

SCRATCH AND DENT POLICY WORDING

INTRODUCTION

Thank you for purchasing this Policy which has been offered to you by the Introducer, and provided by Stubben Edge (Risk) Ltd on behalf of the Insurer, Hiscox Insurance Company Ltd (reference Number 113849), who has permission from the Prudential Regulation Authority to carry out and effect policies of insurance.

It is intended to meet the demands and needs of someone looking to protect their vehicle against minor scratches, dents, scuffs and paint chips.

To assist you in understanding the cover provided, certain words and phrases shown with initial capital letters and in bold have been given a specific meaning – please refer to the **DEFINITIONS** part of this insurance policy.

Your Policy is evidence of the legal contract between **You** and the **Insurer**. The contract is based on the information supplied by **You** when **You** applied for insurance. **Your Policy** consists of:

1. this **Policy Wording**, which sets out what cover is provided and the terms, conditions, limitations and exclusions that apply, and
 2. the **Policy Schedule**, which shows the scope of cover **You** have chosen.
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OUR CONTACT DETAILS

Stubben Edge (Risk) Limited
Telephone: + 44 207 8461 373
Email: hello@stubbenedge.com
Address: No 77 Cornhill, London, EC3V 3QQ

DEFINITIONS

The words and phrases defined below have the meaning given wherever they appear in the **Policy**:

Application:	The documentation, forms, and information You have completed and provided to Us , including the cover selected by you and we have taken to be true and correct and which Your contract with Us is based on.
Approved Repairer:	A repair specialist authorised by Us to carry out a Repair .
Claim:	A request made by You to Us for the Repair of Minor Body Damage . Each incident of Minor Body Damage will be treated as a separate Claim . Any Claim is subject to the Claims Limit.
Claim Limit:	A maximum of three Claims in any one Period of Insurance . Once this is reached, you will not be able to claim until such time as the Policy is renewed, and the Minor Body Damage occurred on or after the renewal date.
Claim Waiting Period:	The period of 14 days from the Start Date of Your first Scratch and Dent Insurance with the Insurer . Any Minor Body Damage covered by this policy occurring during this period is excluded from coverage under this Policy . A Claim Waiting Period will not apply to any subsequent renewal policies issued by the Insurer where cover is continuous from Your previous policy.
Cover Start Date:	The day after the last day of the Claim Waiting Period , where you can then make a claim for Minor Body Damage covered by this Policy , which has occurred after the Claim Waiting Period , provided that we have received the Electronic Images as outlined in this Policy .
Electronic Images:	<p>Before the cover start date, and if your vehicle is older than 30 days, you must provide us with the following:</p> <p>Eight (8) wide-angle, original and date stamped photographs of the Vehicle must be taken, i.e. front / front left / left side / back left / back / back right / right side / front right.</p> <p>If you have purchased a new Vehicle (where you are the first owner) and your Vehicle is under 30 days old, then you do not need to provide us with the Electronic Images required before the cover start date. Proof will be requested by Us in the event of a claim.</p> <p>IN THE EVENT OF A CLAIM:</p>

