or 0300 123 0123 (mobile users)
Email: complaint.info@financial-ombudsman.org.uk
Web: financial-ombudsman.org.uk

In all communications the certificate number appearing in the **Schedule** should be quoted. Referral to the Financial Ombudsman Service will not affect **Your** statutory rights.

Insignia Insurance Services
Cross Keys House
22 Queen Street
Salisbury
Wiltshire
SP1 1EY

T: +44 (0) 1722 597 980
E: admin@insigniainsurance.co.uk
W: www.insigniainsurance.co.uk

Insignia Insurance Services is a trading name of Trinity Insurance Services Ltd registered in England & Wales under company number 03904541, and whose registered address is Appledram Barns, Birdham Road, Chichester, West Sussex, PO20 7EQ. Trinity Insurance Services Ltd are authorised and regulated by the Financial Conduct Authority under firm reference number 307068.