



ONE PRO
INSURANCE SOLUTIONS
POLICY WORDING



WELCOME TO ONE PRO INSURANCE SOLUTIONS

Thank **You** for choosing ONE PRO Insurance Solutions as the provider for **Your Cycle** related Insurances.

ONE PRO Insurance Solutions was established with the sole purpose of designing and creating Insurance Products and Services aimed directly at looking after the Insurance needs of today's modern cyclists.

We employ an experienced team of cycling professionals whose knowledge and passion are in all things cycling. **Our** team are committed to providing **You** with a first-class level of service whenever **You** need **Us**.

In designing this **Policy**, **We** have recognised that cyclists are just as unique as their insurance needs.

We have sought feedback from cyclists who have helped **Us** design the covers provided and **We** have used that feedback to create this **Policy** in a way that **We** hope will make everything as clear and as easy to understand as possible.

If **We** can be of any further assistance to **You**, or **You** have any feedback on this **Policy**, please let **Us** know and **We** will do all **We** can to help.

We hope that **You** enjoy being **Our** customer and will continue to insure with **Us** for many years to come.

Rod Breeze
Managing Director - Lifestyle
ONE PRO Insurance Solutions

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HOW TO USE YOUR ONE PRO INSURANCE SOLUTIONS POLICY

This is **Your Policy** containing details of the cover **You** have purchased. **We** have made every effort to make the **Policy** details as clear as possible. Please read **Your Policy** carefully and if **You** have any queries please feel free to contact **Us** on **01242 894060** and **We** will be pleased to help **You**.

WHAT TO LOOK OUT FOR

The **Policy** is divided into a number of sections and also includes conditions and exclusions. They are outlined within the individual sections and others are listed on pages 16–18 of this **Policy** and are intended to apply to the **Policy** as a whole.

Some key words, expressions or phrases that have the same meaning whenever they appear in this **Policy**, will be shown in **Bold** throughout and are referred to as Definitions. Full details are provided on pages 6–8 of the **Policy**.

POLICY LIMITATIONS

Your cover is subject to certain exclusions and conditions. Some will apply to the **Policy** as a whole and others will apply specifically to the sections of the **Policy** **You** have selected and paid for. **Your** Certificate will detail the sections of the **Policy** that are in force.

WHAT COVER IS INCLUDED?

The **Policy** is divided into a number of optional sections. Each section explains what **We** will or will not pay for. To find which sections are in force **You** should check **Your Policy** Certificate which is enclosed with the **Policy**. **Your** Certificate will provide **You** with a summary of how much **You** are insured for.

SECTION	COVER
Section A	Bike & Accessories Cover
Section B	Public Liability
Section C	Personal Accident
Section D	Cycle Rescue

INFORMATION RELEVANT TO THIS POLICY

Your Policy provides cover for the parts and the **Period of Insurance** shown in **Your** Certificate. This **Policy** is an agreement between **You** and the parties providing the cover under the individual parts of this **Policy** but is only valid if **You** pay the premiums.

Please take the time to read **Your Policy** documentation carefully. If any of the information on which this insurance is based is incorrect or changes, or if **You** have any questions or there is anything that **You** do not understand, please contact ONE PRO Insurance Solutions on **01242 894060**.

Please note that **Your** cover relates only to the parts which are shown on the Certificate as being included.

Your Policy has been arranged by ONE PRO Insurance Solutions on behalf of the insurer, by Ageas Insurance Limited.

ABOUT ONE PRO INSURANCE SOLUTIONS

ONE PRO Insurance Solutions is a trading name of URIS Group Limited which is authorised and regulated by the Financial Conduct Authority. Registered office: Quay Point, Lakeside Boulevard, Doncaster, South Yorkshire DN4 5PL. Company number: 2461657. Registered in England and Wales. Financial Services Register number: 307332. This can be checked by visiting the FCA website register.fca.org.uk.

ONE PRO Insurance Solutions is arranged by GEO Speciality Liability, a trading name of GEO Underwriting Services Limited. Registered office address Towergate House, Eclipse Park, Sittingbourne Road, Maidstone, Kent ME14 3EN. Registered number 04070987.

GEO Underwriting Services Limited is authorised and regulated by the Financial Conduct Authority, FCA Register Number 308400.

ABOUT THE UNDERWRITER OF THIS POLICY

This **Policy** is underwritten by Ageas Insurance Limited. Registered office address: Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire SO53 3YA. Registered number 354568.

Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register no 202039.

GENERAL DEFINITIONS FOR THIS POLICY

The following words, expressions or phrases listed below apply to each and every part of the **Policy** and will have the same meaning wherever they appear in this **Policy** in **bold**. Additional definitions where they apply to the specific sections of the **Policy** will be outlined within those sections. Please refer to the relevant sections of the **Policy** for further details:

WORD/EXPRESSION/PHRASE	DEFINITION
Accessories	Cycle related equipment which is Your own property or for which You are legally responsible, including specialist cycling clothing, luggage, footwear and headgear.
Accident	A sudden and unexpected event arising from Your use of Your Cycle during the Period of Insurance .
Agreed Value	An amount that We have agreed with You in respect of the value of Your Cycle that We will pay in the event of the Total Loss of Your Cycle .
Approved Lock	Any specifically designed Cycle , motor scooter or motorcycle lock that has been tested and approved to Sold Secure testing standards where indicated below; <ul style="list-style-type: none">■ Bicycles up to £750 – Any specifically designed Cycle lock.■ Bicycles from £751 to £1,500 – A Sold Secure Bronze graded lock or above.■ Bicycles from £1,501 to £3,000 – A Sold Secure Silver graded lock or above.■ Bicycles over £3,000 – A Sold Secure Gold graded lock or above. Or; Any other specified lock accepted by Us and specified in an Endorsement .
Average Weekly Wage	Your average weekly salary (not including payments for overtime, commission or bonuses) before tax and National Insurance for the 13 weeks immediately before the first date You are off work due to the Accident or illness.
Bodily Injury	Physical injury (other than when directly or indirectly caused by illness or disease) caused solely and directly by a sudden external unforeseen and identifiable Accident event.
Cycle	Any bicycle, tricycle, tandem or trailer Cycle powered only by human pedal power or electricity, which is Your own property, usually kept at the address shown on the Schedule , for which You are legally responsible for and not powered or modified in such a way that it is or becomes subject to the requirements of the Road Traffic Act.
Damage	Sudden and unintentional physical Damage that happens unexpectedly.
Defence Costs	Any costs that could be incurred with Our prior written consent that would be used to investigate, defend or settle any claim made against You .
Deferral Payment	The period at the commencement of a period of Temporary Total Disablement during which no benefit is payable.

Dental Injury	Damage as confirmed by a practicing dentist to Your Sound and Natural Teeth and supporting structures including Damage to Your dentures whilst being worn.
Doctor	A person other than You , a member of Your immediate Family or an employee of yours, who is licensed to practice medicine or surgery in the country where treatment is given.
Endorsement	Any terms and conditions additional to this Policy and specified in the Schedule .
Evidence of Ownership	Proof of purchase, showing the name and address of the seller, details of the Cycle and/or Accessories purchased, the date of sale, price paid or any other evidence that demonstrates Your ownership.
Excess	The amount You have to pay in respect of each agreed claim.
Expert Medical Practitioner	A person other than You a member of Your immediate Family an employee of yours who is qualified as a consultant in the branch of medicine to which the Bodily Injury relates.
Family	Parents, spouse, partner, son, daughter, grandchildren or minors under Your legal guardianship or siblings, who permanently live with You .
Fracture	A break of a bone in the body identified through an X-Ray, computerised tomography (CT) scan or magnetic resonance imaging (MRI) scan and confirmed by a Doctor .
Home Address	The last known address recorded on Our system.
Immovable Object	Any solid object which cannot be removed with or lifted under or over the Cycle .
Insured Event	The loss, theft of or Damage to any insured item.
Insured Person	The person named in the Schedule as the insured.
Insured Location	The location stated in Your Schedule where Your Cycle and/or Your Accessories are usually kept which may include the following: <ul style="list-style-type: none"> a) a lockable shed, outbuilding or garage which is attached to or within the boundaries of Your private dwelling and is privately accessed; or b) a self-contained lockable private room or communal hallway inside the halls of residence to which You normally reside; or c) a purpose-built Cycle storage facility; or <ul style="list-style-type: none"> ■ any temporary residence in which You are a resident for a maximum of 28 consecutive days; or ■ any other location agreed by Us in writing.
Period of Insurance	The period of time for which this Policy is in force as shown in the Schedule .
Physiotherapy	The recognised treatments performed by a registered physiotherapist in the United Kingdom to improve functional movement.
Policy	This insurance document and the Schedule , including any Endorsements .

