

GUARANTEED LIFE

Life insurance
Policy document



HIVE
Insurance Services

www.hiveinsure.co.uk

GUARANTEED LIFE PLAN

WELCOME TO YOUR GUARANTEED LIFE POLICY DOCUMENT

This document sets out the conditions of the insurance between **you** and **us**. It should be kept in a safe place. Please read this document and the Schedule of Insurance carefully.

It is important that **you**:

- › check that the **policy** and the cover, which **you** have selected, are correct and suitable for **your** needs;
- › comply with **your** duties under the insurance.

This is a Contract of Insurance containing the terms and conditions, **benefits** and limitations of

- › Term Life Insurance

The Guaranteed Life Plan provides a guaranteed cash sum if during the term of cover (but subject to the Exclusion clauses at page 5):

- › **you** die

This document gives full details of the cover provided by this **policy**. This document, together with the Schedule of Insurance, confirms that insurance has been agreed between **you** and the insurer. The insurer agrees to insure **you** in accordance with the terms and conditions detailed in this **policy** document.

HOW THE BENEFIT WORKS?

The Life cover provides a guaranteed cash sum up to a maximum of £100,000 if you die during the term of cover. Please see table of **Benefits** below:

TABLE OF BENEFITS

Level 1 (Gold)	
Age	Life Cover Benefit
18 – 50	£100,000
51 – 55	£100,000
56 – 61	£50,000
62 – 68	£50,000

Level 2 (Silver)	
Age	Life Cover Benefit
18 – 50	£75,000
51 – 55	£75,000
56 – 61	£37,500
62 – 68	£37,500

Level 3 (Bronze)	
Age	Life Cover Benefit
18 – 50	£50,000
51 – 55	£50,000
56 – 61	£25,000
62 – 68	£25,000

Please see **your** Schedule of Insurance for confirmation of **your** **benefit** amount. This document gives full details of the cover

provided by this **policy**. This document, together with the Schedule of Insurance, confirms that insurance has been agreed between **you** and **us**. The insurer agrees to insure **you** in accordance with the terms and conditions detailed in this **policy** document.

REGULATORY AUTHORITIES

The Life cover is underwritten 100% by Isle of Man Assurance Limited.

Isle of Man Assurance Limited (IOMA) is a private limited company incorporated in the Isle of Man with company number 3792C and is regulated and authorised by the Isle of Man Financial Services Authority. IOMA's registered address is IOMA House, Hope Street, Douglas, Isle of Man IM1 1AP.

This plan is distributed by Hive Insurance Services Limited (registered in England No 3179382) is authorised and regulated by the Financial Conduct Authority, registered number 308655.

This plan is arranged by Compass Underwriting Limited. Compass is a private limited company incorporated in England under registered number 3332314. Compass Underwriting Limited is authorised and regulated by the Financial Conduct Authority under register number 304908 which can be checked at www.register.fca.org.uk or by calling them on 0800 111 6768.

Isle of Man law applies to this policy unless **you** have asked for another law and **we** have agreed to this in writing before the **start date**.

ARE YOU ELIGIBLE?

We will cover **you** under this **policy** if **you** and/or any **family** **members**:

- › permanently reside in the **United Kingdom**; and
- › **you** are aged between 18 and 55 at the **effective date**; and **your** partner/spouse are between the age of 18 years and 55 at the **effective date**.

The **policy** can be renewed up to the age of 68. The Life Cover Benefit will be reduced to 50% of the **benefit** following the renewal age of 56 and stops following the renewal of 68.

INFORMATION YOU HAVE GIVEN US:

In deciding to accept this insurance and in setting the terms and **premium** **we** have relied on the information **you** have given **us**. **You** must take care when answering any questions **we** ask by ensuring that all information provided is accurate and complete.

If **we** establish that **you** deliberately or recklessly provided **us** with false or misleading information **we** will treat this insurance as if it never existed and decline all claims.

If **we** establish that **you** were careless in providing **us** with the information **we** have relied upon in accepting this insurance and setting its terms and **premium**, **we** may:

- › treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid.

We will only do this if **we** provided **you** with insurance cover, which **we** would not otherwise have offered;

- › amend the terms of **your** insurance. **We** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **your** carelessness;
- › charge **you** more for **your** insurance or reduce the amount **we** pay on a claim in the proportion the premium have paid bears to the premium **we** would have charged **you**;
- › or cancel **your** contract of insurance in accordance with the Cancelling **your** Covers condition below.

