1. ELIGIBILITY CRITERIA OF THIS POLICY

You can be covered under this insurance if on the Start Date:

- You are taking out this Policy to insure the Loan Payments on any Loan Agreement in Your name (excluding mortgage agreements); and
- You have been permanently resident in the United Kingdom for at least 6 months; and
- You are aged 18 or over at the Start Date and will not have passed Your state pension age before the Termination Date of cover; and
- You are actively Working on the Start Date and when Your claim occurs, for no less than 16 hours each week; and
- You have been continuously Employed for at least 6 months immediately prior to the Start Date of this Policy; and
- Your place of Work is within the United Kingdom; and
- You agree to abide by the terms and conditions of this Policy.

You cannot be covered under this insurance if on the Start Date:

- You are not personally named on the Loan Agreement;
- You are aware of any impending Sickness;
- You are aware of any impending Unemployment which may affect You;
- You are aware of any circumstances which may result in You becoming a full time Carer;
- You are in casual, temporary or seasonal Employment.

2. THE TYPES OF COVER THIS POLICY CAN PROVIDE

You can choose between the following types of cover:
- Accident & Sickness cover; or
- Accident & Sickness cover; or
- Accident & Sickness cover; or
- Accident & Sickness cover; or
- Accident & Sickness cover; or

The type of cover You have selected is stated on Your Certificate of Insurance under the “Important Notice” heading.

- If You select Accident & Sickness cover or Accident & Sickness only cover You will not be able to claim for Unemployment.
- If You select Accident & Sickness cover or Accident & Sickness only cover You will not be able to claim for Accident & Sickness.
- If You select Accident & Sickness cover, or Accident & Sickness only cover You will not be able to claim for Accident & Sickness.

3. WHAT THE WORDS MEAN

Some of the words and phrases We use in these insurance terms and conditions have special meanings and these are shown below in bold type with their meanings alongside them. Except where the context otherwise requires, the masculine shall include the feminine, the singular shall include the plural and vice versa as appropriate.

**Accident & Sickness**

Means **You** have a medical Condition certified by a Doctor or Consultant as preventing **You** from doing **Your** normal Work or any similar Work which **You** are reasonably able to do given **Your** experience, education and/or training and **You** are not doing any other Work for payment or reward.

**Administrator**

Means Trent-Services (Administration) Limited, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD, e-mail: admin@trent-services.co.uk, telephone: *03333 445 390. Trent-Services (Administration) Limited are authorised and regulated by the Financial Conduct Authority No. 315285.
Accidental Death
Means a bodily injury occurring during the Period of Cover which is the direct result of accidental, external, violent and visible means and which solely and independently of any other cause results in Your death. This does not include any sickness, disease, bacterial or viral infection (unless this is a direct result of an accidental injury), naturally occurring condition or degenerative process or the result of any gradually operating cause.

Agreement
Means Your finance agreement with the Lender.

Application
Means the form that You complete for cover under this Policy.

Benefit Period
Means the maximum number of Monthly Benefit payments that would be payable for any one Claim Period, as stated on Your Certificate of Insurance.

Business
Means a company, trade, industry or profession which is registered in the United Kingdom.

Carer
Means You are entirely without Work solely due to the need to care for a Partner or Relative and You are registered with Your local Social Services Department as a Carer and are in receipt of carer’s allowance.

Ceased to Trade
Means the Business has permanently stopped trading due to circumstances entirely beyond Your control or the control of any director or partner in Your Business, and has been wound up or put into the hands of a registered insolvency practitioner or, if the Business is a partnership that the partnership has been permanently dissolved.

Certificate of Insurance
Means the document You receive from Us that details the cover You have selected under this Policy.

Chronic Condition
Means any condition that continues indefinitely, or cannot be cured or eradicated and that may recur or requires ongoing treatment.

Claim Period
Means any separate period of time during which You are Unemployed or unable to Work due to an Accident or Sickness and receiving Monthly Benefit under this Policy.

