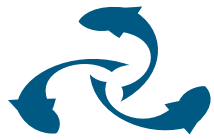


In association with



**ANGLING  
TRUST**

**insure  sport**

**ANGLING TRUST  
PERSONAL ACCIDENT**

Insure4Sport® is a trading name of JRW Group Services Ltd which is  
Authorised and Regulated by the Financial Conduct Authority. No. 313411.

**Thank you for choosing Insure4Sport.**

insure4sport is a trading name of JRW Group Services Ltd which is authorised and regulated by the Financial Conduct Authority.



We have tried to make this document easy to read. However, we have still had to use some words that have a special meaning these are listed and explained in 'definitions'. From now on wherever a word with a definition is used it will be printed in **bold** type.

The next few pages give **You** a summary of the main Policy benefits and terms and conditions, known as the Policy Summary (KeyFacts®) therefore does not contain the full terms which can be found further in this insurance booklet.

**ANGLING TRUST PERSONAL ACCIDENT SUMMARY****NAME OF THE UNDERWRITER**

Accelerate Underwriting Limited on behalf of Royal & Sun Alliance Insurance PLC.

**TYPE OF INSURANCE AND COVER**

This insurance can provide cover for the following. Please refer to **Your Policy Schedule** for details of the cover applicable to **You** as the **Insured Person**:

Section 1. Personal **Accident**

**STANDARD FEATURES AND BENEFITS**

- Cover shall apply as defined under territorial limits in **Your** Insurance Schedule, but only in respect of claims brought against **You** in the United Kingdom.

Section	Significant Features & Benefits	Significant or Unusual Exclusions or Limitations
Section 1 Personal <b>Accident</b>	<ul style="list-style-type: none"> <li>Accidental Death, Loss of Limbs, Loss of Sight in one or both eye(s), Permanent Total Disablement, Physiotherapy, Temporary Total Disablement, Hospitalisation and Emergency Dental Expenses up to the limits defined in <b>Your Policy Schedule</b></li> </ul>	<ul style="list-style-type: none"> <li>Please see 'What is not covered' in the policy wording.</li> <li>Reduced benefits apply for persons aged under 18 for Accidental Death</li> <li>Pre-existing defect, in infirmity or sickness at the time of an <b>Accident</b>.</li> <li>Driving or riding in any kind of race, or <b>You</b> taking part in hazardous Sport(s) not declared to Us, pursuits or pastimes or engaging in naval, or military and air force services or operations.</li> <li>Any <b>Excess</b> detailed in the <b>Policy Schedule</b></li> </ul>

**PERIOD OF INSURANCE**

The period of insurance as stated in your **Policy Schedule**.

**YOUR RIGHT TO CANCEL**

If **You** decide that for any reason, this **Policy** does not meet **Your** insurance needs then please return it to insure4sport within 14 days of issue. On condition that no claims have been made or are pending, a full refund will be available.

Thereafter **You** may cancel the **Policy** at any time by informing insure4sport however no refund of **Premium** will be payable.

**OUR RIGHT TO CANCEL**

The insurer shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by sending 14 days' notice to **Your** last known address. Provided the **Premium** has been paid in full **You** shall be entitled to a proportionate rebate of **Premium** in respect of the unexpired period showing on the insurance.

**MAKING OR REPORTING A CLAIM**

Should **You** need to make a claim or report an incident that could give rise to a claim under this insurance please contact:

**Telephone: +44 (0)800 112 4084**

Post: **insure4sport** claims Department, Davies Group, PO BOX 2801, Hanley, Stoke on Trent, ST4 5DN

Email: [newclaim.insure4sport@davies-group.com](mailto:newclaim.insure4sport@davies-group.com)

## OUR COMPLAINTS PROCEDURE

**We** are proud of the service that **We** provide and of **Our** careful selection of intermediaries **We** trust to service the **Policy**. Occasionally, things may go wrong and if this happens **We** have a procedure in place to fully investigate **Your** complaint and where appropriate, to make changes to prevent a recurrence.