Professional Fees	Legal fees and other costs incurred with Our prior written authority, including costs incurred by another party that You have been made legally liable to pay. Costs that You may pay with Our consent to assist in pursuit of a civil claim against a third party arising from an Insured Event .
Recovery Operator	The independent company We appoint to attend any breakdown.
Schedule	The document showing the details of the Insured Person , the cover provided and any endorsements that apply.
Sound and Natural Teeth	Non-restored teeth that show no sign of being pathologically compromised or adequately and permanently restored teeth with healthy supporting structures or other permanently fitted prostheses.
Sum Insured	The amount as set out on the Schedule
Temporary Total Disablement	Temporary disablement that has been certified by a Doctor as entirely preventing You from engaging in Your usual occupation.
Terrorism	An act including, but not limited to, the use of force or violence and/or the threat (or perceived threat) thereof of any person or groups of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political, religious, ideological or ethnic purposes, or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
Third Party Property	Physical loss or Damage of tangible property not belonging to You or to members of Your Family or household.
Total Loss	Where the total cost to repair Your Cycle and/or Your Accessories is greater than 70% of the current market value.
Unattended	When Your Cycle and/or Your Accessories are left in a location that is not Your Insured Location for more than 48 consecutive hours.
United Kingdom	England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands.
We/Us/Our	Mean any, or all of: <ul style="list-style-type: none"> ■ Ageas Insurance Limited (“Ageas”) ■ Call Assist Ltd (“Call Assist”) ■ GEO Specialty Liability
You/Your	The Insured Person named in the Schedule who has a permanent residential address in the United Kingdom .

IMPORTANT INFORMATION

HOW TO CONTACT US

We are here to help whenever **You** need **Us**. If **You** have any questions about **Your Policy** or would like to discuss any other insurance needs, or need advice please contact **Us** on **01242 894060** or email **info@oneproinsurance.com**. If **You** would like to write to **Us** please write to ONE PRO Insurance Solutions, Third Floor, Ellenborough House, Wellington Street, Cheltenham GL50 1NX.

In any communication with **Us**, please remember to quote **Your** full name, address and **Your Policy** number or **Your** claims reference number. This will enable **Us** to quickly locate **Your Policy** or claims details.

HOW TO MAKE A COMPLAINT

Full details of the Complaints Procedure can be found on pages 13 and 14. **We** hope that **You** are fully satisfied with **Our** service but if for any reason **You** are not, please contact **Us** on **01242 894060**, or email **Us** at **info@oneproinsurance.com**.

MAKING A CLAIM

Firstly, check **Your Policy** and Certificate to make sure **You** have the appropriate cover. To report an Incident or claim, please use the following contact details:

Post: Lifestyle Claims, Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire SO53 3YA

Phone: **0330 111 0251**

Email: **lifestyleclaims@ageas.co.uk**

Please note, telephone calls may be recorded for joint protection, training and/or monitoring purposes

FAIR PROCESSING NOTICE

The privacy and security of **Your** information is important to **Us**. This notice explains who **We** are, the types of information **We** hold, how **We** use it, who **We** share it with and how long **We** keep it. It also informs **You** of certain rights **You** have regarding **Your** personal information under current data protection law. **We** will update this notice as required and at least annually (every December). Therefore, **We** suggest **You** revisit this notice every December to keep yourself informed. The terms used in this Fair Processing Notice are based on the Information Commissioner's Office. **You** can find out more about the ICO here: **ico.org.uk**.

WHO ARE WE?

URIS Group (part of The Ardonagh Group of companies) is the Data Controller of the information **You** provide **Us** and is registered with the Information Commissioner's Office for the products and services **We** provide to **You**.

You can contact **Us** for general data protection queries by email to **DataProtection@urisgroup.co.uk** or in writing to The Data Protection Officer, care of the office of the Chief Information Officer, URIS Group Limited, Quay Point, Lakeside Boulevard, Doncaster DN4 5PL. Please advise **Us** of as much detail as possible to comply with **Your** request.

For further information about The Ardonagh Group of companies please visit **www.ardonagh.com**.

WHAT INFORMATION DO WE COLLECT?

To enable **Us** to provide **You** with the right product or service to meet **Your** needs (or to handle a claim) **We** will collect personal information which may include **Your** name, telephone number, email address, postal address, occupation, date of birth, additional details of risks related to **Your** enquiry or product and payment details (including bank account number and sort code).

We may need to request and collect sensitive personal information such as details of convictions or medical history for **Us** to provide **You** with the product or service or to process a claim.

We only collect and process sensitive personal data where it is critical for the delivery of a product or service and without which the product or service cannot be provided. **We** will therefore not seek **Your** explicit consent to process this information as it is required by **Us** to provide the product or service **You** have requested and is legitimised by its criticality to the service provision. If **You** object to use of this information, then **We** will be unable to offer **You** that product or service.

HOW DO WE USE YOUR PERSONAL INFORMATION?

We will use **Your** personal information to:

- Assess and provide the products or services that **You** have requested
- Communicate with **You**
- Develop new products and services
- Undertake statistical analysis.

We may also take the opportunity to:

- Contact **You** about products that are closely related to those **You** already hold with **Us**
- Provide additional assistance or tips about these products or services
- Notify **You** of important functionality changes to **Our** websites
- Only where **You** have provided **Us** with consent to do so, **We** may also from time to time use **Your** information to provide **You** with details of marketing or promotional opportunities and offers relating to other products and services from The Ardonagh Group
- From time to time **We** will need to call **You** for a variety of reasons relating to **Your** products or service (for example, to update **You** on the progress of a claim or to discuss renewal of **Your** insurance contract). **We** are fully committed to Ofcom regulations and have strict processes to ensure **We** comply with them
- To ensure the confidentiality and security of the information **We** hold, **We** may need to request personal information and ask security questions to satisfy ourselves that **You** are who **You** say **You** are
- **We** may aggregate information and statistics on website usage or for developing new and existing products and services, and **We** may also provide this information to third parties. These statistics will not include information that can be used to identify any individual.

SECURING YOUR PERSONAL INFORMATION

We follow strict security procedures in the storage and disclosure of **Your** personal information in line with industry practices, including storage in electronic and paper formats.

We store all the information that **You** provide to **Us**, including information provided via forms **You** may complete on **Our** websites, and information which **We** may collect from **Your** browsing (such as clicks and page views on **Our** websites).

Any new information **You** provide **Us** may be used to update an existing record **We** hold for **You**.

WHEN DO WE SHARE YOUR INFORMATION?

To help **Us** prevent financial crime, **Your** details may be submitted to fraud prevention agencies and other organisations where **Your** records may be searched, including the Claims and Underwriting Exchange (CUE) and the Motor Insurers Anti-Fraud and Theft Register (MIAFTR).

