




Insulin Pump Insurance Policy Wording


Version 4.00
Effective from: 01/08/2024

This is the Insulin Pump Insurance policy wording.

Some words and phrases have the same meaning wherever they appear in the policy wording. They are in bold and begin with a capital letter. The meanings are in a table at the end of this document so that you can find them easily.

We have used symbols in some places. This is what they mean:

 - a phone number

 - an address that you can write to

 - an email address

 - a website address

Who this policy is suitable for

This policy is suitable for someone who:

- uses an **Insulin Pump**, and
- wants to cover the **Insulin Pump** and the equipment that they use with it (for example a handset, a **Continuous Glucose Monitor** and the sensors that come with it) for accidental damage, theft and loss, and
- lives in the **United Kingdom**

Understanding your policy


This policy wording contains the details on what is and is not covered and the terms and conditions. These are the same for everyone who has a policy.

You also have a **Policy Schedule**, which contains the details which are specific to **Your** policy - **Your** details, the premium **You** have to pay, whether this is an annual or a monthly policy, details of the **Equipment** the policy is for, when the policy starts and ends (the **Period of Insurance**).


The policy is for **You** and **Your Equipment** – **You** cannot transfer it to anybody else.

The policy wording, the **Policy Schedule** and any endorsements **We** add make up the insurance contract **You** have with the insurer, AmTrust Europe Limited.

Please check that the information in the **Policy Schedule** is correct and that the policy is right for **You**. If anything is not right, please contact **Specialty Risks**:

 0333 323 7948 (local rate call)

 insulinpumps@specialty-risks.com

 Specialty Risks Limited, Bridge House, 11 Creek Road, East Molesey, Surrey, KT8 9BE

What is covered

Accidental Damage, Damage Caused on Purpose, Accidental Loss or Theft

If the **Equipment** suffers:

- **Accidental Damage**
- **Accidental Loss**
- **Damage Caused on Purpose** or
- **Theft**

during the **Period of Insurance**, **We** will pay the cost for an **Approved Supplier** to replace it. This may be with refurbished equipment.

Claim limit:

We will pay no more than £5,000 for:

- **your Insulin Pump**
- **a Loan Pump**

and the **Equipment** that comes with it (for example the **Continuous Glucose Monitor**, handset, sensors).

Where you are covered

You are covered while in the United Kingdom during the **Period of Insurance**.

You are also covered anywhere in the world, for up to a maximum of 90 days in a period of 12 months in a row.

When **You** are outside the United Kingdom, **We** may not be able to arrange for the replacement of the **Equipment**.

If **You** need to make a claim while **You** are outside the United Kingdom, **You** should contact the **Claims Administrator** as soon as possible to discuss how best to manage **Your** claim.

Cover for replacement Equipment

If **We** pay for replacement **Equipment**, **We** will automatically cover it.

What is not covered

We will not pay any claims for:

1. any damage that **You** cause on purpose to the **Equipment**.
2. **Theft** if the **Equipment** is taken from a motor vehicle which was parked and no one was with it. **We** will not apply this exclusion if:
 - i. the vehicle was locked; and
 - ii. the **Equipment** was placed out of sight, for example in the car boot or glove box; and
 - iii. there was forced entry into the vehicle.

When **You** claim, **You** will need to send a copy of the repairer's invoice and photographs of the damage to the vehicle.