College
Means the Royal College of Surgeons, the Royal College of Physicians or any other Royal College of medical practitioners based in the United Kingdom.

Condition
Means any sickness, injury, illness or disease including any related sickness, injury, illness or disease or associated symptoms.

Consultant
Means a medical specialist who is a member of a College and recognised by that College to be a consultant. This does not include You or any members of Your Family or Relatives.

Contract Employment
Means You are Employed on a Fixed Term Contract of at least 13 consecutive weeks and You have not been in continuous Employment with the same employer for more than 2 years.

Controlling Director
Means You directly or indirectly own 10% or more of the issued share capital of the Business You Work for.

Doctor
Means a medical practitioner practising in the United Kingdom being a fully registered person under the Medical Act 1983 and registered with the General Medical Council other than You, Your Partner or any of Your Family or Relatives.

Eligible
Means You meet the eligibility criteria of the Policy as detailed above in section 1.

Employed / Employment
Means You are in Employment and Your employer is deducting P.A.Y.E. tax and National Insurance contributions from Your gross salary and Your Employment has no fixed or pre-defined finishing date other than the normal retirement age for Your occupation.

Excess Period
Means the period of time at the point of a claim during which there is no Monthly Benefit payable to You, as stated on Your Certificate of Insurance.

Family
Means Your Partner or a Relative of You or Your Partner.

Fixed Term Contract
Means a contract to provide services to a Business in the United Kingdom for a fixed period of time of at least 13 consecutive weeks in duration.

Hospital
Means a government controlled hospital, a National Health Service hospital or a private hospital but will not apply to any long term nursing homes or geriatric unit or any such facilities.

Initial Exclusion Period
Means the 90 days immediately following the Policy Start Date when You cannot claim for Unemployment.

Insurer
Means Qudos Insurance A/S. Registered Office: Kongvejen 371, DK2840 Holte, Denmark

Lender
Means the financial institution with which You have a Loan.

Loan
Means the personal loan You have taken out in Your name or in joint names with another person or persons with a Lender.

Loan Payment
Means the normal monthly payment You make / have made to the Lender for Your Loan.

Monthly Benefit / Benefit
Means the amount of cover You have selected under this Policy as stated on Your Certificate of Insurance. This is the amount payable in the event of a claim.
Normal Income
Means:

a. **Employed** – the average gross monthly income **You** have received from **Your employer** in the twelve months immediately prior to **Your** claim.

b. **Self Employed** – the monthly gross average of the annual income **You** declared to the Inland Revenue on **Your** self-assessment tax return for the previous tax year (the tax year immediately prior to the tax year in which the claim occurs). Please note: this means **Your** personal income and not that of **Your Business**.

Normal Pregnancy
Means symptoms which normally accompany pregnancy which are of a minor and/or temporary nature and which do not represent a medical hazard to **You** or **Your** baby; and childbirth, including delivery by caesarean section or any other medically or surgically assisted delivery which does not cause medical complications.

Partner
Means **Your** legally married spouse, or registered civil partner under the Civil Partnership Act 2004, or a person who is living permanently with **You** in the same household as **Your partner**.

Payment in lieu of Notice
Means any payment **You** are entitled to receive from **Your** previous Employer or The Government Fund, in the event that **Your** former Employer is in administration, that relates to the period of notice **You** should have served under **Your** contract of Employment; or any part of a payment of compensation for loss of position (including any part of a payment agreed under a compromise agreement) in respect of the notice period **You** should have served under **Your** contract of Employment.

Period of Cover
Means the period between the **Start Date** and the **Termination Date** for which the correct **Premium** has been paid by **You**.

Policy
Means the insurance provided under these terms and conditions.

Policy Review Date
Means the date 12 months after the **Start Date** and annually thereafter.

Pre-Existing Condition
Means any medical **Condition** for which **You** have suffered from symptoms, received treatment, medication or advice (including regular or routine examinations or consultations to monitor the **Condition**) from a **Doctor or Consultant** in the 12 month period immediately prior to the **Start Date**.