- If you are unhappy with any element of the cover we provide or any aspect of our service or have a cause for complaint, please, in the first instance, contact insure4sport.
- If you still have cause for complaint then contact The Managing Director, Accelerate Underwriting Limited, 3rd Floor, News Building, 3 London Bridge Street, London, SE1 9SG.
- If in the unlikely event that **Your** concerns have not been resolved, **Your** complaint will be referred to **Our** customer relations team who will arrange for an investigation on behalf of **Our** Chief Executive. Their contact details are as follows: RSA Customer Relations Team, P O Box 255, Wymondham, NR18 8DP or email [crt.halifax@uk.rsagroup.com](mailto:crt.halifax@uk.rsagroup.com)
- Complaints that still cannot be resolved may be referred to the Financial Ombudsmen Service: Financial Ombudsmen Service, Exchange Tower, Harbour, Exchange Square, London, E14 9SR.

## YOUR RIGHTS

**Your** rights as a customer to take legal action remain unaffected by the existence or use of any complaint procedures referred to above. However, the Financial Ombudsman Service will not adjudicate on any cases where litigation has commenced.

## COMPENSATION

We are covered by the FSCS. If we are unable to meet our financial obligations you may be entitled to **Compensation** from the scheme, depending on the type of insurance and the circumstances of the claim.

For this type of insurance 90% of your claim is covered, without any upper limit. Further information about **Compensation** scheme arrangements is available at [www.fscs.org.uk](http://www.fscs.org.uk), and on 020 7741 4100, or 0800 678 1100.

## ANGLING TRUST PERSONAL ACCIDENT POLICY WORDING

Effected with Accelerate Underwriting Limited on behalf of Royal & Sun Alliance Insurance PLC by JRW Group Services Ltd, The Royals, Altrincham Road, Manchester M22 4BJ.

If the **Insured** shall make any claim knowing the same to be false or fraudulent, as regards amount or otherwise, this **Policy** shall become void and all claim hereunder shall be forfeited.

In witness whereof this insurance has been signed at the place stated and on the date specified in the **Policy Schedule** by JRW Group Services Ltd.

.....  
 Authorised Signatory  
**JRW Group Services Ltd**

JRW Group Services Ltd is authorised and regulated by the Financial Conduct Authority in respect of insurance mediation activities.

### INTRODUCTION

This part of the document provides details of Your Policy and the terms and conditions that apply. The Policy is a legal contract between You and Us. The Policy wording and schedule make one document and must be read together. Please keep them together.

The contract is based on the information you gave us when you applied for the insurance.

**Your Policy** is in two parts – this **Policy** wording and the schedule

POLICY	SCHEDULE
<ul style="list-style-type: none"> <li>Exactly what is covered and what isn't</li> <li>How to make a claim and how <b>We</b> will settle that claim</li> <li><b>Our</b> obligations to <b>You</b></li> <li>The terms and conditions <b>You</b> must comply with</li> </ul>	<ul style="list-style-type: none"> <li>The sections of the <b>Policy</b> that apply to you and the dates from which cover is in force</li> <li>The various limits and sums insured that apply to <b>Your</b> cover</li> <li>Any special terms that apply to <b>Your Policy</b></li> <li><b>Your Premium</b></li> <li><b>Your Policy</b> number</li> </ul>

**Our** part of the contract is that **We** will provide the cover set out in this policy wording:

- for those sections which are shown on **Your Policy Schedule**;
- For the insurance period set out on the same schedule.

**Your** part of the contract is:

- You** must pay the premium as shown on **Your Policy Schedule** for each insurance period;
- You** must comply with all the terms and conditions set out in this **Policy**.

If **You** do not meet your part of the contract, **We** may turn down a claim, increase the **Premium** or you may find that you do not have any cover.

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## DEFINITIONS

This part of the **Policy** sets out the words which have a special meaning. Each word is listed with the meaning explained below and is printed in **Bold** whenever it appears in the **Policy**, schedule and endorsements.

