

Your Term Life Insurance Policy

In conjunction with ANV Syndicate 779

Many thanks for taking out an Emerald Life Term Life policy, an important part of protecting and providing for those you love, or as a part of your financial planning. We hope this policy meets your needs and that if you do need to use the policy, we aim to provide you with sympathetic and supportive service.



EMERALDLIFE



CHAIRMAN'S MESSAGE

Many thanks for taking out an Emerald Life Term Life policy, an important part of protecting and providing for those you love, or as a part of your financial planning. We hope this policy meets your needs and that if you do need to use the policy, we aim to provide you with sympathetic and supportive service. Should you have reason to make a claim, you can rest assured we are committed to giving you understanding service from our claims advisors.

We are proud to have established Emerald Life as part of efforts everywhere to challenge discrimination and prejudice, encourage open diversity and to offer equality of service in all its forms.

We have worked with ANV Syndicate 779 to create a policy that we hope does that and we value and welcome your feedback. The details of our dedicated claims team can be found on page 6 of this policy document and all queries will be handled with the utmost care and professionalism. If you have any comments, please free to contact me directly. My details are below.

For and on behalf of Emerald Life

Steven A. Wardlaw, Chairman | EMERALD LIFE | steve@emeraldlife.co.uk

www.emeraldlife.co.uk

IMPORTANT CONTACT DETAILS

Policy Queries:

Email: customerservice@emeraldlife.co.uk

Tel: 0330 131 9950

Claims:

Tel: 020 7280 6000

Scheme name: Emerald Life Term Life Policy

Scheme Number: B1132HGBA16086



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INTRODUCTION

This document, the schedule and any endorsement attached form **Your** contract of insurance.

This document sets out the conditions of the insurance between **You** and the **Insurer**. It should be kept in a safe place.

Please read this document and the schedule carefully. It is important that:

- **You** check that the policy and the insurance cover which **You** have selected are correct and suitable for **Your** needs;
- **You** understand we have not provided **You** with a personal recommendation as to whether this policy is suitable for **Your** specific needs. Emerald Life is a non-advisory company and as each individual's needs are different, we cannot make recommendations concerning which product is for you;
- **You** understand this Term Life policy meets the demands and needs of those who wish to ensure they have life insurance protection to provide a lump sum paid on death before the end of the policy term;
- At the time of issuance of this insurance **You** are a resident of the UK; and
- **You** comply with **Your** duties under the insurance

Our aim is to ensure that all aspects of **Your** insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing **You** with the highest standard of service.

If **You** have any questions or concerns about **Your** insurance please contact **Us** at customerservice@emeraldlife.co.uk or on 0330 131 9950 or the handling of a claim please contact ANV on 020 7280 6000.

If **You** are unable to resolve any questions or concerns, please refer to the Complaints Procedure section for additional resources which can assist you.

DEFINITIONS

Some words in this document will have a special meaning, and they are listed below. To make them easier to recognise when they are being used, they will be shown in **bold** type. Other terms are as shown in the schedule to this policy.

Insured Person	Insured Person means the person purchasing the insurance cover and who is named on the Schedule
Insurer	Insurer means ANV Syndicate 779
Suicide	Suicide means in the Insurer 's reasonable opinion the most likely cause of death is that the Insured Person took their own life, whether or not specifically shown as a verdict or cause of death in a death certificate, coroner's report or other equivalent documentation
We / Us / Our	We / Us / Our means Emerald Life Limited
War	War means any death arising directly or indirectly from, occasioned by, happening through or in consequence of war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, military or usurped power
You / Your	You / Your means the Insured Person



WHAT IS COVERED:

If the **Insured Person** dies during the Period of Insurance the **Insurer** will pay the benefit shown in the schedule, provided the terms and conditions in this insurance are met.

This insurance has no surrender value.

WHAT IS NOT COVERED:

The **Insurer** will not pay any benefit for death that occurs as a result of:

- Suicide
- Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner
- War

PREMIUMS

The premium amount and the frequency of its payment are shown in the schedule.

The premium must be paid within 30 days of the Start Date of this policy and within 15 days of each due date thereafter.