In addition to companies within the Ardonagh Group, third parties (for example insurers or loss adjusters) deliver some of **Our** products or provide all or part of the service requested by **You**. In these instances, while the information **You** provide will be disclosed to these companies, it will only be used for the provision and administration of the service provided (for example verification of any quote given to **You** or claims processing, underwriting and pricing purposes or to maintain management information for analysis).

This may also include conducting a search with a credit reference bureau. **We** will never make a search that leaves a record on **Your** credit history without informing **You** first.

We may use firms involved in financial management regarding payment.

We may also share **Your** data with other companies who carry out market research on **Our** behalf and who may contact **You** for the purpose of obtaining feedback on the products and services **We** offer.

We will only share **Your** information for any direct marketing of additional services and products within The Ardonagh Group of companies where **We** have **Your** consent to do so.

The data **We** collect about **You** may be transferred to, and stored at, a destination outside of the European Economic Area (“EEA”). It may also be processed by staff operating outside of the EEA who work for **Us** or for one of **Our** suppliers. Such staff may be engaged in, amongst other things, the provision of information **You** have requested.

If **We** provide information to a third party **We** will require it and any of its agents and/or suppliers to take all steps reasonably necessary to ensure that **Your** data is treated securely and in accordance with this Fair Processing Notice.

We may of course be obliged by law to pass on **Your** information to the police or other law enforcement body, or statutory or regulatory authority including but not limited to the Employer’s Liability Tracing Office (ELTO) and the Motor Insurance Bureau (MIB).

We may also share **Your** information with anyone **You** have authorised to deal with **Us** on **Your** behalf.

HOW LONG DO WE KEEP YOUR INFORMATION FOR?

We will not keep **Your** personal information longer than is necessary for the purpose for which it was provided unless **We** are required by law or have other legitimate reasons to keep it for longer (for example if necessary for any legal proceedings).

We will normally keep information for no more than 6 years after termination or cancellation of a product, contract or service **We** provide. In certain cases, **We** will keep **Your** information for longer, particularly where a product includes liability insurances or types of insurance for which a claim could potentially be made by **You** or a third party at a future date, even after **Your** contract with **Us** has ended.

YOUR RIGHTS

There are a number of rights that **You** have under data protection law. Commonly exercised rights are:

Access – **You** may reasonably request a copy of the information **We** hold about **You** ICO guidance.

Erasure – Where **We** have no legitimate reason to continue to hold **Your** information, **You** have the right to have **Your** data deleted (sometimes known as the right to be forgotten) ICO guidance.

We may use automated decision making in processing **Your** personal information for some services and products.

You can request a manual review of the accuracy of an automated decision if **You** are unhappy with it ICO guidance.

Marketing – If **You** wish to inform **Us** of changes in consent for marketing please contact **Us** at the address or telephone number indicated in any recent correspondence or emails **You** have received from **Us**.

If **You** are unhappy about the way **We** have handled **Your** data or upheld **Your** rights, **You** can complain to the Information Commissioner’s Office (ICO) at any time. Further details of **Your** rights can be obtained by visiting the ICO website at ico.org.uk/your-data-matters.

OUR AGREEMENT WITH YOU

Your Policy is a legal contract between **You** and **Us**.

When **You** first take out, make changes to, or renew **Your Policy**, **We** will ask **You** questions that are relevant to **Us** accepting the risk of insurance, and on what terms.

When **You** answer those questions, **You** are required to take care not to misrepresent any information and to give **Us** all of the information **You** are asked for. If **You** give **Us** incorrect or incomplete information the wrong terms may be quoted which, in certain circumstances could mean that **Your Policy** might become invalid and/or **You** might not be entitled to a refund of premium and/or any claim may not be paid. If **You** are unsure of any question **We** ask **You** or any answer **You** provide, please ask **Us** to clarify.

Your Policy documents include:

- Information contained from **Your** application
- **Your Policy Schedule**, which confirms the cover **We** are providing, including any endorsements (variations in the terms, conditions and/or exclusions of **Your Policy**); the **Period of Insurance**; **Your** premium; details about **You** and **Your** property and any excesses that apply to the cover provided
- This **Policy** document, which details the cover **We** provide and the exclusions and conditions which apply
- Any changes to **Your Policy** contained in written notices sent to **You** by **Us**
- **Your** insurance product information document, which summarises some of the key features and benefits of **Your Policy**.

You need to keep all these documents in a safe place, together with receipts, **Evidence of Ownership** and value of **Your** insured property. **We** would also recommend that **You** keep a record of all information supplied to **Us** in connection with **Your Policy** for future reference.

Our provision of insurance under **Your Policy** is conditional upon **You** observing and fulfilling the terms, provisions, conditions and clauses of the **Policy**.

Please examine **Your Policy** carefully to ensure it meets **Your** needs. If **You** do not understand the terms, exclusions or conditions, or if any information is incorrect or incomplete then please contact **Us**.

YOUR CANCELLATION RIGHTS

If **You** decide that **You** wish to cancel this insurance, **You** should simply contact ONE PRO Insurance Solutions on **01242 894060**, or write to ONE PRO Insurance Solutions, Third Floor, Ellenborough House, Wellington Street, Cheltenham GL50 1XZ.

If **You** cancel within 14 days of receiving the documents, **You** will receive a full refund of premium as long as **You** have not made a claim and do not intend to make a claim.

You can cancel at any time after the 14-day period and **You** will receive a full refund of premium less any customer service charge provided cancellation of the **Policy** is before the **Period of Insurance** begins.

If the **Period of Insurance** has begun, **You** can cancel at any time after the 14-day period and **You** will receive a pro rata refund of any premium less any customer service charge for the remaining **Period of Insurance** provided **You** have not made and do not intend to make a claim.

In certain circumstances this may mean that a return of premium may not be due to **You** or, **You** may be required to pay **Us** additional premium in order to cancel **Your Policy**.

OUR RIGHT TO CANCEL YOUR POLICY

We may cancel **Your Policy** at any time by giving **You** 7 days' written notice to **Your** last known email address (or mailing address if **You** do not have an email address) provided by **You**.

We will also charge **You** an administration charge of £25 to reflect **Our** costs in processing the **Policy** and cancellation.

OUR COMPLAINTS PROCEDURE

COMPLAINTS ABOUT A CLAIM

Post: Lifestyle Claims, Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire SO53 3YA

Phone: **0330 111 0251**

Email: lifestyleclaims@ageas.co.uk

COMPLAINTS ABOUT CYCLE RESCUE

Post: Customer Services, Call Assist Limited, Axis Court, North Station Road, Colchester, Essex CO1 1UX

Phone: **01206 812764**

COMPLAINTS ABOUT THE SALE OF YOUR ONE PRO POLICY

We will do everything possible to ensure that **You** receive excellent service at all times and are there when **You** need **Us**. **We** hope that **You** do not have cause to complain, however if **You** at any time, are dissatisfied with the service **You** have received from **Us** and wish to make a complaint **You** can by:

CALLING

We can resolve many issues straight away, therefore in the first instance, please contact **Us** on **01242 894060**.

WRITING

ONE PRO Insurance Solutions, Third Floor, Ellenborough House, Wellington Street, Cheltenham GL50 1NX.

Alternatively, **you** may wish to email **us** at info@oneproinsurance.com

We take all customer complaints seriously and **We** have established the following complaint procedure to resolve **Your** concerns quickly, fairly and by the appropriate department.

STEP 1: WITHIN THREE BUSINESS DAYS OF RECEIVING YOUR COMPLAINT

In the first instance **We** would encourage **You** to contact the department **You** are unhappy with. Members of staff are empowered to support **You** and will aim to resolve **Your** concerns within three business days, following receipt of **Your** complaint. A written summary resolution communication will be provided to **You** if the complaint is resolved to **Your** satisfaction.