**Accident** means a sudden, unexpected, unusual and specific event, which occurs at a definable time and place.

**Act of Terrorism** means any actual or threatened act of any person acting individually or on behalf of or in connection with any organization with activities directed towards the overthrowing or influencing of any government de jure or de facto, and/or any actual or threatened act of any person acting individually or on behalf of or in connection with any organization with activities directed towards influencing the general public or any part thereof. In any action, suit or other proceedings where **We** allege that by reason of the exclusion any loss is not covered by this insurance the burden of proving that such loss is covered shall be upon **You**.

**Bodily Injury** an injury which:

- Is sustained by an **Insured Person** whilst actively engaged in playing, training or practicing for the sport nominated in the **Policy** Schedule and such Accidental Bodily Injury is sustained because of participation by the **Insured Person** in the sport nominated in the **Policy Schedule**; and
- Is sustained by **You** during the period of this insurance; and
- Is caused by an **Accident**; and
- Occasions **Your Disablement** and/or medical treatment within 12 calendar months from the date of the **Accident**.

**Disablement** means Temporary Total Disablement.

**Excess** means the amount of money that **You** or the **Insured Person** will be required to contribute in any claim. The amount is shown in the **Policy Schedule**.

**Excess Period** means the number of consecutive days commencing on the date of commencement of the **Temporary Total Disablement** during which the **Insured Person** must continuously suffer **Temporary Total Disablement** before any Loss of Income benefits payable under this **Policy** shall be due..

**Inception Date** means 12 a.m. (midnight) of the period of insurance (from) date shown in **Your Policy Schedule**.

**Insurance Premium Tax** means any taxes that may be payable at the rate applicable from time to time.

**Insured** means the club/association or individual specified in the **Policy Schedule** being a member of a regional, state and/or national sporting association, as named in the **Policy Schedule**.

**Insured Person** means any member of the **Insured** and/or any other person actively engaged in and appropriately registered for the purpose of playing the sport of the **Insured**.

**Maximum Claim Period** means the total period for which Loss of Income benefit 4.3.1. will be payable under this Policy in respect of all Temporary Total Disablement.

**Medical Expenses** means any reasonable expense incurred by the **Insured Person** from a **Medical Practitioner** where the expense is directly as a result of a **Bodily Injury** received whilst playing the sport nominated in the **Policy Schedule**.

**Medical Practitioner** means a duly qualified and United Kingdom registered medical practitioner who is not related to **You** or the **Insured Person** by blood or marriage.

**Net Income Lost** means average weekly income, wage or salary (including overtime) earned by an **Insured Person** during the twelve months immediately preceding the commencement of **Disablement** multiplied by the number of benefit weeks. Any amount to which an **Insured Person** is legally entitled by way of sick leave or compensation from any Motor or Transport **Accident** or Social Welfare Services legislation of any kind or any other Policy of insurance shall be deducted and the net figure shall be the 'Net Income Lost'.

**Occupation** means the employment, profession or occupation of or the business carried out by the **Insured Person** at the time of the **Bodily Injury**.

**Operative Time** means whilst playing, practicing and training under the auspices, control or direction of the **Insured** including travelling to or from any such venue for the purposes of the above.

**Policy** means this document, the **Policy Schedule**, any endorsement(s), application form or proposal, that together are to be considered as one document.

**Policy Schedule** means the **Policy Schedule** attaching to this wording confirming currency of the **Policy** or the **Policy Schedule** subsequently issued on renewal or variation or by way of endorsement.

**Temporary Total Disablement** means disablement which entirely prevents the **Insured Person** from performing each and every duty of their Occupation.

**War** means war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, riots, strikes, civil commotion, rebellion, insurrection, or military or usurped power. This definition includes but is not limited to civil disorders of any kind, to any security measures that may result in the closure of the venue or the non-access to it, or to the non-participation by attendees or performers, whether voluntary or compulsory.