Premium
Means the monthly sum set out on **Your Certificate of Insurance** payable by **You** for **Your** cover under this **Policy**. **We** review **Your Policy** annually and any changes **We** wish to make will take affect form the anniversary date of **Your Policy Start Date** and annually thereafter. Following the review **We** can make changes to **Your premium and or Policy** to reflect changes in the cost of providing this cover in the future.

Premiuns may go up or down, or remain unchanged as a result of this review. **The Policy** may also change as a result of this review. There is no limit on the size or type of these changes. **We** will notify **You** 60 days before the Policy Review Date.

For each review **We** will take a fair and reasonable view on the likely future cost of providing this cover by considering:

- **Our** experience and expectations of the cost of providing this product and/or similar insurance products;
- Widely available economic information such as rates for inflation, unemployment and interest
- Changes in law, regulation and taxation

The review will not be directly affected by whether **You** have made a claim or not.

The only exception to this would be a change in law, regulation or taxation or a recommendation of an Ombudsman which **We** need to implement prior to the review.

Proprietor
Means **You** own, alone or with others, the **Business You Work** for.

Relative
Means a parent, brother, sister or child (whether adopted or not).

Self Employed /
Self Employment
Means **You** are in **Business** alone or in association with others, classed as Schedule D for income tax purposes and paying Class 2 National Insurance contributions and are not classified as being **Employed**. **You** will be deemed to be self employed if **You** fall into one of the following categories:

- **You are a Proprietor** or a **Controlling Director**;
- **You are a Relative** of either a **Proprietor** or a **Controlling Director** who **Works** in or owns the **Business You Work** for.

Start Date
Means the date insurance cover commences as stated on **Your Certificate of Insurance**.

Temporary Employment
Means seasonal or casual work, or work lasting or intending to last for a limited time.

Termination Date
Means the end of **Your** insurance cover under this **Policy**.

Unemployed /
Unemployment
Means **You** are entirely without **Work** directly due to circumstances entirely beyond **Your** control (which includes the managing or assisting of any part of the day to day duties of operating a **Business**) and **You are not in receipt of any payment from **Your**
former Employment including Payment in lieu of Notice, and You must be:

a) Receiving Income Support or Job Seekers Allowance or You do not qualify for these benefits because You have been entitled to make reduced National Insurance contributions in the past and;

b) Registered as available for and actively seeking Work at a Job Centre Plus or any equivalent benefit office in the United Kingdom;

c) If You are self-employed You must comply with (a) and (b) above, and have permanently Ceased to Trade due to circumstances entirely beyond Your control and if You are a Controlling Director Your company has been wound up by a creditor who is not a director of Your Business.

**United Kingdom**

Waiting Period

Means England, Wales, Scotland and Northern Ireland.

Waiting Period

Means the number of days You must be unable to Work due to an Accident or Sickness or Unemployed before You receive any Monthly Benefit. The Waiting Period You have selected is stated on Your Certificate of Insurance.

We or Us or Our

Means Qudos Insurance A/S. Registered Office: Kongevejen 371, DK2840 Holte, Denmark

Working or Work

Means gainful Contract Employment, Employment or Self Employment for sixteen hours or more each week. You must also be paying the appropriate National Insurance contributions in the United Kingdom.

You or Your or YourSelf

Means the person or persons named on Your Certificate of Insurance.

4. DURATION OF THE POLICY

This is a monthly paid Policy and it is issued from the Start Date to the date the next Premium is due. The Policy will automatically be renewed for a further month on payment of each Premium as it falls due until the Termination Date.

It is Your responsibility to ensure Your level of cover remains adequate under the Policy. You should review Your Monthly Benefit level on a regular basis.

5. PAYMENT OF PREMIUMS

Premiums are payable by direct debit, monthly in advance by You. If Your Premium remains unpaid for 30 days after the due date Your cover under this Policy will cease.

If You are in receipt of Monthly Benefits You must continue to pay Your monthly Premium as it falls due in order to ensure continuous cover under this Policy.