STEP 2: IF YOUR COMPLAINT CANNOT BE RESOLVED WITHIN THREE BUSINESS DAYS FOLLOWING RECEIPT

We will send **You** an acknowledgement letter to explain **Your** complaint has been escalated to the Customer Relations Team who will appoint a dedicated Complaint Manager to support **You**, keep **You** informed of progress and provide one of the following within 8 weeks: a final response letter explaining the outcome of **Our** investigation, the reason for it and the next steps; or a holding letter confirming when **We** anticipate **We** will have concluded **Our** investigation.

STEP 3: REFERRING TO THE FINANCIAL OMBUDSMAN SERVICE

After receiving **Our** final response or if **We** have been unable to conclude **Our** investigation within 8 weeks, **You** may be able to refer **Your** complaint to the Financial Ombudsman Service. **We** will provide full details of how to do this in **Our** final response or holding letter. The Financial Ombudsman Service can be contacted as follows:

In writing: Financial Ombudsman Service, Exchange Tower, London E14 9SR
Telephone: 0800 023 4567 or 0300 123 9123
E-mail: complaint.info@financial-ombudsman.org.uk
Online: www.financial-ombudsman.org.uk

The Financial Ombudsman Service may not be able to consider a complaint if **You** have not provided **Us** with the opportunity to resolve it first. An eligible complainant must be a person that is:

- 1) a consumer;
- 2) a micro-enterprise;
 - a) in relation to a complaint relating wholly or partly to payment services, either at the time of the conclusion of the payment service contract or at the time the complainant refers the complaint to the respondent; or
 - b) otherwise, at the time the complainant refers the complaint to the respondent;
- 3) a charity which has an annual income of less than £6.5 million at the time the complainant refers the complaint to the respondent; or
- 4) a trustee of a trust which has a net asset value of less than £5 million at the time the complainant refers the complaint to the respondent;
- 5) a small business has an annual turnover of less than £6.5 million; and
 - i) employs fewer than 50 persons; or
 - ii) has a balance sheet total of less than £5 million;
- 6) an individual who has given a guarantee or security in respect of an obligation or liability in relation to a micro-enterprise or small business that they are involved in.

If **You** wish to complain about an insurance **Policy** purchased online **You** may be able to use the European Commission's Online Dispute Resolution platform, which can be found at ec.europa.eu/consumers/odr.

Following this complaint procedure does not affect **Your** rights to take legal action. Calls may be recorded for quality, training and monitoring purposes.

FINANCIAL SERVICES COMPENSATION SCHEME

We are covered by the Financial Services Compensation Scheme (FSCS). Should **We** be unable to meet **Our** liabilities **You** may be entitled to compensation from the Financial Services Compensation Scheme. This depends on the type of insurance, the size of **Your** business and the circumstances of the claim.

Further information is available from the Financial Services Compensation Scheme. Their telephone number is 0800 678 1100 or 020 77414100. Alternatively, more information can be found at www.fscs.org.uk

MAKING A CLAIM

Firstly, check **Your Policy** and certificate to make sure **You** have the appropriate cover. To report an Incident or claim, please use the following contact details:

Post: Lifestyle Claims, Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire SO53 3YA

Phone: **0330 111 0251**

Email: **lifestyleclaims@ageas.co.uk**

You must notify **Us** of any claim or any circumstances which may give rise to a claim, which have occurred during the **Period of Insurance**, within 30 days of the event occurring. Failure to do so could mean that **We** decline to pay a claim. Within 30 days of notifying **Us** of a claim **You** must supply, at **Your** own expense, full details of the claim and all supporting information, including **Evidence of Ownership**.

You must notify **Us** of any claim or any circumstances which may give rise to a claim under the Public Liability Section as soon as possible and forward to **Us** any statements of claim, writ or summons as soon as **You** receive it. It is important that **You** do not negotiate, admit liability, or agree to pay any amount in settlement without **Our** written authority. **You** must not take any action or make any statement which could prejudice **Our** position with regard to the handling or the defence of the claim.

In respect of any claim for theft or attempted theft **You** must report the incident to the Police and provide **Us** with a crime reference number.

CONDITIONS WHICH APPLY TO THIS POLICY

The following conditions apply to the whole of this **Policy**.

Payment of Premium	<p>We will not make any payment under this Policy unless You have paid the premium.</p> <p>If We can't collect Your premium on the date it is due, We will assume that You do not want to continue with Your Policy unless You tell Us otherwise.</p>
Misrepresentation	<p>If We establish that You have intentionally provided Us with false information We reserve the right to treat this insurance as if it never existed and decline all claims. We reserve the right to withhold any premium already paid or, recover from You, all monies paid in respect of all claims made under this Policy if We establish that You have intentionally provided Us with false information.</p> <p>We will provide You with written confirmation of Our intentions if We establish misrepresentation has taken place.</p>
Minimising Loss	<p>You must take reasonable steps to prevent loss or Damage and incidents that may give rise to a claim. You must look after any items that You have covered under Your Policy and keep them in good condition.</p>
Claim Notification	<p>We will not make any payment under this Policy unless You:</p> <ul style="list-style-type: none">a) notify Us of anything which is likely to give rise to a claim under this Policy within 30 days of the event occurring;b) take reasonable steps to minimise any Damage and take appropriate measures immediately to reduce any claim;c) provide Us with all assistance which We may require to pursue recovery of any amounts We may become liable to pay under this Policy, in Your name but at Our expense;d) provide, at Your expense, any information which We may reasonably require;e) co-operate fully in the investigation or processing of any claim under this Policy.
False Claims	<p>If You have made a false claim, We reserve the right to refuse to pay a claim and invoke Our cancellation rights in respect of this Policy.</p>
Governing Law	<p>This Policy will be governed by English law, and You and We agree to submit to the non-exclusive jurisdiction of the courts of England and Wales (unless You live in Jersey in which case the law of Jersey will apply, and the Jersey courts will have exclusive jurisdiction).</p>
Language	<p>The contractual terms and conditions and other information relating to this contract will be in the English language.</p>

Policy Changes

You must tell **Us**, as soon as possible, if there are any changes to the information **You** have previously provided to **Us**.

For example, **You** must tell **Us** if:

- **You** move to a new house or change the place **You** keep **Your Cycle**;
- **Your** name changes (for example, by marriage).

If **You** do not inform **Us** about a change it may affect any claim **You** make or could result in **Your** insurance **Policy** being invalid.

This is not a full list. If **You** are not sure whether **You** need to tell **Us** about a change in circumstances, please contact **Us**.

When **We** are notified of a change **We** will tell **You** if and how it affects **Your Policy**.

Contracts (rights of Third Parties Act 1999)

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

Automatic Renewal

When **Your Policy** is due for renewal, **We** may offer to renew it for **You** automatically using the payment details **You** have already given, unless **We** or **You** have advised otherwise.

We will write to **You** before **Your Policy** ends to confirm **Your** renewal premium and **Policy** terms, and before taking any payment. If **You** do not want to renew **Your Policy**, **You** must call **Us** before **Your** renewal date to let **Us** know. It is not possible to offer automatic renewal with all payment methods, so please check **Your** renewal invite for further details.

If **We** are unable to offer renewal terms, **We** will write to **You** at **Your** last known address to let **You** know.

EXCLUSIONS WHICH APPLY TO THIS POLICY

The following exclusions apply to the whole of this **Policy**. Additional exclusions apply, please refer to the relevant parts of the **Policy** for further details.

This **Policy** does not provide cover for any incident arising through or in the consequence of:

- a) Any act of fraud or dishonesty by **You** or anyone acting on **Your** behalf.
- b) Ionising radiation or contamination by radioactivity from any nuclear fuel, or from any nuclear waste from burning nuclear fuel.
- c) Any claim for reduction in value.
- d) Radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- e) Any pre-existing **Damage** that happened before **Your Policy** started.
- f) Pressure waves from aircraft or other aerial devices travelling at supersonic speeds;
- g) Solvent use, being under the influence of drugs or alcohol, except those prescribed by a registered **Doctor**, or drugs which have been prescribed by a registered **Doctor** and not those prescribed for drug addiction.
- h) Any claim where **Evidence of Ownership** cannot be provided.
- i) Epidemic or pandemic.
- j) Pollution or threat of pollutant release.
- k) Any claim where **Your Cycle** was being used for hire, reward, trade or business purposes, including courier services but excluding commuting purposes.
- l) The **Excess**.
- m) Any claim where the **Cycle** or **Accessories** are being used by anyone other than **You**.