DEFINITIONS

Where **we** explain what a word means, that word will have the same meaning wherever **we** use it in **your policy**. These words are highlighted in **bold**.

Benefit(s)

The amount shown in the Schedule of Insurance, the **policy** wording states the maximum **benefits you** can receive.

Compass

Compass Underwriting Limited – the administrators of this insurance, registered in England number: 3332314. Registered office: Brierly Place, New London Road, Chelmsford, Essex CM2 0AP but operates from 50 Mark Lane, London EC3R 7QR.

Contract period

60 calendar months from when **your policy** began and for each subsequent renewal but subject to **our** right to cancel highlighted below.

Doctor

A qualified medical practitioner registered in the **UK** with the General Medical Council. A **doctor** cannot be **you**, anyone related to **you** or anyone living with **you**.

Effective Date

Means the date when **you** were first covered as shown on the **policy** schedule

Family member

1. the **policyholder's** current legally married spouse or registered civil partner under the Civil Partnership Act 2004, who permanently lives with **you**, or a person who is permanently living with **you** and has been for at least 6 months and the relationship is in the nature of a marriage even though it has not been legally formalised. and
2. any of their or **your** children, including adopted children, under 18 years of age when the **policy** is taken out or when it is renewed.

Medical condition

Any disease, illness or injury, including psychiatric illness.

Policy

The full terms of the insurance contract between **you** and **us** are set out in a number of documents such as the application form **we** ask **you** to fill in, the terms of this **policy** wording, any statement of fact and the Schedule of Insurance.

Policyholder

The first person named on the Schedule of Insurance.

Pre-existing

Is any condition, injury, illness, disease or related condition and/or associated signs or symptoms, whether diagnosed or not, which in the 3 year period immediately prior to the **start date**: -

- › **you** knew about, or should reasonably have known about, or
- › **you** had seen, or had arranged to see a **doctor** about.

Premium(s)

The amount **you** pay in return for the cover **you** have chosen as set out in **your** Schedule of Insurance.

Specialist

Means a **doctor** or medical consultant having a **United Kingdom** specialist qualification.

Start date

The date the insurance begins as shown on **your** Schedule of Insurance.

Terrorist act

Any clandestine use of violence by an individual terrorist or a terrorist group to coerce or intimidate the civilian population to achieve a political, military, social or religious goal.

Treatment(s)

Surgical or medical services (including diagnostic tests and day-patient treatment) that are needed to diagnose, relieve or cure a disease, illness or injury.

UK, United Kingdom

England, Scotland and Wales only.

We, our, us

Isle of Man Assurance Limited.

You, your

The person or people named on the Schedule of Insurance including **family members**.

CANCELLING YOUR TERM LIFE COVER

Your statutory cancellation rights (Cooling off period).

The **Policyholder** can cancel this **policy** within 30 days of when **you** received **your policy** document. **We** will refund any **premium you** have paid as long as **you** have not made any eligible claim.

To cancel either write to Hive Insurance Services at the following address: The Hive, Almondsbury Business Centre, Bradley Stoke, Bristol BS32 4QH. Customer Service: 01454 619500 (Monday to Friday, 8am-5pm, excluding public holidays). Or email: enquiries@hiveinsure.co.uk

CANCELLING OUTSIDE THE STATUTORY PERIOD

The Policyholder's right to cancel:

The **Policyholder** can cancel this **policy** at any time by sending **your** Schedule of Insurance to the address above and asking in writing for **your policy** to be cancelled. **We** will cancel the insurance on the day **we** receive **your** request. For fully paid

policies **we** will work out any refund of **premium**, administration fees are non-refundable, for the unused period of insurance on a pro rata basis, provided no claim has been paid or is due to be paid and nothing has occurred that is likely to give rise to a claim. For example, if **you** have been covered for 6 months, the deduction for the time **you** have been covered will be half the annual **premium**.

You will be responsible for cancelling the direct debit arrangement(s).

Our Right to Cancel:

We have the right not to offer renewal for this product or to cancel the **policy** by giving **you** 90 days written notice. Compass will send this notification by registered post to the last address **you** gave **us**.