3. any **Accidental Loss** or **Theft** if **You** cannot confirm the time and place it happened.
4. any **Accidental Loss** where the **Equipment** was in **Your** home at the time.
5. any injury or death resulting from the **Equipment** provided to **You**. **You** are responsible for making sure that the **Equipment You** have meets **Your** clinical needs.
6. As a result of mechanical breakdown, hardware failure or software failure.
7. loss of use of **Equipment** or any other costs that are caused by the event which led to the claim, unless specifically stated in this policy document.
8. costs that are covered by a guarantee or warranty (or which would have been covered if **You** had met the terms of the guarantee or warranty).
9. any reduced performance or efficiency of the **Equipment**.
10. any costs incurred during the fitting of the **Equipment** by the NHS.
11. any replacement carried out by anyone other than an **Approved Supplier**.
12. any costs incurred where the **Equipment** is working normally or where there is no fault or damage.
13. Caused by negligence, abuse or misuse in respect of the **Equipment** for example:
 - i. not using it in accordance with manufacturer's clinical advice or instructions; or
 - ii. not following maintenance recommendations; or
 - iii. using accessories or equipment not approved by the manufacturer; or
 - iv. using an incorrect electrical supply when charging;
 - v. Faulty software or programming; or
 - vi. Electrical power surge or fluctuation.
14. the costs of resolving:
 - i. **Wear and Tear**, gradual deterioration or rust; or
 - ii. defects, cracks, flaws or fractures which develop gradually; or
 - iii. scratching or chipping of any surfaces; or
 - iv. **Cosmetic Damage**.
15. the cost to maintain or modify the **Equipment**.
16. the costs of fixing programming errors or design defects in software.
17. any costs caused by:
 - i. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power;

- ii. Ionising radiations or contamination by radioactivity from any nuclear fuel, or from any nuclear waste from the combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof;
 - iii. Pressure waves caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.
18. any damage to the **Equipment** caused, in any way, by an act of terrorism. In this policy an 'act of terrorism' means an act which:
 - uses force or violence, or
 - includes the threat of force or violence, and
 - is committed for political, religious, ideological or similar reasons. This includes an attempt to influence a government or put any section of the public in fear.
19. any damage to the **Equipment** as a result of someone else making an attempt to control or prevent an act of terrorism.
20. any loss, damage, liability or expense directly or indirectly caused by or contributed to, or arising from, the use or operation, as a means for inflicting harm, of any computer, computer system, computer software programme, malicious code, computer virus or process or any other electronic system.

Giving Us all the important information

When **We** accept **Your** application for this insurance, **We** will rely on the information **You** give. **You** must take reasonable care to provide complete and accurate answers to the questions asked when **You** take out, or make changes to, **Your** policy.

If the information provided by **You** is not complete and accurate the extent of cover may be affected and:

- **We** may cancel the policy and refuse to pay any claim or
- **We** may not pay any claim in full.

Specialty Risks will write to **You** if **We**:

- Intend to cancel the policy; or
- need to change the terms of the policy; or
- need **You** to pay more for the policy.

If **You** become aware that information **You** have given is incomplete or inaccurate, **You** must tell **Specialty Risks**.

Period of Insurance

You chose either an annual policy or a monthly policy. The **Policy Schedule** will show which type **You** have, and the **Policy Start Date**.

If **You** chose an annual policy, the policy lasts for 12 months from the **Policy Start Date**.

If **You** chose a monthly policy, the policy lasts:

- for one month from the **Policy Start Date** and
- continues for each further consecutive monthly period that **We** accept a premium for.

Your right to cancel the policy

Cooling-off period

The cooling-off period gives **You** the chance to change **Your** mind about buying the policy.

If **You** have not made a claim and do not intend to make a claim, **You** can cancel this policy within 14 days of:

- the **Policy Start Date** or
- the date **You** receive the policy documents, if this is later than the **Policy Start Date**

and **You** will receive a full refund of any premium paid.

If **You** have made a claim, **We** will not refund the premium.

Cancellation after the cooling-off period

After the cooling-off period **You** may cancel this policy at any time by contacting **Specialty Risks**.



0333 323 7948 (local rate call)



insulinpumps@specialty-risks.com



Specialty Risks Limited, Bridge House, 11 Creek Road, East Molesey, Surrey, KT8 9BE

If **You** have an annual policy:

Provided that **You** have not made a claim, **We** will refund the premium for the time between:

- the date the policy is cancelled, and
- the end of the **Period of Insurance**.