Your Premium will be reviewed annually and We will confirm Your Premiums for the annual period at least 30 days before the Policy Review Date and provided You do not alter Your Policy these Premiums are guaranteed for the annual period. The Premiums for future years will depend upon the forecasts of costs to Us of settling future claims and any changes in taxation and inflation. We will not seek to recover, in future years, the costs of any claims already paid out. Changes in Your Premiums will not depend on Your individual circumstances, but on the overall cost of claims.

6. THE LEVEL OF COVER THIS POLICY PROVIDES

The maximum Monthly Benefit allowable under this Policy is £2,000 or 65% of Your Normal Income, whichever is the lower. At the point of Application You can apply for additional cover of up to 25% of Your monthly Loan Payment, subject to the maximum Monthly Benefit allowable, as detailed above.

The Monthly Benefit amount You have selected is stated on Your Certificate of Insurance.

If You want to increase Your Monthly Benefit because Your Loan Payment(s) have altered You can do so by writing to the Administrator within 30 days of Your Lender notifying You of the amendment. You cannot increase Your Monthly Benefit during a Claim Period, Initial Exclusion Period or during a consultation period pending redundancy.

If You want to decrease Your Monthly Benefit You can do so by putting Your request in writing to the Administrator at any time.

7. THE NUMBER OF PERSONS THAT CAN BE INSURED

You can only take out cover in Your sole name under this Policy. If You require joint cover and You are both Eligible for cover You must apply separately.

8. PAYMENT OF CLAIMS FOR ACCIDENT & SICKNESS

If You are Working and You suffer a from an Accident or Sickness during the Period of Cover, Your first Monthly Benefit payment is subject to the following:

- Your Excess Period (as stated on Your Certificate of Insurance); and
- Your Waiting Period (as stated on Your Certificate of Insurance); or
- You are detained in Hospital under the sole request of a Doctor or Consultant for seven consecutive days.

Following the expiry of the above, We will continue to pay You one thirtieth of the Monthly Benefit for each day You remain
We will continue to pay You Monthly Benefit until the Termination Date or the earliest of the following:

- The last consecutive day of Your Accident & Sickness; or
- The date You stop providing due proof that You remain unable to Work due to an Accident or Sickness; or
- If You Work on a Fixed Term Contract basis and Your contract would have expired; or
- We have made the maximum number of Monthly Benefit payments allowed in the Benefit Period.

3. ACCIDENT & SICKNESS EXCLUSIONS

No Monthly Benefit will be payable to You if:

- You deliberately injure Yourself or Your Accident or Sickness is due to alcohol, solvent abuse or drugs (other than drugs taken under the direction of a Doctor or Consultant and not for the treatment of drug addiction); or
- Your Accident or Sickness arises from stress, anxiety, depression or any mental or nervous disorder unless You are referred to a Consultant Psychiatrist by Your Doctor and, provided that the Condition solely prevents You from Working, Your claim will be considered from the date of diagnosis by the Consultant Psychiatrist until You are released from their care; or
- Your Accident or Sickness results from any Condition which came about as a result of a Pre-Existing Condition or Chronic Condition (but this exclusion will not apply to a Pre-Existing Condition if You have been free from its symptoms, and have not consulted any Doctor nor received any treatment for or in connection with it, for a two year period prior to Your claim); or
- Your Accident or Sickness is due to Normal pregnancy other than a medical complication which directly occurs as a result of Your pregnancy or a pregnancy related Condition; or
- Self Employment Your Accident or Sickness arises from medical operations or treatments which are not medically necessary, including cosmetic or beauty treatments; or
- Your Accident or Sickness is due to a back related Condition unless there is radiological evidence of medical abnormality, visible wound, contusion, or You are referred to a Consultant by Your Doctor and, provided that the condition solely prevents You from Working, Your claim will be considered from the date of diagnosis by the Consultant until You are released from their care; or
- Your Accident or Sickness is due to any of the Unemployment exclusions.

Benefit will not be paid for Accident & Sickness if You are receiving Unemployment benefit under this Policy.