	Four (4) clear wide-angle, photographs of the damage to the Vehicle must be taken and uploaded as part of your claim.
Excess Payment:	The part of the cost of each Repair that You must pay before the Repair is carried out, as shown on Your Policy Schedule .
Excess Protection:	The additional cover YOU can elect to take out which means you will have no Excess in the event of a claim.
Geographical Limits:	England, Scotland and Wales.
Indemnity Limit:	The amount reflected on Your Policy Schedule , being the maximum amount per Claim we will pay towards the repair.
Insured, You, Your:	The person named on the Policy Schedule , being the owner or registered keeper of the Vehicle or the person financing it on behalf of the owner or registered keeper.
Insurer:	Hiscox Insurance Company Ltd., 1 Great St. Helen's, London EC3A 6HX.
Introducer:	The party, person or company as named in the Policy Schedule, who has arranged this insurance on Your behalf.
Minor Body Damage:	The following minor damage to Your Vehicle : <ol style="list-style-type: none"> 1. Paint chips which are less than 300mm in length and/or diameter, 3mm in depth and within a maximum of one body panel; 2. dents not exceeding 300mm in length and/or diameter and within a maximum of one body panel; 3. scratches less than 300mm in length and/or diameter, 3mm in depth, and within a maximum of one body panel; 4. paint scuffs less than 300mm in length and/or diameter, 3mm in depth, and within a maximum of one body panel.
Period of Insurance:	12 months from the Start Date shown on Your Policy Schedule . The Period of Insurance will recommence on each renewal date.
Policy:	This Policy Wording and the Policy Schedule .
Policy Schedule:	The document issued to You when You take out this insurance, containing details of the cover selected, You and the Vehicle , and confirmation of the effective Start Date , Cover Start Date , expiry date of the Policy .
Premium:	The amount You must pay (either in one instalment or in monthly instalments) for this insurance as shown on Your Policy Schedule . This includes all applicable taxes.
Repair:	Repair of Minor Body Damage by an Approved Repairer using SMART Repair .

SMART Repair:	The specialist “Small, Medium Area Repair Technology” process of repairing a vehicle.
Start Date:	The date when this Policy begins and is indicated on the Policy Schedule . The Start Date is not the date from when you are covered, which is the Cover Start Date .
Vehicle:	The Vehicle identified on the Policy Schedule by means of make, model and registration number, being under seven years old and having covered less than 70,000 miles at the Start Date of the Period of Insurance .
We, Us, Our:	Stubben Edge (Risk) Limited in its capacity as agent for the Insurer .

PREMIUM PAYMENT

The **Insurer** will not make payment in respect of a claim under this **Policy** until **You** have paid the **Premium**, and there are no amount(s) outstanding in respect of your Premium. **Your Policy Schedule** will show if the **Premium** is due as a single payment or in instalments.

A single **Premium** payment is due on the first day of the **Period of Insurance**. If the **Premium** is payable in instalments, the first instalment is due on the first day of the **Period of Insurance** and each subsequent instalment will be due on the same day as that first day falling in each subsequent calendar month. If an instalment would otherwise be due on a day in a month that does not exist, that instalment will be due on the last day of the month (for example if a payment would otherwise be due on the 31st day, but the relevant month is April, that payment will be due on the 30th April).

Where you have opted to pay the entire amount upfront and in one instalment, this **Premium** payment will be due on or before the first day of the **Period of Insurance**.

PERIOD OF INSURANCE AND RENEWAL

The **Period of Insurance** is shown on **Your Policy Schedule**. Your cover will only start 14 days after the Start Date, being the **Cover Start Date**.

At least 30 days before the end of the **Period of Insurance**, **You** will be notified of the renewal **Premium**, and should there be any change in the amount of the **Premium**. Because the renewal is a separate contract of insurance, **You** must tell **Us** if any information **You** previously provided to **Us** has changed. **You** will be notified if the new terms and conditions of your **Policy** are different to these terms and conditions.

Should you not elect to renew **Your** contract, **You** must notify us within 30 days before the end of the Period of Insurance, if you do not do so, your **Policy** will be renewed based on the new terms sent to you.

If your information has changed and the Policy is renewed, then you will be subject to the Claims Waiting Period, should your information have remained the same, then your cover will continue without any waiting periods.

We do, however, reserve the right not to offer **You** renewal terms. On renewal, **Premium** will be collected automatically to ensure continuity of cover, unless **You** request otherwise in writing.

Please note that irrespective of the expiry date shown under the **Period of Insurance**, the benefits of this Insurance will automatically cease if **Your Vehicle** is sold or transferred to a new owner. You must notify us immediately if this is the case, as any Premium refund which could be due to you, will only be calculated from the date we are notified.