If **You** have a monthly policy:

You can cancel **Your** policy at any time but there will be no refund. This is because **You** will only have paid for the cover **You** have already received.

Our right to cancel the policy

We can cancel this policy immediately if **You** commit fraud. If **We** cancel **Your** policy, **We** will write to **You** at the most recent address **We** have for **You**.

Your policy also will end automatically if **You** do not pay the premium when it is due. If this happens, **Specialty Risks** will contact **You** and ask for payment within 14 days. If **We** do not receive payment within this period, they will write to **You** again to tell **You** that **We** will cancel the policy.

If **We** can no longer cover **You**, or **You** threaten or are abusive towards **Us** or **Specialty Risks**, **We** will write to the most recent address that **We** have for **You** and give 60 days' notice that **We** will not renew the policy. This means that:

- if **You** have a monthly policy, cover will end on the date that **Your** next insurance premium is due after the 60-day notice period; or
- if **You** have an annual policy, **Your** policy will not continue at the end of the current **Period of Insurance**.

Our right to make changes

Our right to change the cover or the premium

We will only change **Your** premium or the terms and conditions of **Your** policy for these reasons:

- to make the terms and conditions of **Your** policy better for **You**.
- wording changes to make the policy easier to understand (but that don't change what the policy covers **You** for).
- because of changes to:
 - the law
 - regulations (including any decision of a regulatory body)
 - any code of practice or
 - industry guidancewhich affect **Us** or **Your** policy.
- because of tax changes which affect **Your** policy (for example, insurance premium tax).
- because of changes in the cost (or projected cost) of providing **Your** insurance. For example, changes to the number, length, cost or timing of claims which **We** expect to deal with.
- to cover the cost of changes to the policy cover or benefits, for example, removing a policy exclusion.
- to cover the cost of changes to the systems, services or technology which support this policy.

If **We** have made a change, **We** would not plan to make any more changes for at least 6 months. The only exception to this is if a law, regulation, code of practice or industry guidance says that **We** have to make a change.

If **You** are not happy with any proposed change, **You** can follow the process to cancel the policy.

Our right to change the cover or the premium if You have a monthly policy

We will give **You** at least 2 months' notice if **We** change the policy cover, terms and conditions or the premium. **We** will write to **You** at the most recent address **We** have for **You**.

Our right to change the cover or the premium if You have an annual policy

Any changes **We** make to the policy cover, terms and conditions or the premium will take effect from **Your** next renewal. **We** will tell **You** about them when **We** write to invite **You** to renew the policy.

Renewing the policy

If **You** have a monthly policy, it will continue from one month to the next until **You** cancel it.

If **You** have an annual policy, **We** will invite **You** to renew it 30 days before the end of the current **Period of Insurance**.

Fraudulent claims or misleading information

We take a robust approach to fraud prevention in order to keep premium rates down so that **You** do not have to pay for other people's dishonesty. If any claim made by **You** or anyone acting on **Your** behalf under this insurance is fraudulent, deliberately exaggerated or intended to mislead, **We** may:

- not pay **Your** claim; and
- recover (from **You**) any payments **We** have already made in respect of that claim; and
- cancel **Your** insurance from the time of the fraudulent act; and
- inform the police of the fraudulent act.

If **We** cancel **Your** insurance from the time of the fraudulent act, **We** will not pay any claim for any incident which happens after that time and may not return any of the insurance premium(s) already paid.

Claims conditions

You must comply with the following instructions to have the full protection of **Your** insurance policy. If **You** do not comply with them, **We** may refuse to deal with **Your** claim, or reduce the amount of the claims payment.

1. Prevent further damage

If **You** need to make a claim, **You** must prevent further damage to the **Equipment**. **You**

must stop using it if this is likely to cause more damage.
Please do not continue to use the **Equipment** or try to repair it.