10. PAYMENT OF CLAIMS FOR UNEMPLOYMENT

If You are Working and You become Unemployed during the Period of Cover, Your first Monthly Benefit payment is subject to the following:

- Your Excess Period (as stated on Your Certificate of Insurance); and
- Your Waiting Period (as stated on Your Certificate of Insurance).

Following the expiry of the above, We will continue to pay You one thirtieth of the Monthly Benefit for each day You remain continuously Unemployed, monthly in arrears.

The first day of Your Unemployment will be considered to be the date on which You are registered as available for and actively seeking Work at a Job Centre Plus or any equivalent benefits office in the United Kingdom and are receiving either Income Support or Job Seekers Allowance unless You do not qualify for these benefits, for example, because You have been entitled to make reduced National Insurance contributions in the past, or any other legitimate reason as confirmed by the benefits office.

If You become Unemployed and entirely without Work for 60 consecutive days solely due to the need to care for a Partner or Relative and You are registered with Your local Social Services Department as a Carer and are in receipt of Carer’s allowance We will make a maximum of two Monthly Benefit payments to You per Claim Period.

We will continue to pay You Monthly Benefit until the Termination Date or the earliest of the following:

- The last consecutive day of Your Unemployment; or
- The date You stop providing due proof that You remain continuously Unemployed; or
- We have made the maximum number of Monthly Benefit payments allowed in the Benefit Period.

Unemployment cover under this Policy will vary in accordance with Your Employment status as detailed below:

- Employment - You will be insured if You are made Unemployed.
- Contract Employment:
a) if You have been Employed on a renewable Fixed Term Contract of at least 13 consecutive weeks with the same employer for more than 2 consecutive years or on an annual contract which has been renewed then You will be insured if You are made Unemployed.

b) if You have been Employed on a renewable Fixed Term Contract of at least 13 consecutive weeks with the same employer but for less than 2 years then You will be insured if You are made Unemployed during the term of Your contract. You will not be insured against the non-renewal of Your contract and any entitlement to Monthly Benefit under this Policy will automatically cease on the date Your contract was originally intended to terminate.

- Self Employment – You will be insured if You have permanently Ceased to Trade due to circumstances entirely beyond Your control and if You are a Controlling Director Your company has been wound up by a creditor who is not a director of Your Business and have:
  - filed closing accounts with the Inland Revenue if You operate alone; or
  - had Your company put in the hands of an insolvency practitioner following the actions of a third party outside Your Business; or
  - had Your partnership dissolved and final accounts filed with the Inland Revenue following the actions of a third party outside Your Business.

11. UNEMPLOYMENT EXCLUSIONS

No Monthly Benefit will be payable to You if:

- You have not been in continuous Work for at least 6 consecutive months prior to the Policy Start Date; or
- You become Unemployed within the Initial Exclusion Period. However, if You transfer cover from another insurer on a like for like basis We will waive the Initial Exclusion Period, provided that Your previous insurance was in force for at least 6 months and You never made a claim under that policy; or
- You are notified of Unemployment within the Initial Exclusion Period even though Your Unemployment may not take place until after the Initial Exclusion Period; or
- You are made aware by any means, before the Start Date or within the Initial Exclusion Period, of anything that might lead to Your Unemployment, not withstanding that no specific reference has been made to Your personal situation and that Your Unemployment may not take place until after the Initial Exclusion Period;
- You are made aware by any means, before the Start Date or within the Initial Exclusion Period, that You would need to become a Carer; or
- Your Work is casual, seasonal or of a temporary nature; or
- Your Fixed Term Contract ends and is not renewed; or
- Your Unemployment ends as a result of the expiry of an apprenticeship or training contract; or
- You accept voluntary redundancy, resign or retire; or
- Your Unemployment is as a result of Your refusal to accept a reasonable alternative form of Employment;
- You have received twelve months benefit payments for an Unemployment claim You must return to Work for at least 180 consecutive days to be eligible to make a new claim for Unemployment; or
- You are receiving Payment in lieu of Notice; or
- You failed to pass a trial or probationary period; or
- Your Unemployment arises as a result of Your own act wilful misconduct, negligence, dishonesty or fraud; or
- You are made Unemployed as a result of participating in any industrial action; or
- Your Unemployment occurs while You are Working outside the United Kingdom for a period intended by You to be more than 90 days - this clause will not apply if Your reason for leaving the United Kingdom is because You:
  a) Work for the British Armed Forces or;
  b) Work as a Civil Servant in a British Embassy or Consulate.