WHAT YOU ARE COVERED FOR

If **Your Vehicle** sustains **Minor Body Damage** as a result of an incident happening after the **Claim Waiting Period** and within the **Geographical Limits**, the **Insurer** will pay for the cost of **Repair**. Minor Body Damage is defined in the definition section and outlined below:

Paint chips which are less than 300mm in length and/or diameter and no deeper than 3mm.

Dents to your car's body work that are less 300mm in length and/or diameter and no deeper than 3mm.

Paint scuffs or scratches that are less than 300mm in length and/or diameter and no deeper than 3mm.

The Excess payment, if you have taken out the Excess Protection option.

If **You** want to make a **Claim** for **Repair**, **You** must follow the procedure set out in this **Policy** under **MAKING A CLAIM**. The number of **Claims and the amount per Claim, which** can make after the **Claim Waiting Period** is subject to the **Indemnity Limit** as shown in the Policy Schedule and subject to a maximum of three claims during the **Period of Insurance**.

If you have failed to provide us with **Electronic Images** of your vehicle by the end of the **Claim Waiting Period** as requested in the **Application**, then you will **NOT** be able to make a claim. Electronic images of your Vehicle can be uploaded by accessing your online Client Portal, and/or emailed to us at hello@stubbenedge.com.

WHAT IS NOT COVERED

This insurance will not cover:

1. the repair of any **Minor Body Damage**:
 - 1.1. present on **Your Vehicle** prior to the first day after the end of the **Claim Waiting Period**; or
 - 1.2. happening during the **Claim Waiting Period**, if applicable.
2. any:
 - 2.1. damage that is not classed as **Minor Body Damage** by the **Approved Repairer**;

- 2.2. **Minor Body Damage** that in the opinion of the **Approved Repairer** cannot be repaired using a **SMART Repair** or will require the work to be completed by a bodyshop.
3. any **Minor Body Damage** to:
 - 3.1. any part of a vehicle with a non-standard or a custom paint finish, including but not limited to self-healing paint, pearlescent paint, chrome illusion paint, two tone paint, or matte finishes;
 - 3.2. stripes, decals, stickers and vinyl wraps;
 - 3.3. the roof of the **Vehicle**.
4. any **Minor Body Damage** where the paint is cracked, flaked or where any paint has been removed to reveal the underlying metalwork.
5. any **Minor Body Damage** caused:
 - 5.1. by decals or stickers;
 - 5.2. by wear and tear, hail, corrosion, pitting, or paintwork discolouration;
 - 5.3. by a road traffic accident;
 - 5.4. while **Your Vehicle** is being used for dispatch, road racing, track day participation, rallying, pace-making, speed testing or any other competitive event;
 - 5.5. while **Your Vehicle** is located, or the damage occurred outside of the **Geographical Limits**.
6. any **Minor Body Damage** caused by or arising out of any unlawful act by **You** or by anyone permitted to drive **Your Vehicle**.
7. any damage:
 - 7.1. to headlamps, lights, glass or wheels;
 - 7.2. to or re-application of any form of paint protection film, liquid, wax, or sealant;
 - 7.3. covered by any other insurance available to **You**.
8. repairs to cracked or deformed bumpers.
9. any variation in paint colour or finish including rust, due to the age and/ or condition of **Your Vehicle**.
10. the amount of the **Excess (if you have not taken out the Excess Protection option)** as stated on your **Policy Schedule**.
11. Any amounts charged by the Approved Repairer which exceeds the Indemnity Limit as stated in **Your Policy Schedule**.
12. The Excess payment, if you have **NOT** taken out the Excess Protection option.
13. If you have failed to provide us with Electronic Images of your vehicle by the end of the **Claim Waiting Period** as requested in the **Application**, then you will **NOT** be able to make a claim.

Electronic images of your Vehicle can be uploaded by accessing your online Client Portal, and/or emailed to us at hello@stubbenedge.com.