SECTION A – BIKE & ACCESSORIES

1. BIKE COVER – THEFT

This section of the **Policy** is optional. **Your Policy** certificate will confirm which sections of the **Policy** are operative and in force.

THE COVER	WHAT WE WILL PAY YOU
A. Loss of or Damage	<p>Loss of or Damage to Your Cycle anywhere in the world, as a result of theft or attempted theft occurring during the Period of Insurance.</p> <p>We will also pay up to 10% of the Sum Insured shown in the Schedule for the hire of a replacement Cycle from a recognised reputable cycle dealer, following theft of, or Damage to Your Cycle as a result of attempted theft, which renders Your Cycle unusable.</p>

WHAT IS NOT COVERED

We will not make any payment under this section of cover in respect of:

- 1) loss or **Damage** resulting from theft or attempted theft at **Your Insured Location** unless, at the time of loss or **Damage**:
 - i) **Your Cycle** was contained within **Your Insured Location** and normal security provisions were fully operative and in force and there is evidence of forcible and/or violent entry to the **Insured Location**; or
 - ii) **Your Cycle** was secured through the frame by an **Approved Lock** to an **Immovable Object**.
- 2) loss or **Damage** resulting from theft or attempted theft away from **Your Insured Location** unless, at the time of loss or **damage**:
 - i) **Your Cycle** was secured through the frame by an **Approved Lock** to an **Immovable Object**; or
 - ii) **Your Cycle** was stolen from an organised event in which **You** were participating; or
 - iii) **Your Cycle** was in the custody and control of an airport, railway or seaport operator and/or their agents; or
 - iv) **Your Cycle** was stolen from within or on a motor vehicle as a direct result of forcible action.
- 3) any claim where **You** have failed to obtain a crime reference number;
- 4) loss or **Damage** where **Your Cycle** was left **Unattended** unless in a secure area during an organised event;
- 5) loss or **Damage** where **Your Cycle** was being used by anyone other than **You**;
- 6) anything contained in the General Exclusions of this **Policy**.

HOW WE WILL DEAL WITH YOUR CLAIM

We will either:

- 1) pay **You** the amount of **Your** claim up to the **Sum Insured**;
- 2) repair or replace the **Cycle** up to the **Sum Insured**.

At no point will **We** pay more than the **Sum Insured** shown in the **Schedule**.

Cycle less than 3 years old – **We** will, at **our** option, repair, replace or pay for any **Cycle** on a new for old basis.

Cycle more than 3 years old – **We** will, at **our** option, repair, replace or pay for any **Cycle** on an equivalent type or specification basis.

Agreed Value – Where **We** have made an **Endorsement** to the **Policy** in respect of an **Agreed Value**, **We** will pay the stated amount in the event of the unrecovered theft of **Your Cycle** or where **Damage** renders **Your Cycle** a **Total Loss**.

Upon settlement of a claim for loss or **Damage** where the **Cycle** is deemed a **Total Loss** **We** have the right to take and keep possession of any part or the entire **Cycle** and deal with the salvage in a reasonable manner.

2. BIKE COVER – DAMAGE

This section of the **Policy** is optional. **Your Policy** certificate will confirm which sections of the **Policy** are operative and in force.

THE COVER	WHAT WE WILL PAY YOU
A. Damage	<p>Damage to Your Cycle anywhere in the world occurring during the Period of Insurance.</p> <p>We will also pay, up to 10% of the Sum Insured shown in the Schedule for the hire of a replacement Cycle from a recognised reputable cycle dealer, following Damage to Your Cycle which renders Your Cycle unusable.</p>

WHAT IS NOT COVERED

We will not make any payment under this section of cover in respect of:

- 1) theft, loss or disappearance of **Your Cycle**;
- 2) any claim arising out of general wear and tear, gradually operating causes, such as, but not limited to insects, frost, rust, corrosion, dust, contamination or poor maintenance;
- 3) any mechanical or electrical breakdown;
- 4) any **Damage** when the **Cycle** is left **Unattended** in a location, other than the **Insured Location**, for more than 48 hours at any one time.
- 5) anything contained in the General Exclusions of this **Policy**.

HOW WE WILL DEAL WITH YOUR CLAIM

We will either:

- 1) pay **You** the amount of **Your** claim up to the **Sum Insured**;
- 2) repair or replace the **Cycle** up to the **Sum Insured**.

At no point will **We** pay more than the **Sum Insured** shown in the **Schedule**.

Cycle less than 3 years old – **We** will, at **Our** option, repair, replace or pay for any **cycle** on a new for old basis.

Cycle more than 3 years old – **We** will, at **Our** option, repair, replace or pay for any **Cycle** on an equivalent type or specification basis.

Agreed Value – Where **We** have made an **Endorsement** to the **Policy** in respect of an **Agreed Value**, **We** will pay the stated amount in the event of the unrecovered theft of **Your Cycle** or where **Damage** renders **Your Cycle** a **Total Loss**.

Upon settlement of a claim for loss or **Damage** where the **Cycle** is deemed a **Total Loss** **We** have the right to take and keep possession of any part or the entire **Cycle** and deal with the salvage in a reasonable manner.

3. ACCESSORIES COVER – THEFT

This section of the **Policy** is optional. **Your Policy** certificate will confirm which sections of the **Policy** are operative and in force.

THE COVER	WHAT WE WILL PAY YOU
A. Loss of or Damage	We will pay up to 30% of the Sum Insured for loss of or Damage to Your Accessories anywhere in the world as a result of theft or attempted theft occurring during the Period of Insurance .

WHAT IS NOT COVERED

We will not make any payment under this section of cover in respect of:

- 1) loss or **Damage** resulting from theft or attempted theft at **Your Insured Location** unless the **Accessories** were contained within **Your Insured Location** and normal security provisions were fully operative and in force and there is evidence of forcible and/or violent entry to the **Insured Location**;
- 2) theft away from **Your Insured Location** unless;
 - i) **Your Accessories** were stolen from an organised event in which **You** were participating; or
 - ii) **Your Accessories** were stored out of sight within a motor vehicle and the motor vehicle was fully locked with all security protections in force and the theft was a direct result of forcible entry to the motor vehicle.
- 3) any claim where **You** have failed to obtain a crime reference number;
- 4) loss or **Damage** where **Your Accessories** have been left **Unattended**;
- 5) loss or **Damage** where **Your Accessories** are being used by anyone other than **You**;
- 6) any claim where **Your Accessories** are being used for trade or business purposes, excluding commuting purposes;
- 7) any amount over 30% of **Your Sum Insured**.

HOW WE WILL DEAL WITH YOUR CLAIM

We will either:

- 1) pay **You** the amount of **Your** claim up to 30% of the **Sum Insured**; or
- 2) repair or replace the **Accessories** up to 30% of the **Sum Insured**.

At no point will **We** pay more than 30% of the **Sum Insured** shown in the **Schedule** (less any **Excess**).

Accessories less than 3 years old – **We** will, at **Our** option, repair, replace or pay for any **Accessories** on a new for old basis.

Accessories more than 3 years old – **We** will, at **Our** option, repair, replace or pay for any **Accessories** on an equivalent type or specification basis.

Upon settlement of a claim for loss or **Damage** where the **Accessories** are deemed a **Total Loss** **We** have the right to take and keep possession of any part or the entire **Accessories** and deal with the salvage in a reasonable manner.