Benefit will not be paid for Unemployment if You are receiving Accident or Sickness benefit under this Policy. If, during a Claim Period in respect of Unemployment You are not able to actively seek Work solely because of an Accident or Sickness, We may continue to pay Accident and Sickness benefit to You (if selected) but as part of one Benefit Period and therefore on terms that the sums We have already paid to You will count towards the maximum Benefit Period as shown in Your Schedule.

12. SUSPENDING AN UNEMPLOYMENT CLAIM FOR TEMPORARY EMPLOYMENT

If You make a claim for Unemployment under this Policy and You are offered Temporary Employment You can suspend Your claim provided that:

- You tell Us who will be employing You (even if You will be Self Employed), how many hours You will be employed for and the duration of Your Temporary Employment; and
- Your Temporary Employment lasts for at least one week and no longer than six months and You do not have more than three separate jobs during any one Claim Period; and
- You continue to comply with the terms and conditions of this Policy and tell Us immediately if any of the above circumstances should change.

Provided You are Eligible to continue Your claim for Unemployment when the Temporary Employment ends, We will recommence Your Monthly Benefit subject to a maximum combined total of twelve Monthly Benefit payments for any one
13. PAYMENT OF CLAIMS FOR ACCIDENTAL DEATH

If You have selected Accident 

You have an outstanding balance on Your Loan and You suffer an Accidental Death during the Period of Cover. We will pay lesser of:

1. The maximum benefit on Your Certificate of Insurance; or
2. The outstanding balance on Your Loan insured by this Policy.

B. You no longer have a Loan with the Lender at the time of Your Accidental Death We will pay twelve times the Monthly Benefit as stated on Your Certificate of Insurance.

The above is subject to You being in Work at the time Your Accidental Death occurs.

14. ACCIDENTAL DEATH EXCLUSIONS

No Benefit will be payable to You if Your claim results directly or indirectly from:

- suicide, attempted suicide, self inflicted injuries whether You are sane or insane or is due to alcohol, solvent abuse or drugs (other than drugs taken under the direction of a Doctor or Consultant and not for the treatment of drug addiction); or
- Death caused by any sickness, disease, bacterial or viral infection (unless this is a direct result of an accidental injury), naturally occurring condition or degenerative process or the result of any gradually operating cause.

15. CLAIM REQUALIFICATION

A claim which occurs within 3 months of a previous claim will be treated as a continuation of the original claim and You will be entitled to a combined maximum number of payments as shown on Your Schedule of Insurance.

A new claim for Accident & Sickness or Unemployment can be made, provided You have returned to Work for a period of at least 90 consecutive days.

If You have received the maximum number of payments as per Your Schedule of Insurance, You must return to Work for a period of at least 180 consecutive days to be eligible to make a new claim for Accident & Sickness or Unemployment.

If You are Self-Employed or a Contract Worker, please refer to Your policy terms and conditions as additional conditions apply.

16. HOW TO MAKE A CLAIM

You must give Us notice of a claim by telephoning the Administrator on *03333 445 390. You should do so as soon as reasonably possible and within 90 days after the end of Your Waiting Period or Excess Period (as stated on Your Certificate of Insurance). We will send You the claim forms. You will need to complete these and return them to Us as soon as reasonably possible giving Us all the information We ask for to enable Us to process Your claim. You are responsible for providing Us with the proof We need to validate Your claim. Any delay in submitting a claim to Us may make Your claim harder to confirm and lead to a delay in making payment or result in the non payment of Your claim. If We wish You to be medically examined at Our expense You must allow it; or Your claim could either be stopped or denied.