14. Any damage which falls outside of the scope outlined in the “**WHAT YOU ARE COVERED FOR**” section above.

EXCLUDED VEHICLES

The following Vehicles / Vehicle types are excluded from cover;

1. Taxis, self-drive hire, driving schools, service Vehicles e.g. police, ambulance etc;
2. Commercial vehicles or vans with a carrying capacity exceeding 1750kg.
3. A Vehicle used in any sort of competitions, rallies, pace making or off-road use.
4. Any Vehicle owned temporarily or otherwise.
5. Any Vehicle which is not listed in Glass’s Guide.

MAKING A CLAIM

If **Your Vehicle** sustains **Minor Body Damage** and **You** want to make a **Claim** under this **Policy**, **You** must follow the following procedure:

1. Check that the **Minor Body Damage** is covered under this **Policy**.
2. If the **Minor Body Damage** is covered, call **Us** as soon as possible on + 44 207 8461 373 or claims@stubbenedge.com. At the latest **You** must tell **Us** about the **Minor Body Damage** within 14 days of it happening. Failure to do this will result in the **Claim** being refused. To make sure that **You** receive the highest levels of service, telephone calls may be recorded.
3. **You** will need to supply the following information:
 - 3.1. the **Policy** number (found on the **Policy Schedule**);
 - 3.2. **Your Vehicle’s** registration number;
 - 3.3. details of the **Minor Body Damage**, including when it happened and how the damage was caused;
 - 3.4. Electronic Images of the **Minor Body Damage**, with a date stamp on any image(s) provided to **Us**. Electronic images of your Vehicle can be uploaded by accessing your online Client Portal, and/or emailed to us at hello@stubbenedge.com.
 - 3.5. dates when the **Vehicle** can be inspected and repaired, if **Your Claim** is covered.
4. If **We** accept **Your Claim** it will be handled by **Us** and the **Repair** will be carried out within the Geographical Limits by an **Approved Repairer**, who will make reasonable efforts to carry it out to **Your** satisfaction.
5. If you have your vehicle repaired by anyone other than an **Approved Repairer**, then we will not make payment of any Claim in respect of that repair.

6. If you have not taken out the Excess Protection, then **You** must pay **Us** the **Excess** (found on the **Policy Schedule**) prior to the **Approved Repairer** carrying out any repairs. The quotation for the repairs to your vehicle is only valid for a certain period as stated on the quotation. If the **Excess** is not paid by you within this period, then we will count this as a claim and you will forfeit any right to Claim in respect of that damage.
7. Both **You** and the **Vehicle** must be available on the day and at the time slot allocated for the **Approved Repairer** to attend. Failure to be present when the **Approved Repairer** attends will result in the forfeit by **You** of the **Excess** and will be counted as a **Claim** under the **Policy** where multiple **Repairs** are carried out by the **Approved Repairer** on the same day, these will be treated as multiple **Claims** under the **Policy**.
8. In certain circumstances, the **Approved Repairer** may advise **You** that the **Minor Body Damage** cannot be effectively repaired using **SMART Repair** and requires a bodyshop repair. If despite this **You** request that the **Approved Repairer** undertakes a **SMART Repair** and **You** are subsequently not satisfied with the result, any further work carried out to the same **Minor Body Damage** will not be covered under this **Policy**, and **YOU** will be solely liable for any further work which needs to be carried out.

If **You** fail to follow any part of the procedure set out above and this failure is detrimental to the **Insurer**, it might affect the amount that the **Insurer** will pay in settlement of **Your Claim** or the **Insurer** might refuse to pay **Your Claim**.

If you have failed to provide us with **Electronic Images** of your vehicle by the end of the **Claim Waiting Period** as requested in the **Application**, OR when you submit a claim, then you will not be able to make a claim, and your Policy will be cancelled by us. This is more fully outlined in the Cancellation section below.

Where **We** have authorised **Your Claim**, **We** will settle the **Claim** directly with the **Approved Repairer** on behalf of the **Insurer**.

YOUR OBLIGATIONS

You must comply with the following conditions to have the full protection of **Your Policy**.