If a claim arises during this period, the unpaid premium will be deducted from any sum insured payable. The premiums payable are guaranteed not to change during the period of insurance.

If the premium has not been paid by the end of these 30 days (or 15 days, as the case may be), this policy will be cancelled and all benefits under it will cease.

WHEN YOUR COVER ENDS:

The insurance cover will terminate immediately upon:

- the death of the **Insured Person**, or
- on the **Insured Person's** 66th birthday, or
- if **You** do not pay your premium when due, or
- cancellation of this insurance cover by either **You** or the **Insurer**, or
- the end of the Period of Insurance specified in the schedule.

INFORMATION YOU HAVE GIVEN US:

In deciding to accept this insurance and in setting the terms and premium, the **Insurer** has relied on the information **You** have given. **You** must take care when answering any questions to ensure that all information provided is accurate and complete.

If it is established that **You** deliberately or recklessly provided false or misleading information, the **Insurer** will treat this insurance as if it never existed and decline all claims.

If it is established that **You** were careless in providing the information relied upon in accepting this insurance and setting its terms and premium, the **Insurer** may amend the insurance to reflect the terms that would have been offered had the information been accurate. In these circumstances:

1. If your policy would not have been issued had the accurate information been provided, the **Insurer** is entitled to cancel **Your** policy. However, any premiums you have paid will be refunded;
2. If your policy would have been issued on different terms and conditions (other than those relating to the premium) had the accurate information been provided, the **Insurer** may make changes to the terms and conditions of your policy and treat your policy as if it had been issued on the different terms and conditions;
3. In addition, if your policy would have been issued with higher premiums had the accurate information been provided, the **Insurer** may reduce the amount of cover to reflect the higher premiums that would have applied had the accurate information been provided.

The answers **You** gave in your proposal form are shown on your schedule.

CANCELLATION

You have a statutory right to cancel this policy within 30 days from the date of concluding this contract by completing and returning the cancellation form included with these documents. Providing the cancellation form is posted on or before the 30th day after the start date of this policy, any money paid will be refunded.

You may cancel this policy at any time after the 30th day after the start date of this policy by writing to Emerald Life. No premiums will be refunded if this policy is cancelled after the 30th day after the start of this policy.



CLAIMS:

If **You** need to make a claim, please contact the **Insurer** by telephone on 020 7280 6000 or by writing to The Claims Manager, ANV, 1st Floor, 47 Mark Lane, London EC3R 7QQ and a claim form will be sent to you.

In order for the claim to be assessed, **You** will need to complete and return the claim form together with the original death certificate. In addition, the **Insurer** may need some or all of the following evidence depending on the nature and circumstances of the claim:

- Proof of the **Insured Person's** age
- Ownership details
- Medical reports and records
- Coroners and/or police reports
- Such other information as the **Insurer** may reasonably require to assess the claim

If it should be found that the age of the **Insured Person** was understated when this policy commenced, then the sum insured shall be reduced to such a sum as would have been provided had the age been correctly stated.

The **Insurer** will not pay a claim if by doing so they will be in breach of any sanction, prohibition or restriction imposed by law (see Section 6 below) or regulation (EU Regulations and UN Security Council Resolutions).

LAW AND JURISDICTION:

The parties are free to choose the law applicable to this insurance. This insurance shall be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England.

LANGUAGE OF THIS INSURANCE:

Unless otherwise agreed the language of this insurance shall be English.

DATA PROTECTION ACT 1998:

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

COMPLAINTS PROCEDURE:

We make every endeavour to provide an excellent level of service. If **You** have cause for complaint or would like to give feedback please follow the procedure below. In all correspondence please state that **Your** insurance is provided by ANV Syndicate 779 and quote scheme name Emerald Life Term Life insurance reference **EMERALD TERM LIFE INSURANCE** B1132HGBA16086.

About the sale of the insurance:

Emerald Life Customer Relations
2 Melford Court, The Havens
Ransomes Europark
Ipswich, Suffolk
IP3 9SJ

Tel: 0330 131 9960
Email: customerservice@emeraldlife.co.uk

About the claims process:

ANV Syndicate 779,
1st Floor,
47 Mark Lane,
London EC3R 7QQ

Tel: 020 7280 6000

Emerald Life has internal complaints handling procedures, which are available upon request.