**We/Us/Our** means Royal & Sun Alliance Insurance PLC. St Mark's Court, Chart Way, Horsham, West Sussex RH12 1XL

**You/Your/Policyholder** means the Insured named in the **Policy Schedule**.

## SECTION 1 – PERSONAL ACCIDENT

### WHAT IS COVERED:

- 1.1 If whilst this Policy is in force, **You** suffer **Bodily Injury** during the **Operative Time**, which is the sole, direct and independent cause of **Your** injury, then subject to the terms and conditions set out below, including in particular the exclusions and receipt by **Us** of the **Premium(s)**. We shall pay the benefits as stated in **Your Policy Schedule**.

### CAPITAL BENEFITS

The benefits payable will be the following percentage of the capital benefits specified in the **Policy Schedule**.

**Bodily Injury** sustained by an **Insured Person** which within 12 calendar months results in:

	Percentage
2.11. Death of <b>Insured Persons</b> aged 18 years and over. Death of <b>Insured Persons</b> aged less than 18 years.	100% 20%
2.1.2. Total and irrecoverable loss of use of all sight in both eyes and/or total and irrecoverable loss of use of both hands or both feet or of one hand and one foot.	100%
2.1.3. Total and irrecoverable loss of use of one hand or one foot together with total and irrecoverable loss of all sight in one eye.	50%
2.1.4. Total and irrecoverable loss of all sight in one eye or total and irrecoverable loss of use of one hand or one foot.	25%
2.1.5. Total and permanent disablement (other than disablement resulting from events referred to in Capital Benefits 4.1.2., 4.1.3. and 4.1.4.) from engaging in or attending to any profession, business or Occupation whatsoever provided always that the benefits shall not be payable until such Disablement has continued for a period of 12 calendar months.	100%
2.1.6. The <b>Insured Person</b> becoming totally and permanently disabled as a result of injury sustained whilst travelling to or from an event in which they are engaged to play for the <b>Insured We</b> will pay 20% of the applicable capital benefit listed above.	

**We** will pay the percentage specified in the **Policy Schedule** towards the following expenses incurred as a result of **Bodily Injury**:

- 2.2.1. Hospital accommodation and convalescence.
- 2.2.2. Ancillary Medical Expenses.
- 2.2.3. Physiotherapy and chiropractic.
- 2.2.4. Dental services to sound whole teeth only.

This benefit covers only amounts which are not covered by the public health system of where the **Insured Person** is domiciled. Further, it only applies to the difference between any private health insurance rebate and the actual cost incurred by the **Insured Person**.

This benefit is subject to deduction of the **Excess** specified in the **Policy Schedule** and a maximum payment per claim as specified in the **Policy Schedule**.

- 2.3. **Loss of Income** (only applicable where stated in the **Policy Schedule**)

2.3.1. **Lump Sum Net Loss of Income Benefit**

Total Disablement from engaging in or attending to the **Insured Person's Occupation**. Cover is only provided if the **Insured Person** was engaged full time in that activity up to the time of the **Bodily Injury**. **Your** entitlement to benefits under this Section does not commence until after the expiry of the **Excess Period**. The amount of the benefit shall be the lesser of the percentage of **Net Income Lost** specified in the **Policy Schedule** and the maximum amount specified for this benefit in the **Policy Schedule** and is payable up to the **Maximum Claim Period** noted in the **Policy Schedule**.

2.3.1. **Injury Assistance and Parents Inconvenience Benefit**

No compensation shall be payable in respect of this benefit should there be any amount payable under Section 4.3.1. **We** will reimburse the **Insured Person** with the percentage specified in the **Policy Schedule** of non **Medical Expenses** directly relating to the **Bodily Injury**. There is no claim unless the period of **Disablement** continues for more than the period specified in the **Policy Schedule**. We will not pay more than the maximum limit specified in the **Policy Schedule** for this benefit.

## CONDITIONS

These are the conditions of the insurance **You** will need to meet as part of this contract. If **You** do not, a claim may be rejected or payment could be reduced. In some circumstances **Your** policy might be invalid.