1. The **Insurer** will not make any payment under this **Policy** unless **You**:
 - 1.1. are the owner or registered keeper of the **Vehicle** or **You** are financing the **Vehicle** on behalf of the owner or registered keeper of the **Vehicle**;
 - 1.2. comply with all of the terms and conditions contained in this **Policy**; and
 - 1.3. give **Us**, at **Your** expense, any information which **We** may reasonably require and cooperate fully in the investigation of any **Claim You** make under this **Policy**, this includes evidence that the damage occurred on the date and at the location stated in **Your Claim**.
 - 1.4. Provide us with the Electronic Images as outlined herein, before the Cover Start Date

and in the event of a Claim.

2. **You** must take all reasonable steps to prevent or minimise damage to **Your Vehicle**. If **You** fail to do so, **You** shall be liable to the **Insurer** for an amount equal to any detriment the **Insurer** has suffered as a result of **Your** failure to comply with this obligation, which the **Insurer** may deduct from any payment they make under this **Policy**.
3. The information you give to **Us** is important as this is used in setting the terms and premium for the **Policy**. **You** must take reasonable care to:
 - 3.1. supply accurate and complete answers to any questions **We** or the **Insurer** may ask as part of **Your** application for this insurance;
 - 3.2. make sure that any additional information supplied as part of **Your** application is true and correct; and
 - 3.3. tell **Us** of any changes to the answers or information **You** have given as soon as possible.

Occasionally, **We** are deliberately or recklessly given false information. If this happens the **Insurer** will treat this **Policy** as if it never existed and refuse all **Claims**. **You** must repay any payments already made by the **Insurer** under the **Policy** and they will not return the premium to **You**.

If **You** acted carelessly when giving **Us** your information, several things could happen:

1. if the **Insurer** provided insurance cover that they would not otherwise have offered, the **Insurer** will treat this **Policy** as if it had never existed. If this happens, the **Insurer** will give you back your **Premium** and **You** must repay any payments already made by the **Insurer** under the **Policy**;
 2. if the **Insurer** would have insured **You** on different terms, the **Insurer** will amend this **Policy** retrospectively and apply these amended terms to all **Claims** under the **Policy**, including any **Claims** **You** have already made; or
 3. if the **Insurer** would have charged **You** more premium if you had provided accurate information, **You** must pay the difference between the premium actually charged and the premium the **Insurer** would have charged. The **Insurer** may deduct this amount from any claim payment.
4. **You** must not act in a fraudulent way. If **You** knowingly:
 - 4.1. make a fraudulent or exaggerated **Claim** under this **Policy**;
 - 4.2. make a false statement in support of a **Claim** (whether or not the **Claim** is genuine);
 - 4.3. submit a false or forged document in support of a **Claim** (whether or not the **Claim** is genuine);

Consequences of acting in a fraudulent way - then:

1. the **Insurer** shall be entitled to give **You** notice of termination of the **Policy** with effect from the date of the fraudulent act;
2. the **Insurer** shall be entitled to refuse to make any payment under the **Policy** in respect of any **Claim** made or **Minor Body Damage** occurring after the date of the fraudulent act;

3. **You** must reimburse all payments already made by the **Insurer** relating to **Claims** made or **Minor Body Damage** occurring after the date of the fraudulent act; and
4. the **Insurer** shall be entitled to retain all premiums paid.

This does not affect your rights in relation to any **Claim** made or **Minor Body Damage** occurring before the date of the fraudulent act.