2. Keep the Equipment

You must keep any damaged **Equipment** or **Components** so that the **Claims Administrator** can examine them. If **You** do not, **We** will not pay the claim.

3. Contact the Claims Administrator

You must contact the **Claims Administrator** to make a claim.
Before **We** accept the claim, **You** must complete the claim process and give **Us** all the information or documents **We** ask for to assess the claim.

Examples of information or supporting documents include:

- Witness statements.
- Travel tickets.
- Receipts.
- Mobile phone records.
- CCTV footage.
- Any other evidence that supports a statement **You** make during **Your** claim.

If **You** do not give **Us** the information or documents **We** ask for, **We** may not pay **Your** claim.

You can contact the **Claims Administrator**:



www.specialty-risks.com/insulin-claims; or



0333 323 7948 (local rate call); or



claims@specialty-risks.com

For the **Claims Administrator** to be able to process **Your** claim **You** must:

- confirm **Your** policy number and **Equipment** details; and
- confirm the cause of the claim; and
- for **Accidental Loss** or **Theft** claims, confirm the Incident Report Number or Crime Reference Number. If the **Theft** occurs while **You** are outside the United Kingdom, please keep any reference numbers or details the local police give **You**.

If **We** approve the claim, **We** will authorise the **Approved Supplier** to replace the **Equipment**, up to the **Replacement Cost**.

Managing costs

We use **Approved Suppliers** so that **We** can manage costs.

If **You** allow a repairer to start repairs, or a supplier to replace the **Equipment** without agreeing this with the **Claims Administrator** first, **We** do not have to pay **Your** claim.

This is because **You** have stopped **Us** from:

- agreeing that **Your** claim is covered by this policy;
- inspecting the **Equipment**;
- managing the **Replacement Cost**.

1. Use of an engineer

When **We** receive **Your** claim the **Claims Administrator** may:

- i. arrange for an independent engineer to inspect the **Equipment** before authorising any claim; or
- ii. inspect any **Components** which have been removed, and any original documents, within one calendar month after any replacement has been carried out.

We are not liable for any loss to **You** due to any possible delay caused by an inspection. **We** do not have to make a decision about **Your** claim until **We** receive the report from the engineer.

2. Damaged Equipment


We can take and keep any damaged or original **Equipment** or **Components**.


Making a complaint

Our aim is to provide the highest level of service to **You** at all times. **We** do, however, realise that things can go wrong occasionally. **Your** feedback enables **Us** to monitor and improve the service **We** provide.

If **You** want to make a complaint, please contact **Specialty Risks'** Managing Director:

 managingdirector@specialty-risks.com

 0333 323 7948 (local rate call)

 Managing Director, Specialty Risks, Bridge House, 11 Creek Road, East Molesey, Surrey, KT8 9BE

Please make sure that **You** quote **Your** policy number when **You** contact **Us** and enclose any evidence or documents that **You** want **Us** to consider.

Specialty Risks will try to resolve **Your** complaint quickly, with the least inconvenience to **You** and within the following timescales:

1. Acknowledge the complaint within two working days of receiving it.
2. Aim to resolve the complaint within five working days.
3. If they need to investigate more, they will aim to resolve the complaint within four weeks of receiving it.


If **Specialty Risks** cannot resolve the complaint within these timescales, they will write to **You** to explain why they have not been able to do so.


Taking your complaint to the Financial Ombudsman Service

In the event that **You** are unhappy with **Specialty Risks'** response to **Your** complaint, or **You** have not received their response within 8 weeks of the date they received **Your** complaint, **You** may be eligible to refer **Your** case to the Financial Ombudsman Service, who can review complaints from 'eligible complainants', but **You** must do so within 6 months of receiving **Specialty Risks'** final response. Further information can be found at:

 www.financial-ombudsman.org.uk

The Financial Ombudsman Service exists to help resolve complaints when they have not been resolved to **Your** satisfaction and the service they provide is free and impartial. Their contact details are as follows:

 Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London E14 9SR


 0800 023 4567 (calls to this number are free on mobile phones and landline) or 0300 123 9123 (Calls to this number cost no more than calls to 01 and 02 numbers.)

 complaint.info@financial-ombudsman.org.uk

This complaints procedure does not affect **Your** legal rights.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the Scheme if **We** are unable to meet **Our** obligation to **You** under this contract. Further information can be obtained from:

 Financial Services Compensation Scheme, PO Box 300, Mitcheldean GL17 1DY.