At any stage **You** can also contact Lloyd's with **Your** complaint. The contact details at Lloyd's are:

The Complaints Team
1 Lime Street
London EC3M 7HA
Tel No: 020 7327 5693

Fax No: 020 7327 5225
E-mail: complaints@lloyds.com

Details of Lloyd's complaints procedures are set out in a leaflet "Your Complaint - How We Can Help To Resolve Your Complaint" available at www.lloyds.com/complaints and are also available from the above address.



If **You** remain dissatisfied after Lloyd's has considered **Your** complaint, **You** may have the right to refer **Your** complaint to the Financial Ombudsman Service. The address is:

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London E14 9GE
Tel: 0800 0234 567 (calls to this number are free on mobile phones and landlines).

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

Website: www.financial-ombudsman.org.uk

Further details will be provided at the appropriate stage of the complaints process. This complaint procedure is without prejudice to **Your** right to take legal proceedings.

FINANCIAL SERVICES COMPENSATION SCHEME:

Lloyd's insurers are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to **You** under this contract. If **You** were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this contract. Further information about the Scheme is available from the Financial Services Compensation Scheme (10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU) and on their website (www.fscs.org.uk).

REGULATORY AUTHORITIES:

This insurance is underwritten by Lloyd's Syndicate 779 which is managed by ANV Syndicates Limited (company number 226696). ANV Syndicates Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Emerald Life Limited is an Appointed Representative of Integro Insurance Brokers Limited, which has a registered company number 02957627 and registered address 100 Leadenhall Street, 2nd Floor, London EC3A 3BP. Emerald Life Limited has the registered company number 07201151, registered address St. Bride's House, 10 Salisbury Square, London EC4Y 8EH, and is authorised and regulated by the Financial Conduct Authority, firm number 666615.

You can go to the FCA register to check this at www.fsa.gov.uk/register/firmSearchForm.do

EMERALD TERM LIFE INSURANCE

The Insured is requested to read this document. If it is incorrect, please contact Emerald Life Customer Relations immediately at: 0330 131 9950 or email customerservice@emeraldlife.co.uk or by post at 2 Melford Court, The Havens, Ransomes Europark, Ipswich, Suffolk, IP3 9SJ for alteration.



EMERALD LIFE TERM LIFE INSURANCE

Emerald Life Limited "Emerald Life"
2 Melford Court, The Havens
Ransomes Europark
Ipswich, Suffolk
IP3 9SJ

(hereinafter referred to as "the Underwriters' Agent")

Tel: 0330 131 9950

Email: customerservice@emeraldlife.co.uk

In order that this document may be issued the underwriters have entered into a Binding Authority Contract, under the Unique Market Reference B1132HGBA15086, between Emerald Life and the underwriters. This contract empowers an authorised person of Emerald Life to sign and issue this document on behalf of underwriters.

In this insurance, underwriters syndicate numbers and proportions are shown in the attached table. This insurance is underwritten 100% by a Lloyd's syndicate, and each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total liability for the syndicate, which is the total of the proportions underwritten by all the members of the syndicate taken together. A member is liable only for that member's proportion and is not jointly liable for any other member's proportion.

The **Table of Syndicates** referred to in this insurance of insurance follows:

100% by Lloyd's Syndicate 779

The business address of each syndicate member is Lloyd's, 1 Lime Street, London EC3M 7HA. The identity of each member and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

The insured named in the schedule has made a proposal to underwriters as stated in the schedule and such proposal, together with any statements, representations or declarations contained herein and otherwise made in connection with this insurance, shall be deemed to be incorporated herein and shall be relied upon in determining underwriters' assessment and acceptance of this Insurance of Life Insurance. In return for the payment of the premium specified herein, the underwriters agree to provide insurance in accordance with the terms and conditions contained in or endorsed on this document.

**Authorised Signatory
For and on behalf of Emerald Life**

Steven A. Wardlaw, Chairman | EMERALD LIFE | stevew@emeraldlife.co.uk
www.emeraldlife.co.uk