CANCELLATION OF THE POLICY

1. This **Policy** has a Cooling-off Period. This means **You** may cancel this **Policy** within the first 14 days of the **Period of Insurance**, or within 14 days after the day on which **You** receive the documentation for this **Policy** if that is later, for any reason and by any means. The documentation for this **Policy** will be treated as received by **You** 7 working days after it was posted to **You** by pre-paid post or the following day if it was sent to **You** by email.
2. If **You** have paid the **Premium** due, **You** will be entitled to a full refund of it provided **You** have not made a **Claim** and are not aware of any circumstances which could give rise to a **Claim**. If the **Premium** is refunded in full, the **Insurer** will treat this **Policy** as if it never existed and no liability whatsoever shall attach to the **Insurer** in respect of this **Policy**.
3. Once the Cooling-off period has ended and you have still failed to provide us with the **Electronic Images** as outlined herein, then we will be entitled to immediately cancel **Your Policy** and we will return any **Premium** which has been paid by you.
4. Once the Cooling-off Period has ended, **You** may cancel this **Policy** at any time by emailing notice to hello@stubbenedge.com and the cancellation will take effect from the date specified in the notice or, if no effective date has been specified, from the date the notice is received by **Us**.
5. The **Insurer** may cancel this **Policy** by giving **You** written notice. The effective date of cancellation will be stated in the notice but will not be less than 30 days from the date that the notice is issued, unless the **Policy** is cancelled because of non-payment of **Premium** due.
6. If the **Policy** is cancelled in accordance with paragraph 4 or 5 above, provided that **You** have not made a **Claim** and **You** are not aware of any circumstances which could give rise to a **Claim**, the **Insurer** will give **You** a pro rata refund of the **Premium** (if these have been paid by **YOU** already) for the remaining **Period of Insurance** after the effective date of cancellation for which **You** have already paid. However, the **Insurer** will not refund any premium under £20.
7. **already)** for the remaining **Period of Insurance** after the effective date of cancellation for which **You** have already paid. However, the **Insurer** will not refund any premium under £20.
8. If it has been agreed that **You** can pay the **Premium** by instalments and **You** fail to pay an instalment within 30 days of its due date, the **Insurer** may cancel this **Policy** with effect from the 30th day following the date on which the unpaid instalment of **Premium** was due. **You** will not be entitled to any benefits under this **Policy** after the date the unpaid **Premium** was due.

9. In the event that You this Policy prior to the end of the Period of Insurance, then we will be entitled to charge an administration fee of £20 in order to process the early termination.

POLICY TRANSFER

Provided that **You** have not made a **Claim**, if **You** change **Your Vehicle** during the **Period of Insurance**, **You** may ask **Us** to transfer this **Policy** to **Your new Vehicle**. If **We** agree to do this **We** will write to **You** to confirm our agreement. The new **Vehicle** will be covered subject to the terms and conditions of this **Policy**, unless otherwise agreed by **You** and **Us**.

GOVERNING LAW

Unless otherwise agreed by **You** and **Us**, this **Policy** is governed by the law of England and Wales. Any disputes in relation to the **Policy** which cannot be resolved by **You** and **Us** through negotiation will be dealt with in the courts of England and Wales.

COMPLAINTS

If **You** have a complaint and feel that something isn't right about **Our** service, then please email Us at: complaints@stubbenedge.com

Alternatively, **You** can contact a member of the team over the phone: + 44 207 8461 373

Or in writing, at - 77 Cornhill, London EC3V 3QQ;

We aim to deal with complaints promptly and fairly and obtain any additional information as necessary.

We will acknowledge your complaint as soon as **We** are made aware of it and will notify our Principal, Resolution Compliance immediately.

We will endeavour to review and respond within 3 working days of receipt of your complaint and, if your complaint is resolved, will issue a letter called a **Summary Resolution Communication letter** setting out, in detail, the actions that have been taken to address Your concerns.

Should Your complaint not be resolved within the first three working days of receipt, it will be escalated to Our principal Resolution Compliance, who will acknowledge and deal with the complaint within the agreed regulatory timescales, please see <https://fshandbook.info/FS/html/FCA/DISP> for details.

Resolution Compliance will acknowledge Your complaint immediately and will respond in writing within 5 working days.

Resolution Compliance will send You a final response in writing within 8 weeks and ensure that We are made aware of all correspondence sent to You.