 0800 678 1100 (freephone) or 020 7741 4100.

 www.fscs.org.uk

The law which applies to this policy

This policy is subject to English Law.

Legal rights

If the **Equipment** is:

- not fit for the purpose **You** bought it for, or
- not as the manufacturer or seller described it to **You**, or
- not of the right quality to do what the manufacturer or seller told **You** it would do,

You may have legal rights which **You** can enforce against the manufacturer or seller. In this case **You** cannot use **Your** policy to claim. **You** can only use the policy to claim for **Accidental Damage, Accidental Loss, Damage Caused on Purpose** and **Theft**.

Sanctions limitation and exclusions clause

We do not have to pay a claim or provide any cover if doing so would expose **Us** to any sanctions, ban or restriction under:

- a United Nations resolution or
- the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Privacy and Data Protection Notice

Data Protection

We will keep **Your** personal information safe and private. There are laws that protect **Your** privacy and **We** follow them carefully. Under the laws, **We** (AmTrust Europe Ltd) are the company responsible for handling **Your** information (Data Controller). Here is a simple explanation of how **We** use **Your** personal information. For more information visit **Our** website at www.amtrusteurope.com

What We do with Your personal information

We might need to use the information **We** have about **You** for different reasons.

For example, **We** might need it:

- to run through **Our** computerised system to decide if **We** can offer **You** this insurance.
- to help **You** if **You** have any queries or want to make a claim.
- to provide **You** with information, products or services if **You** ask **Us** to.
- for research or statistics.

We will need it:

- to provide this insurance.
- to contact **You** to ask if **You** want to renew it.
- to protect both **You** and **Us** against fraud and money laundering.
- to comply with the law and any regulations that apply.

There are some types of personal information that are extremely private/ sensitive and important such as information about **Your** health or any criminal convictions **You** might have. **We** might need this kind of information to decide if **We** can offer **You** this insurance or to help **You** with a claim. **We** will only use this information for these specific reasons and in line with regulatory conditions.

We might need to share **Your** information with other companies or people who provide a service to **Us**, or to **You** on **Our** behalf. They include companies that are part of **Our** group, people **We** work with, insurance brokers, **Our** agents, reinsurers, credit agencies, medical professionals, insurance reference bureaus, fraud detection agencies, regulatory authorities and anyone else **We** might need to share it with by law. **We** will only share **Your** information with them if **We** need to and if it is allowed by law.

Sometimes **We** might need to send **Your** information to another country outside of the UK and the EEA (European Economic Area) so that it can be processed, (stored etc). **We** currently send it to the USA and Israel. **We** make sure that **Your** information is always kept safely and treated in line with the law and this notice.

You can tell **Us** if **You** do not want **Us** to use **Your** information for marketing. **You** can also ask **Us** to provide **You** with the information **We** have about **You** and, if there are any

mistakes or updates, **You** can ask **Us** to correct them. **You** can also ask **Us** to delete **Your** information (although there are some things **We** cannot delete). **You** can also ask **Us** to give **Your** information to someone else involved in **Your** insurance. If **You** think **We** did something wrong with **Your** information, **You** can complain to the local data protection authority.

We will not keep **Your** information longer than **We** need to. **We** will usually keep it for 10 years after **Your** insurance ends unless **We** have to keep it longer for other business or regulatory reasons.