Payment of Monthly Benefit will be made when We receive satisfactory evidence of Your entitlement to claim. Throughout the period for which the claim is made under this Policy We will require You to provide evidence of continued Accident, Sickness or Unemployment. Monthly Benefit will not be paid for any period of Accident, Sickness or Unemployment for which the evidence required by Us is not provided by You. We may require You to produce this Policy together with Your Certificate of Insurance as proof of purchase. Once a claim has been accepted Monthly Benefit will be paid to You monthly in arrears.

17. GENERAL CONDITIONS

- This Policy and any endorsements to it together with Your Application and Certificate of Insurance and any written statement of medical or other information made by You make up the insurance contract between Us and You.
- No alterations, variations, or relaxation of any of the terms of this Policy can be made except in writing by one or more of Our authorised officials.
- This Policy is subject to English law subject to the exclusive jurisdiction of the Courts of England and Wales.
- Any fraud mis-statement or concealment in relation to any matter affecting this insurance contract or any claim under this insurance contract may render it null and void and all rights to claim will be lost.
- If at any time any provision or part thereof of this insurance contract becomes invalid, illegal, or unenforceable the remaining parts and/or provisions shall continue in full force and effect.
- All Monthly Benefits under this insurance contract are non-taxable, although this may change in line with any amendments to legislation. In this event, We will deduct from any Monthly Benefit any sums which by law We are required to deduct.
- A person who is not a party to this insurance contract has no right under the Contracts Act 1999 (Rights of Third Parties) to enforce any term of this insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.
- Any omission, misrepresentation or false statement in Your Application for this insurance or any claim could affect the payment of Monthly Benefit under this Policy. If You make a claim which We consider to be fraudulent or exaggerated, all benefits under this contract will be lost and We will seek to recover any Monthly Benefit paid under that claim.
• The benefits of this insurance contract may not be assigned to a third party.

• We will be entitled to take legal action in Your name for Our own benefit against any other party in order to recover any payment We have made.

• If, at the time of a claim, You have any other policy in force, insuring anything covered by this Policy, We shall only be liable for Our proportional share.

18. GENERAL EXCLUSIONS

No Benefit will be payable as a result of:

1. War, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, civil commotion, riot, revolution or military or usurped power.

2. Radioactive contamination from:
   • Ionising radiation or contamination from any nuclear fuel, or from any nuclear waste arising from burning nuclear fuel; or
   • The radioactive, toxic, explosive or other dangerous effect of any explosive nuclear equipment or part of that equipment, directly or indirectly caused by or contributed to by or arising from Biological or Chemical contamination due to or arising from terrorism.

19. CANCELLATION TERMS OF THIS POLICY

You can cancel Your cover under this Policy by writing or emailing to the Administrator (address detailed as above) and quoting Your Policy number within 30 days of the Start Date as shown on Your Certificate of Insurance and We will refund any Premium You have paid, provided that You have not made a claim under this Policy.

Thereafter You may cancel Your cover under this Policy by writing to the Administrator and quoting Your Policy number. Your cover will cease on the date We receive Your request in writing. No refund of Premium will be made if You cancel Your cover under this Policy more than 30 days after the Start Date as shown on Your Certificate of Insurance.

We may cancel Your Policy by giving You 90 days notice prior to Your Policy Review Date. This will not depend on Your individual circumstances. This will not affect any rights to Monthly Benefit which You may already have received under this Policy before the Termination Date of Your cover.

20. TERMINATION OF YOUR INSURANCE COVER UNDER THIS POLICY

Your cover will cease on the earliest date of the following:
• You die; or
• You retire from Work or reach the state pension age, whichever is the earlier; or
• You stop living in the United Kingdom;
• You stop Working in the United Kingdom;
• Your Premium payment is more than 30 days overdue; or
• You or We cancel Your cover under this Policy.