- 3.1. Any fraud, misstatement or concealment, either in the proposal or in relation to any other matter affecting this insurance, shall entitle **Us** to render this insurance null and void and any monies which have been paid by **Us** to **You** or the **Insured Person** must be repaid in full immediately.
- 3.2. The law of England and Wales allows the parties to choose the law applicable to this Policy. This Policy will be governed by and construed in accordance with the law of England and Wales. **We** and the **Policyholder** agree to submit to the exclusive jurisdiction of the courts of England and Wales.
- 3.3. The **Insured Person** must be permanently resident in the United Kingdom or the European Union, unless specifically agreed otherwise in writing by **Us**.

## CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999

Only the **Insured** and **The Company** can enforce, vary or rescind the terms of this insurance contract. The provisions of the Contracts (Rights of Third Parties) Act 1999 will not apply.

## DATA PROTECTION ACT 1998

It is understood by the **Policyholder** that any information provided to Us regarding the Policyholder will be processed by **Us**, in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling of claims, if any, which may necessitate providing such information to third parties.

## WHAT IS NOT COVERED:

**We** will not be liable for injuries/Disablement directly or indirectly resulting from:

- 4.1. Suicide or attempted suicide, intentional self-injury or deliberate exposure to unusual danger (except in an attempt to save life), or **Your** or the **Insured Person's** own criminal act, or an Insured Person being under the influence of alcohol or drugs, or suffering from mental sickness, nervous anxiety, depression, emotional disorders or stress related conditions or complaints (even if the mental sickness, nervous anxiety, depression or stress related conditions or complaints arose out of a physical **Accident** or **Bodily Injury**).
- 4.2. The **Insured Person** engaging in or taking part in any sport/s other than the sport/s nominated in the **Policy Schedule**.
- 4.3. Driving or riding in any kind of race, or the **Insured Person** taking part in hazardous sports, pursuits or pastimes not declared to Us, or engaging in naval, military or air force services or operations.
- 4.4. **War**.
- 4.5. Death, injury, illness, loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any **Act of Terrorism** regardless of any other cause or event contributing concurrently or in any other sequence to the loss.  
Furthermore this Policy also excludes death, injury, illness, loss, damage, cost or expense of whatsoever nature directly or indirectly caused by resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any **Act of Terrorism**.
- 4.6. Any pre-existing defect, infirmity or sickness at the time of the **Insured Person's Bodily Injury**.
- 4.7. The **Insured Person** engaging in air travel except as a passenger in a property licensed multi-engined aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial concern.
- 4.8. All claims arising out of unreasonable failure to seek or follow medical advice.
- 4.9. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), howsoever this syndrome has been acquired or may be named.
- 4.10. Ionising radiation or radioactive contamination.
- 4.11. Contracting a sexually transmitted disease, pregnancy, childbirth, miscarriage, abortion or infertility treatment and also medical operations or treatments which are not medically necessary, including cosmetic or beauty treatments.
- 4.12. Any medical or surgical procedure performed on the **Insured Person** for any gradually developing bodily deterioration whatever the cause of that deterioration.
- 4.13. Sickness, disease or disorder of any kind.

## SANCTION LIMITATION AND EXCLUSION CLAUSE

**We** shall not provide cover nor shall **We** be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.



## CLAIMS CONDITIONS

These are the claims conditions **You** will need to keep to as **Your** part of this contract. If **You** do not, a claim may be rejected or payment could be reduced. In some circumstances **Your** policy might be invalid.