We strive to resolve complaints at the earliest possible opportunity. If, for some reason, Resolution Compliance is unable to respond to Your complaint within 8 weeks, or You aren't

satisfied with the final response, You may be able to refer Your complaint to the Financial Ombudsman Service (subject to various conditions).

If You would like the Financial Ombudsman Service to consider reviewing Your complaint, You must contact the Financial Ombudsman Service within six months of the date the final response letter from Resolution Compliance is issued.

The Financial Ombudsman Service's contact details are:

- **Financial Ombudsman Service, Exchange Tower, London, E14 9SR.**
- **0800 0 234 567 (free from mobile phones and landlines) or 0300 123 9123 (charged at a national rate).**
- **info@financial-ombudsman.org.uk**
- **financial-ombudsman.org.uk**
- **020 7964 1000 (switchboard)**
+44 20 7964 1000 (for calls from outside the UK).

Financial Services Compensation Scheme

The **Insurer** and Stubben Edge (Risk) Limited are each covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if the **Insurer** or Stubben Edge (Risk) Limited cannot meet their respective financial obligations. Whether **You** are covered will depend on the precise circumstances in **Your** particular case. Further information about compensation scheme arrangements is available from the FSCS:

Financial Services Compensation Scheme,
10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU
Telephone: 0800 678 1100
Email: enquiries@fscs.org.uk
Website: www.fscs.org.uk

DATA PROTECTION AND PRIVACY

We take **Your** privacy very seriously.

This privacy notice is relevant to anyone who uses **Our** services, including Policyholders, prospective Policyholders, and any other individuals insured under a **Policy**. **We** refer to these individuals as "**You/Your**" in this notice. **We** are dedicated to being transparent about what **We** do with the information that **We** collect about **You**.

Any personal information **You** provide to **Us** will be treated in accordance with applicable data protection legislation including but not limited to the EU General Data Protection Regulation. For the purposes of data protection laws, **We** are the "data controller" of all personal information that **We** collect, use and/or otherwise process about **You** under **Our Privacy Policy**.

Why do **We** process **Your** data?

The provision of **Your** personal data is necessary for **Us** to administer **Your** insurance **Policy** and meet **Our** contractual requirements under the **Policy**. **You** do not have to provide **Us** with **Your** personal data, but **We** may not be able to proceed appropriately or handle any claims if **You** decide not to do so.

By signing the Application Form when applying for a **Policy**, **You** consent to **Us** using and sharing **Your** personal information as set out in **Our Privacy Policy** including, without limitation, the processing of personal sensitive data (this is most likely to include any information about **Your** health and/or information about any criminal record **You** may have). If submitting personal information about another person, by signing this form **You** confirm that **You** have their consent to provide such information to **Us** and for their information to be used as set out in this notice.

We will only retain **Your** personal information for the period required to administer **Your Policy** or as required by law, if longer.

We may record telephone calls to help **Us** monitor and improve the service **We** provide.

For further information on how **Your** information is used and **Your** rights in relation to **Your** information please see **Our Privacy Policy**. If **You** do not have access to the internet, please contact **Us** and **We** will send **You** a printed copy.

The Insurer

Hiscox is a trading name of a number of Hiscox companies. The specific Hiscox company acting as a data controller of **Your** personal information will be listed in the documentation provided. If **You** are unsure, **You** can also contact Hiscox at any time by telephoning 01904 681198 or by emailing dataprotectionofficer@hiscox.com.

Hiscox collect and process information about **You** in order to provide insurance policies and to process claims. **Your** information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing **Your** information with, and obtaining information about **You** from, Hiscox group companies and third parties such as brokers, loss adjusters, credit reference agencies, service providers, professional advisors, regulators or fraud prevention agencies.

Hiscox may record telephone calls to help monitor and improve the service Hiscox provide.

For further information on how **Your** information is used and **Your** rights in relation to information please see Hiscox's privacy policy at www.hiscox.co.uk/cookies-privacy.