21. AMENDMENTS TO YOUR POLICY COVER

Any changes to Your Policy will take effect from the Amendment Date provided You are not receiving Monthly Benefit under the Policy or You are aware of any impending claim. We will not cover the following after an increase in the Monthly Benefit:

Section 9 Accident & Sickness Exclusions

We will not pay the increase in Monthly Benefit for any claim caused by or resulting from any medical condition:
• which You knew about on or before the date You applied for the increase; or
• as a result of any medical condition for which treatment had been given or diagnosis had been made or investigations commenced during the 12 months immediately before the date You applied for the increase and which comes back within 24 months after the date You applied for the increase. (This exclusion will not be applied after 24 months have passed without treatment or advice for that medical condition).

Section 11 Unemployment Exclusions

We will not pay the increase in Monthly Benefit for any Unemployment claim where:
• Your Employment ends within 90 days of the date You applied for the increase; or
• You knew the Unemployment to be impending at the date You applied for the increase, whether or not You had received official notice.

We will not pay the increase in Monthly Benefit for Caring where:
• on or before the date You applied for the increase We reasonably believe You were aware of the need, or likely need at any time in the future, for a member of Your Immediate Family to require a Carer; or
• within the first 90 days of the date You applied for the increase You apply for a Carer’s Allowance, or are notified of receipt of a Carer’s Allowance. (This exclusion will not be applied if the condition of the member of Your Immediate Family requiring a Carer was due to or caused by an unforeseen event happening after the Start Date).
We aim to provide a first-class service, to that end the following timescales apply to any complaints We may receive from You:

1. We will send You an initial acknowledgement within 5 business days of receiving a complaint.

2. We will send You a letter within four weeks of receiving a complaint; advising when the investigation into the complaint will be completed.

3. Within eight weeks of receiving a complaint We will send You a letter with Our final response or a letter explaining why there is a delay and giving You the option to refer Your complaint to the Ombudsman.

If You have any cause to complain, or You feel that We have not kept Our promise, please follow the procedures below.

1. For complaints relating to the selling of this insurance please contact the sales agent from which this insurance was purchased. When You do this quote Your Policy number, which is on Your Certificate of Insurance.

2. For complaints relating to the administration or claims handling of this insurance please write to the Administrator, Trent-Services (Administration) Limited, Trent House, Love Lane, Gloucestershire GL7 1XD, e-mail admin@trent-services.co.uk, telephone 01285 626020. When You do this quote Your Policy number, which is on Your Certificate of Insurance.

We trust You will be satisfied with the outcome of the investigation and Our final decision response, but if not, You have the right to refer Your complaint to the Financial Ombudsman Service, free of charge, at: Financial Ombudsman Service, but You must do so within six months of the date of this letter.


If You do not refer Your complaint in time, the Ombudsman will not have Our permission to consider Your complaint and so will only be able to do so in very limited circumstances. For example, if the Ombudsman believes that the delay was as a result of exceptional circumstances.*

The Financial Ombudsman Service cannot consider Your complaint if it is:

a) less than eight weeks after receipt of the complaint by the sales agent, Administrator or Us, or;

b) more than six months after the date on which the sales agent, Administrator or Us provided Our final response advising that You may refer Your complaint to the Financial Ombudsman Service, or;

c) more than six years after the event complained of or more than three years from the date on which You became aware that You had cause for complaint unless You have already referred the complaint to the sales agent, Administrator or Us.

Qudos Insurance A/S and Trent-Services (Administration) Limited are authorised and regulated by the Financial Conduct Authority.

Qudos Insurance A/S is authorised and regulated by Finanstilsynet (The Danish FCA). As an insurance company authorised within the European Union Qudos Insurance A/S is permitted to conduct business in the United Kingdom and authorised by the FCA under reference 571608. You can check this by visiting the FCA website at http://www.fca.gov.uk/register/

Paymentcare Limited are authorised and regulated by the Financial Conduct Authority Reference 314574.

*calls are charged at 2.1 pence per minute at all times, plus your phone company’s access charge