- 5.1. Written notice must be given to Us within 30 days (or as soon as reasonably thereafter) of becoming aware of any **Accident** which causes or may cause **Disablement** and, if applicable, the **Insured Person** must as early as possible, place them self under the care of a Medical Practitioner.
- 5.2. Written notice must be given to Us as soon as reasonably practicable in the event of the death of an **Insured Person** resulting, or alleged to have resulted, from an Accident.
- 5.3. No claim will be accepted under this **Policy** by **Us** until **We** have received a completed claim form together with satisfactory medical evidence, proof of age and **Occupation**, employer's certificates and such other documents **We** may reasonably require.
- 5.4. If the consequence of an **Accident** shall be aggravated by any condition of physical disability that the **Insured Person** had which existed before the **Accident** occurred, the amount of any compensation payable under this Policy in respect of the consequences of the **Accident** shall be the amount which it is reasonably considered could have been payable if such consequences had not been so aggravated.
- 5.5. In event of a claim under this insurance, **You** and the **Insured Person** shall allow all medical records, notes and correspondence referring to the claim or related pre-existing conditions to be made available on request, in accordance with all statutory provisions relating to access medical records, to the medical adviser appointed by **Us** or on **Our** behalf (at **Our** own expense) and such medical adviser shall be allowed, so often as may be deemed necessary, to make an examination of the **Insured Person**.
- 5.6. Once **We** have accepted a claim under this Policy **We** will pay benefits, at the completion of **Your** treatment and upon receipt of satisfactory evidence of **Your Medical Expenses** or return to work after **Temporary Total Disablement**.
- 5.7. All **Temporary Total Disablement** benefits shall cease on **Your** death.
- 5.8. The maximum weekly benefit shall not exceed 75% of the **Insured Person's** Income, less benefit from any other insurance policy or benefits paid to them by an employer. Proof of net income may be required from an independent and qualified third party. In the event that the weekly benefit exceeds the aforesaid limit then any claim shall be evaluated upon 75% of the **Insured Person's** Income.
- 5.9. Odd days of benefit will be payable at one seventh of the weekly benefit. Weekly benefit will only be payable in respect of complete days of **Disablement**.
- 5.10. During the currency of any claim You must continue to pay any relevant **Premiums** and **Insurance Premium Tax** as originally stated in the **Policy Schedule** if and when they fall due.
- 5.11. Benefits shall not be payable for more than one of the events in the policy benefits sections 4.1. and 4.3. in respect of the same occurrence.
- 5.12. Benefits payable for policy benefits section 4.1. shall be reduced by any sum already paid under section 4.2. and 4.3. in respect of the same occurrence. After the happening of any one of events in section 4.1. there shall thereafter be NO further liability under the Policy in respect of the same **Insured Person**.
- 5.13. Benefits shall NOT be payable under more than one of the events for **Disablement** resulting from any further occurrence whilst there is an existing entitlement for benefits.
- 5.14. Benefits shall NOT be payable unless the Insured Person shall as soon as possible after the happening of any occurrence obtain and follow proper medical advice from a Medical Practitioner.
- 5.15. Benefits shall NOT be payable for any period after the **Insured Person** has resumed playing, training or practising for the sport nominated in the **Policy Schedule** except for subsequent unrelated occurrences.
- 5.16. Benefits shall NOT be payable for that part of the benefit payable under Loss of Income for which state welfare benefits or other benefits can be claimed.
- 5.17. **We** will at **Our** own expense have the right and opportunity to examine the **Insured Person** when as often as **We** may reasonably require during the period of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

## HOW TO MAKE A CLAIM

If an event giving rise to a claim under this Insurance occurs You shall:

- Notify Davies Group as stated in 'How to make a claim' as follows within 30 days of the date of the incident occurring

### MAKING OR REPORTING A CLAIM

Should **You** need to make a claim or report an incident that could give rise to a claim under this insurance please contact:

**Telephone: +44 (0)800 112 4084**

Post: **insure4sport** claims Department, Davies Group, PO BOX 2801, Hanley, Stoke on Trent, ST4 5DN

Email: [newclaim.insure4sport@davies-group.com](mailto:newclaim.insure4sport@davies-group.com)

No claim shall be payable unless the terms of this condition have been complied with.

### YOUR RIGHT TO CANCEL

If you decide that for any reason, this **Policy** does not meet your insurance needs then please return it to insure4sport within 14 days of issue. On condition that no claims have been made or are pending, a full refund will be available.