If any stolen **Accessories** that have been subject to a claim payment under this section are subsequently recovered, **We** shall become entitled to that property.

ACCESSORIES COVER – DAMAGE

THE COVER	WHAT WE WILL PAY YOU
A. Damage	We will pay up to 30% of the Sum Insured to cover Damage to Your Accessories occurring anywhere in the world during the Period of Insurance .

WHAT IS NOT COVERED

We will not make any payment under this section of cover in respect of:

- 1) theft, loss or disappearance of **Your Accessories**;
- 2) any **Damage** when the **Accessories** are left **Unattended** in a location, other than the **Insured Location**, for more than 48 hours at any one time;
- 3) any claim where, at the time of **Damage** **Your Accessories** were being used for trade or business purposes, excluding commuting purposes;
- 4) any claim arising out of general wear and tear, gradually operating causes, such as, but not limited to insects, frost, rust, corrosion, dust, contamination or poor maintenance;
- 5) any mechanical or electrical breakdown;
- 6) any amount over 30% of the **Sum Insured**.

HOW WE WILL DEAL WITH YOUR CLAIM

We will either:

- 3) pay **You** the amount of **Your** claim up to 30% of the **Sum Insured**; or
- 4) repair or replace the **Accessories** up to 30% of the **Sum Insured**.

At no point will **We** pay more than 30% of the **Sum Insured** shown in the **Schedule** (less any **Excess**).

Accessories less than 3 years old – **We** will, at **Our** option, repair, replace or pay for any **Accessories** on a new for old basis.

Accessories more than 3 years old – **We** will, at **Our** option, repair, replace or pay for any **Accessories** on an equivalent type or specification basis.

Upon settlement of a claim for loss or **Damage** where the **Accessories** are deemed a **Total Loss** **We** have the right to take and keep possession of any part or the entire **Accessories** and deal with the salvage in a reasonable manner.

If any stolen **Accessories** that have been subject to a claim payment under this section are subsequently recovered, **We** shall become entitled to that property.

4. ORGANISED EVENT FEES & EXPENSES

This section of the **Policy** is optional. **Your Policy** certificate will confirm which sections of the **Policy** are operative and in force.

THE COVER	WHAT WE WILL PAY YOU
A. Circumstances beyond Your control	We will pay up to £500 for the non-refundable and/or non-transferrable fee that has already been paid by You in respect of You participating in an organised event if You are no longer able to participate due to circumstances that are unexpected and entirely beyond Your control.
B. Accommodation costs	In addition to the above We will pay up to £250 towards Your non-refundable and/or non-transferable travel and/or accommodation costs that have already been paid by You to participate in an organised event if You are no longer able to participate due to circumstances that are unexpected and entirely beyond Your control.
C. Theft or Damage	In the event that Your Cycle is stolen or suffers Damage that renders it unusable up to 7 working days prior to the start of an organised event You have paid to attend, We will pay up to £250 towards the reasonable costs for You to hire an alternative Cycle in order for You to participate in that organised event.

WHAT IS NOT COVERED

We will not make any payment under this section of cover in respect of any claim:

- 1) where **You** are unable to provide proof of any non-refundable and/or non-transferable costs;
- 2) that is made as a result of a pre-existing or self-inflicted illness and/or injury or any medical treatment which is not medically necessary;
- 3) that is made in respect of an illness or injury to **You** that has not been diagnosed by **Your Doctor** within 72 hours prior to the start of the event and where **Your Doctor** has not advised **You** not to participate in the event;
- 4) that is made directly or indirectly due to adverse weather;
- 5) for more than one organised event in any one **Period of Insurance**;
- 6) for sums of money greater than the amounts outlined above;
- 7) in respect of lost and/or stolen entry tickets;
- 8) not notified to **Us** within 30 days from the date of loss.

HOW WE WILL DEAL WITH YOUR CLAIM

The type of information and evidence **We** may need will depend on the circumstances of the claim. In all cases **We** will only ask for information which is relevant to the claim.

Where a claim is made in respect of non-participation due to a medical matter **We** will ask **You** to sign a form of consent to enable **Us**, where applicable, to contact **Your Doctor** to confirm they believe **You** are not medically fit to participate in or attend the event. **We** may ask **You** to supply further information or evidence to help **Us** assess and/or validate **Your** claim and **You** must supply and pay for all information or evidence that **We** may reasonably request.

SECTION B – PUBLIC LIABILITY

This section of the **Policy** is optional. **Your Policy** certificate will confirm which sections of the **Policy** are operative and in force.

THE COVER	WHAT WE WILL PAY YOU
A. Bodily Injury	<p>We will pay for accidental Bodily Injury to any other person or accidental Damage to Third Party Property which arises from Your use of or ownership of a Cycle during the Period of Insurance, up to the amount shown in Your Schedule.</p> <p>The total amount payable includes Defence Costs and expenses incurred by You with Our written consent in connection with any liability insured.</p>

WHAT IS NOT COVERED

We will not make any payment under this section of cover in respect of any:

- 1) loss or **Damage** to property which belongs to **You** or is in **Your** care custody or control;
- 2) claim where **You** are entitled to indemnity from another source;
- 3) claim for **Bodily Injury**, loss or **Damage** to **Your** employees or members of **Your Family** or household or to their property;
- 4) liability for fines or contractual penalties;
- 5) liability for punitive or exemplary damages;
- 6) liability that **You** are obliged under any contract which is greater than the liability **You** would have at common law in the absence of the contract;
- 7) any claim where **You** admit that **You** are liable for what has happened without **Our** prior consent;
- 8) any claim where **Your** delay in reporting an incident to **Us** prejudices **Our** ability to successfully represent **You**.

HOW WE WILL DEAL WITH YOUR CLAIM

At no point will **We** pay more than the **Sum Insured** shown in the **Schedule** (less any **Excess**).

OUR CONTROL OF CLAIMS

We reserve the right to take full control of any claim and conduct the investigation, settlement or defence in **Your** name. If Proceedings have been issued against **You** **We** will only defend that claim if **We** believe that there is a reasonable prospect of success, taking also into account the costs of any defence.

SECTION C – PERSONAL ACCIDENT

This section of the **Policy** is optional. **Your Policy** certificate will confirm which sections of the **Policy** are operative and in force.

THE COVER	WHAT WE WILL PAY YOU
<p>A. Bodily Injury</p>	<p>We will pay the amounts detailed below if You suffer Bodily Injury as a result of an Accident during the Period of Insurance.</p> <p>If You suffer an Accident which directly results in one of the injuries specified below, We will pay the benefit shown in the table of benefits on page 30.</p>
<p>B. Loss of limb(s)</p>	<p>We will pay the amount shown in the table of benefits if You suffer an Accident which directly results in amputation of:</p> <ul style="list-style-type: none"> ■ An arm at or above the wrist; or ■ a leg at or above the ankle. <p>We will cover amputation whether this occurs:</p> <ul style="list-style-type: none"> ■ At the time of the Accident; or ■ within 12 months of the date of the Accident. <p>We will only cover amputation where it is medically necessary as a direct result of an Accident and that in the opinion of an Expert Medical Practitioner will not be recovered.</p>
<p>C. Loss of sight</p>	<p>We will pay the amount shown in the table of benefits if You suffer an Accident which directly results in the permanent and Total Loss of sight that will be considered as having:</p> <ul style="list-style-type: none"> ■ Occurred in both eyes if Your name is added to the Register of Blind Persons; or ■ in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale. <p>In all cases the loss of use must occur within 12 months of the date of the Accident.</p>
<p>D. Loss of hearing</p>	<p>We will pay the amount shown in the table of benefits if You suffer an Accident which directly results in the Total Loss of hearing in one or both ears to the extent that the hearing loss in one or both ears is greater than 95 decibels across all frequencies using a pure tone audiogram that in the opinion of an Expert Medical Practitioner will not be recovered. In all cases the loss of use must occur within 12 months of the date of the Accident.</p>