If **you** have any questions about how **We** use **Your** information, **You** can contact **Our** Data Protection Officer. **You** can find their contact details on **Our** website (www.amtrusteurope.com)

The administrator & insurer

Specialty Risks Limited arranges and is the administrator for this policy. It is:

- authorised and regulated by the Financial Conduct Authority. Its financial services register number is 771865.
- registered in England & Wales under company number 6751834.

Its registered office is at:

Aissela
46 High Street
Esher
Surrey
KT10 9QY

AmTrust Europe Limited is the insurer for this policy. It is:



- authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Its financial services register number is 202189.
- registered in England & Wales under company number 01229676.

Its registered office is at:

Market Square House
St James's Street
Nottingham
NG1 6FG

Definitions

The words and phrases in the table have the same meaning wherever they appear in the policy wording. They are in bold and begin with a capital letter.

Defined words	This means:
Accidental Damage	any physical damage to Your Equipment caused by a single external event which is: <ul style="list-style-type: none"> • sudden and unexpected, and • not done by You on purpose, and • means that the Equipment is not usable.
Accidental Loss	<ol style="list-style-type: none"> 1) that you left Your Equipment somewhere by accident 2) You will not get it back and so 3) You will not be able to use it again.
Approved Supplier	the Equipment maker or supplier that We authorise for replacement services.
Claims Administrator	Specialty Risks Limited, Bridge House, 11 Creek Road, East Molesey, Surrey, KT8 9BE.  0333 323 7948 (local rate call)  @ claims@specialty-risks.com
Components	a part which is in the original specification for the Equipment this policy insures. The part could be mechanical, electrical or electronic.
Continuous Glucose Monitor	a handheld device that collects an Insulin Pump User's glucose readings. It uses wireless technology from a small sensor under their skin. This includes accessories supplied with it, for example the sensors.
Cosmetic Damage	physical damage to the Equipment that affects only its appearance. It does not affect how well it works and does not stop it being used for its intended purpose.

Defined words	This means:
Damage Caused on Purpose	any damage to the Equipment or a Component caused by someone else on purpose.
Equipment	Your Insulin Pump, Continuous Glucose Monitor or Loan Pump. This includes accessories supplied with an Insulin Pump , for example a handset.
Insulin Pump	a battery powered device which is not implanted in the Insulin Pump User's body. It controls diabetes by injecting insulin into the Insulin Pump User at a programmed rate.
Insulin Pump User	the person the Equipment has been provided to.
Loan Pump	any Equipment provided to the Insulin Pump User for a temporary period and for which the Insulin Pump User is responsible.
Period of Insurance	the time that Your policy is in force. The Policy Schedule shows the Period of Insurance .
Policy Schedule	the document that sets out the scope of this insurance policy and details the Equipment which is covered.
Policy Start Date	the date shown as such on the Policy Schedule .
Replacement Cost	the cost of a replacement Equipment or Components of similar make and quality, from an Approved Supplier . We will pay no more than £5,000 for: <ul style="list-style-type: none"> - Your Insulin Pump - a Loan Pump and the Equipment that comes with it (for example the Continuous Glucose Monitor , handset, sensors).

Defined words	This means:
Specialty Risks	Specialty Risks Limited whose registered address is Aissela, 46 High Street, Esher, Surrey, England, KT10 9QY. Registered number 6751834 and is authorised and regulated by the Financial Conduct Authority, firm reference number 771865.
Theft	the dishonest removal of the Equipment from Your possession by someone else with the intention of permanently depriving You of it.
United Kingdom	England, Scotland, Wales and Northern Ireland (this does <u>not</u> include the Channel Islands or Isle of Man).
Wear and Tear	the gradual deterioration associated with normal use and age of the Equipment and its Components .
We/Us/Our	AmTrust Europe Limited.
You/Your	the policyholder, a United Kingdom resident, as stated on the Policy Schedule . The policyholder is either the Insulin Pump User or the parent or guardian of a child who is the Insulin Pump User .