There after you may cancel the **Policy** at any time by informing insure4sport however no refund of **Premium** will be payable.

### OUR RIGHT TO CANCEL

The insurer shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by sending 14 days' notice to your last known address. Provided the **Premium** has been paid in full you shall be entitled to a proportionate rebate of **Premium** in respect of the unexpired period showing on the insurance.

## COMPLAINTS

### CUSTOMER SERVICES AND COMPLAINTS PROCEDURE

**Our** commitment to customer service

We are committed to going the extra mile for our customers. If **You** believe that We have not delivered the service **You** expected, We want to hear from you so that We can try to put things right. We take all complaints seriously and following the steps below will help **Us** understand **Your** concerns and give **You** a fair response.

If **You** are unhappy with any element of the cover We provide or any aspect of **Our** service or have a cause for complaint, please, in the first instance, contact your **Administrator** Insure4Sport.

#### Step 1

If **You** have cause for complaint then contact:

- The Managing Director, Accelerate Underwriting Limited, 3rd Floor, News Building, 3 London Bridge Street, London, SE1 9SG
- A full copy of Accelerate Underwriting Ltd complaints procedure will be issued to **You** when Accelerate provide a written acknowledgment of **Your** complaint.

#### Step 2

In the unlikely event that **Your** concerns have not been resolved, **Your** complaint will be referred to **Our** Customer Relations Team who will arrange for an investigation on behalf of **Our** Chief Executive. Their contact details are as follows:

Post:  
RSA Customer Relations Team  
P O Box 255  
Wymondham  
NR18 8DP

Email: crt.halifax@uk.rsagroup.com

#### Our promise to You

We will:

- Acknowledge all complaints promptly
- Investigate quickly and thoroughly
- Keep **You** informed of progress
- Do everything possible to resolve **Your** complaint
- Use the information from **Your** complaint to proactively improve **Our** service in the future.

Once We have reviewed your complaint We will issue **Our** final decision in writing within 8 weeks of the date We received **Your** complaint.

#### If you are still not happy

If **You** are still unhappy after **Our** review, or **You** have not received a written offer of resolution within 8 weeks of the date We received **Your** complaint, **You** may be eligible to refer **Your** case to the Financial Ombudsman Service (FOS). The FOS is an independent body that arbitrates on complaints. They can be contacted at:

Post:  
Financial Ombudsman Service  
South Quay Plaza  
183 Marsh Wall  
London E14 9SR

Telephone: 0800 0234567 (for landline users)  
0300 1239123 (for mobile users)

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

**You** have six months from the date of **Our** final response to refer **Your** complaints to the FOS. This does not affect **Your** right to take legal action, however, the FOS will not adjudicate on any case where litigation has commenced.

#### Thank You for Your feedback

We value **Your** feedback and at the heart of **Our** brand We remain dedicated to treating **Our** customers as individuals and giving them the best possible service at all times. If We have fallen short of this promise, We apologise and aim to do everything possible to put things right.

## THE FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

We are covered by the FSCS. If We are unable to meet **Our** financial obligations **You** may be entitled to **Compensation** from the scheme, depending on the type of insurance and the circumstances of the claim.

For this type of insurance 90% of **Your** claim is covered, without any upper limit. Further information about **Compensation** scheme arrangements is available at [www.fscs.org.uk](http://www.fscs.org.uk), and on 020 7741 4100, or 0800 678 1100.

Accelerate Underwriting Limited is an Appointed Representative of Resolution Underwriting Partnership Limited, who are authorised and regulated by the Financial Conduct Authority (FRN 308113) in respect of general insurance business and is registered in England No. 05104119. Registered Office: 150 / 152 Fenchurch Street, London EC3M 6BB.

Calls may be monitored and recorded for quality assurance purposes.

The Royals, Altrincham Road, Manchester M22 4BJ

**Tel:** 0800 158 5530

**email:** [admin@insure4sport.co.uk](mailto:admin@insure4sport.co.uk)

[www.insure4sport.co.uk](http://www.insure4sport.co.uk)