THE COVER	WHAT WE WILL PAY YOU
<p>E. Loss of use of arms/and or legs</p>	<p>If You suffer an Accident which directly results in the permanent loss of use of arms and/or legs of more than 20%, We will pay a percentage of the amount shown in the table of benefits depending on the extent of loss of use that an Expert Medical Practitioner confirms You have suffered:</p> <ul style="list-style-type: none"> ■ Where the loss of use is less than 20% We will not pay any amount. ■ Where the loss of use is 20% or more and under 70% We will pay a percentage of the full amount shown in the table of benefits equal to the percentage of loss that an Expert Medical Practitioner confirms You have suffered. ■ Where the loss of use is 70% or more, the full amount shown in the table of benefits will be paid. <p>Depending on the percentage of loss, for multiple injuries sustained during the same Accident We will calculate the amount payable, for partial loss of use for each arm or leg separately.</p> <p>In all cases the loss of use must occur within 12 months of the date of the Accident.</p>
<p>F. Permanent total disablement</p>	<p>We will pay the amount shown in the table of benefits if You suffer an Accident which directly results in permanent total disablement, caused other than by death, loss of limb(s), loss of use of arms and/or legs, loss of sight or loss of hearing, that has lasted for 52 consecutive weeks and will, in the opinion of an expert medical practitioner prevent you from ever engaging in any occupation of any kind.</p>
<p>G. Hospitalisation cover</p>	<p>If You suffer an Accident which directly results in Bodily Injury and You are admitted to hospital as an inpatient for medical surgery or other remedial attention treatment or diagnosis by a Doctor for a period in excess of 24 hours from the time of original admission, We will pay the amount shown in the table of benefits for a maximum of 30 days.</p>
<p>H. Emergency dental treatment</p>	<p>If You suffer an Accident which directly results in a Dental Injury, We will pay up to the maximum amount shown in the table of benefits for any emergency treatment carried out in accordance with the acceptance and established dental practice in the United Kingdom to restore Your Sound and Natural Teeth.</p>
<p>I. Physiotherapy cover</p>	<p>If You require Physiotherapy as recommended by a Doctor for the treatment and recovery of a Fracture, following a valid claim under this Policy, We will pay You up to the maximum amount shown in the table of benefits.</p>

THE COVER	WHAT WE WILL PAY YOU
<p>J. Fracture</p>	<p>If You suffer a Fracture as a direct result of Bodily Injury following an Accident, We will pay You up to the maximum amount shown in the table of benefits:</p> <ul style="list-style-type: none"> ■ Arm (Humerus, Radius, Ulna) ■ Wrist (Carpals) ■ Leg (Femur, Tibia, Fibula) ■ Ankle (Tarsals) ■ Kneecap (Patella) ■ Collarbone (Clavicle) ■ Shoulder Blade (Scapula)
<p>K. Additional weekly benefit</p>	<p>If You suffer an Accident which directly results in Temporary Total Disablement We will pay the weekly benefit amount shown in the table of benefits for up to 12 weeks from the date of the Accident. The weekly benefit amount commences at the end of the 7-day deferment period.</p> <p>We will not pay You for Temporary Total Disablement due to Bodily Injury as the result of an Accident if at the time You suffer Bodily Injury You are:</p> <ul style="list-style-type: none"> ■ under the age of 16 years; ■ over the age of 65 years; ■ not in gainful employment.

WHAT IS NOT COVERED

We will not make any payment in respect of any temporary, partial or permanent **Bodily Injury** caused by:

- 1) illness or disease;
- 2) known side effects where medicines are taken correctly under medical supervision or guidance;
- 3) medicines taken incorrectly;
- 4) medicines for treating drug addiction;
- 5) known risks associated with a medical or surgical procedure;
- 6) a gradual loss of use or function which is not as a direct result of an **Accident**;
- 7) muscular or skeletal condition or injury unless cause directly by external, sudden violent and visible means and not aggravated by a previous muscular or skeletal injury;
- 8) any physical or psychological defect, infirmity or condition which existed or for which medical advice or treatment had been given prior to the time that **Your** cover first commenced;
- 9) weekly benefits which are more than 65% of **Your Average Weekly Wage** for **Temporary Total Disablement**.

WE WILL NOT PAY ANY CLAIM RESULTING FROM YOUR:

- 1) suicide or deliberate self-inflicted injury;
- 2) reckless and deliberate exposure to known danger (except in an attempt to save human life);
- 3) use of drugs;
- 4) consumption of alcohol to an extent **You** suffer mental or physical impairment which causes the **Accident**;
- 5) participating in or acting as an accessory to any crime or attempted crime;
- 6) participation in, practice or training for any sport as a professional sportsperson unless **We** have agreed that in writing;
- 7) participation in active service in any armed forces, the Territorial Army and other reserve services, whether war be declared or not;
- 8) **Your** participating or conspiring in any act of **Terrorism** not involving the use or release or the threat of any nuclear weapon or any chemical or biological agents;
- 9) **Your** participating in any act of **Terrorism** which involves the use or release or the threat thereof, of any nuclear weapon or any chemical or biological agents;
- 10) **Your** participation in any act of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not, civil war, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power);
- 11) **Your** pregnancy or giving birth.

NO COVER IS PROVIDED BY THIS SECTION IF:

- 1) **You** are 65 years of age or above;
- 2) **Your** main permanent residence is no longer in the **United Kingdom**.

If **We** make a payment for loss of sight in one eye or hearing in one ear, all cover for that eye or ear will end. If **You** make multiple claims for any one arm or leg **We** will only pay up to the maximum amount shown in the table of benefits, regardless of the number or type of claims made for that arm or leg. If payment is applicable under more than one of the benefits as a result of a single **Accident** the total benefit, **We** will pay will not exceed the amount payable as shown in the table of benefits for permanent total disablement.

HOW WE WILL DEAL WITH YOUR CLAIM

We will ask **You** to sign a form of consent to enable **Us**, where applicable, to contact **Your Doctor** and the hospital which is treating **You**. As well as approaching healthcare and/or other professionals at **Our** own cost **We** may ask **You** to supply further information or evidence to help **Us** assess and/or validate **Your** claim. **You** must supply and pay for all information or evidence that **We** may reasonably request.

The type of information and evidence **We** may need will depend on the circumstances of the claim. In all cases **We** will only ask for information which is relevant to the claim and the treatment received or previous medical history.

TABLE OF BENEFITS

ACCIDENTAL BODILY INJURY WHICH RESULTS IN:	BRONZE COVER	SILVER COVER	GOLD COVER
Loss of sight in both eyes	£15,000	£30,000	£50,000
Loss of Limbs (two or more)	£15,000	£30,000	£50,000
Loss of hearing (in both ears)	£15,000	£30,000	£50,000
Loss of speech	£15,000	£30,000	£50,000
Loss of sight in one eye	£7,500	£15,000	£25,000
Loss of Limb (one limb)	£7,500	£15,000	£25,000
Loss of hearing (in one ear)	£7,500	£6,000	£10,000
Loss of use of shoulder, elbow, wrist, knee, hip or ankle	£2,500	£5,000	£7,500
Loss/loss of use of one thumb	£2,500	£5,000	£7,500
Loss/loss of use of one forefinger	£1,500	£3,000	£5,000
Loss/loss of use of any other finger	£750	£1,500	£2,500
Loss/loss of use of any one big toe	£750	£1,500	£2,500
Loss/loss of use of any other toe	£100	£250	£500
Permanent Total Disablement	£15,000	£30,000	£50,000
Death	£7,500	£15,000	£25,000
Death under the age of 18 years	£7,000	£7,000	£7,000
Hospitalisation	£7.50 per day	£15 per day	£25 per day
Dental Treatment	£nil	£250	£500
Physiotherapy Cover	£nil	£250	£500
Broken Bones	£nil	£250	£500
Additional Weekly Benefit	£nil	Up to £250 per week	Up to £500 per week

SECTION D – CYCLE RESCUE

This section of the **Policy** is optional. **Your Policy** certificate will confirm which sections of the **Policy** are operative and in force.

Your Cycle Rescue insurance is provided by Call Assist. Call Assist is the largest truly independent breakdown provider in the UK, **You** can therefore be assured **You** are in safe hands. **We** provide a 24-hour, 365 day a year service through **Our** network of recovery operators throughout the UK and Europe.

SERVICE PROVIDER AND INSURER

This service is provided by Call Assist Limited. Registered in England and Wales. Registered Company Number: 3668383. Registered office address: Axis Court, North Station Road, Colchester, Essex CO1 1UX. Call Assist Ltd, Firm Reference Number 304838 is authorised and regulated by the Financial Conduct Authority.

WHAT TO DO IF YOU BREAKDOWN

If **Your Cycle** breaks down, please call **Our** 24-hour Control Centre on **01206 812764**. Please have the following information ready to provide to **Our** rescue co-ordinator:

- **Your** return telephone number
- **Your Policy** number
- The precise location of **Your Cycle** (or as accurate as **You** are able in the circumstances).

If **You** are deaf, hard of hearing or speech impaired, please send a text message containing **Your** full name, **Policy** number, and **Policy** postcode to **07537 404890**.

We will take **Your** details and ask **You** to remain by the telephone **You** are calling from. Once **We** have made all the arrangements **We** will contact **You** to advise who will be coming out to **You** and how long they are expected to take. **Your** mobile phone must therefore be switched on and available to take calls at all times. **You** will then be asked to return to **Your Cycle**.

YOUR COVER

If **Your Cycle** suffers an **Insured Event**, which occurs more than one mile from **Your Home Address**, service will be provided.

We will provide cover as detailed below for any **Insured Event** in accordance with the **Policy** wording. Cover will apply during the **Period of Insurance** and within the **United Kingdom**.

CYCLE RESCUE – UK

ROADSIDE RECOVERY

Providing **You** are in possession of a valid **Policy** reference number or photographic identification, **We** will send help if **You** are unable to complete the cycle portion of **Your** journey as a result of an **Accident**, vandalism, irreparable breakdown to **Your Cycle** or injury sustained by **You** (a medical certificate may be required). **We** will arrange and pay for **You** and **Your Cycle** (if appropriate) to be transported at **Our** discretion to:

- The nearest suitable **cycle** repair shop or
- The nearest appropriate railway station or
- The nearest car rental agency or
- The nearest overnight accommodation or
- **Your Home Address**, if closer.

MESSAGE SERVICE

If **You** require, **We** will pass on two messages to **Your** home or place of work to let them know of **Your** predicament and ease **Your** worry.

GENERAL NOTES

UNINSURED SERVICE

We can provide assistance for faults that are not covered under this insurance **Policy**. All costs (including an administration fee) must be paid for immediately by credit or debit card.

MEASUREMENTS

All distances referred to will be calculated using the driving distance via public highway.

REPAIRS

Any repairs undertaken by a cycle repair shop are provided under a separate contract, which is between **You** and the cycle repair shop. If the cost of repairs to **Your Cycle** are covered under a separate insurance **Policy**, **We** advise **You** contact the insurer of that policy before authorising repairs to **Your Cycle**.

EXCLUSIONS

Applying to all sections within Cycle Rescue unless otherwise stated. This insurance does not cover the following:

- 1) Any **Insured Event** occurring outside the **Period of Insurance**.
- 2) Any **Insured Event** within a mile, by public highway from **Your Home Address**.
- 3) Any **Insured Event** where the **Cycle** is being used for a use not specified in the design and manufacturers specifications or arising directly out of the unreasonable use of the **Cycle** on unsuitable terrain.
- 4) Incidents where the **Cycle** is not accessible or cannot be transported safely, legally and without hindrance using a standard transporter or trailer, including immersion in mud, sand, snow or water.
- 5) Incidents while the **Cycle** is being used or has been modified for racing, trials or rallies, speed or endurance tests or practices for those activities.

- 6) Any **Damage** to **Your Cycle** or its **Accessories** whilst being recovered, stored or repaired and any liability arising from any act performed in the execution of the assistance services provided. **We** will not pay for any losses that are not directly covered by the terms and conditions of this **Policy**. For example, **We** will not pay for **You** to collect **Your Cycle** from a repairer or for any time that has to be taken off work because of an **Insured Event**.
- 7) Fines or penalties imposed by courts.
- 8) Callout charges the police may charge.
- 9) Ferry and toll charges.
- 10) The cost of parts, components, lubricants or materials, food, drinks, telephone calls, or other incidental expenses.
- 11) Any costs other than recovery to one of the destinations detailed above.
- 12) The charges of any company or person other than the **Recovery Operator** called out by **Us**.
- 13) Incidents where **Our** control centre has not been notified promptly of the incident prior to expenses being incurred.
- 14) Incidents where charges incurred have not been settled promptly by **You** before requesting reimbursement.
- 15) Any charges arising from **Your** failure to comply with the requests of **Us** or the **Recovery Operator** concerning the assistance being provided to **You**.
- 16) Any charges where, having contacted **Us**, **You** effect recovery or repair by other means.
- 17) Medical and other expenses arising out of injury sustained by **You**.
- 18) More than 3 claims per annum.
- 19) Claims in excess of £1,500 per **Period of Insurance**.

GENERAL CONDITIONS

Applying to all sections within Cycle Rescue unless otherwise stated.

- 1) The rider of the **Cycle** must remain with or nearby the **Cycle** until help arrives.
- 2) If a callout is cancelled by **You** and a **Recovery Operator** has already been dispatched, **You** will lose a callout from **Your Policy**. **We** recommend **You** wait for assistance to ensure the **Cycle** is functioning correctly. If **You** do not wait for assistance and the **Cycle** breaks down again within 12 hours, **You** will be charged for the second and any subsequent callouts.
- 3) **We** reserve the right to charge **You** for any costs incurred as a result of incorrect location details being provided.
- 4) **We** have the right to refuse to provide the service if **You** are being obstructive in allowing **Us** to provide the most appropriate assistance or are abusive to **Our** rescue co-ordinators or the **Recovery Operator**.
- 5) **Cycles** must be located within the **United Kingdom** when cover is purchased and commences.
- 6) The repair must be carried out if the **Cycle** is recovered to a cycle repair shop and the cycle repair shop can repair the **Cycle** within the terms stated. **You** must have adequate funds to pay for the repair immediately. If **You** do not have funds available, any further service related to the claim will be denied.
- 7) In the event **You** use the service and the fault is subsequently found not to be covered by the **Policy** **You** have purchased, **We** reserve the right to reclaim any monies from **You** in order to pay for the uninsured service.
- 8) **We** may decline service if **You** have an outstanding debt with **Us**.
- 9) If **You** have a right of action against a third party, **You** shall co-operate with **Us** to recover any costs incurred by **Us**. If **You** are covered by any other insurance policy for any costs incurred by **Us**, **You** will need to claim these costs and reimburse **Us**. **We** reserve the right to claim back any costs that are recoverable through a third party.
- 10) **We** reserve the right to transport **Your** immobilised **Cycle** in accordance with and subject to any legislation, which affects drivers' working hours.
- 11) Regardless of circumstances, **We** will not be held liable for any costs incurred if **You** are unable to make a telephone connection to any numbers provided.
- 12) The **Policy** is not transferable.
- 13) **We** will provide cover if:
 - i) **You** have met all the terms and conditions within this insurance.
 - ii) The information provided to **Us**, as far as **You** are aware, is correct.



CONTACT US

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