We will work out any **premium** refund in line with the above paragraph.

THE LAWS THAT APPLY

You and **we** are free to choose the laws that apply to this **policy**. As **we** are based in the Isle of Man, **we** will apply the laws of the Isle of Man and by purchasing this **policy**, **you** have agreed to this.

PRIVACY AND DATA PROTECTION NOTICE

Your information will be held by Isle of Man Assurance Limited, which is part of the IOMA Group. This privacy notice is to let **you** know how companies within the Group promise to look after **your** personal information. This includes what **you** tell **us** about yourself, what **we** learn by having **you** as a customer, and the choices **you** give **us** about what marketing **you** want **us** to send **you**. This notice also tells **you** about **your** privacy rights and how the law protects **you**.

We've approached **our** Privacy Policy with brevity and clarity in mind. **We're** happy to provide any additional information or explanation needed and/or answer any questions **you** may have.

How we use your personal data

We use the personal data **we** hold about **you** for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), for offering renewal, research or statistical purposes and to provide **you** with information, products or services that **you** request from **us**. **We** will also use **your** data to safeguard against fraud and money laundering and to meet **our** general legal or regulatory obligations.

Sensitive personal data

Some of the personal information, such as information relating to health or criminal convictions, may be required by **us** for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for **us** to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in our notice.

Disclosure of your personal data

We disclose **your** personal data to third parties involved in providing products or services to **us**, or to service providers who perform services on our behalf. These include our group companies, third party administrators, reinsurers, reinsurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters,

external law firms, external accountants and auditors, regulatory authorities, and as may be required by law.

International transfers of data

We may transfer **your** personal data to destinations outside the European Economic Area ("EEA"). Where **we** transfer **your** personal data outside the EEA, **we** will ensure that it is treated securely and in accordance with the Legislation.

Your rights

You have the right to ask **us** not to process **your** data for marketing purposes, to see a copy of the personal information **we** hold about **you**, to have **your** data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to restrict the processing of **your** data, to ask **us** to provide a copy of **your** data to any controller and to lodge a complaint with the local data protection authority.

Retention

Your data will not be retained for longer than is necessary and will be managed in accordance with our data retention policy. In most cases the retention period will be for a period of six (6) years following the expiry of the insurance contract, or **our** business relationship with **you**, unless **we** are required to retain the data for a longer period due to business, legal or regulatory requirements.

If **you** have any questions concerning **our** use of **your** personal data, please contact The Data Protection Officer, IOMA Group – please see website for full address details. <https://www.iomagroup.co.im/privacy.html>

PAYING PREMIUMS

Policyholders will be charged an administration fee, payable to Hive Insurance Services; to cover related **policy** administration, finance, reporting and issuance costs.

All fees and charges are included in the monthly premiums and a breakdown of costs will be shown on **your** Schedule of Insurance. **You** must provide **your** bank details to **us**, **Compass**, and/or the designated finance company which will collect **your** direct debit payments each month.

This **policy** will automatically end if **you** miss any payments or **you** fail to comply with the terms set out in **your** agreement with **us**. **You** can re-apply to take out this insurance again.

In return for accepting **your premium**, **we** will pay **you** the stated **benefit** (**we** describe this in the following pages).

In the event of a Life claim under a joint family **policy** the non-claiming insured's **benefit** will continue at their own individual **premium** rate.

If paying **premiums** through monthly direct debit **you** will be charged an amount equal to **your** annual administration fee when cancelling **your policy**.

In the event of **your** death, for **policies** paid by monthly direct debit, the administrator, on behalf of **us** and/or the designated finance company, will deduct any outstanding **premiums** or finance fees owed on the **policy**, from any **benefit** payment(s).

TRANSFERRING THIS POLICY (ASSIGNMENT)

You cannot transfer this **policy** to someone else.

ADDING FAMILY MEMBERS

If **you** also arrange cover for **your family members**, **you** will still be the one registered as the **policyholder** and **your family members** cannot have separate membership for himself or herself.

If **you** are single when **you** join the scheme, and **you** later get married, or live with a partner, and **you** wish to add them to **your** cover, contact **us** with details of **your** partner's name and his or her date of birth.

When **we** receive these details, **we** will change **our** records so that **you** have a family policy and can claim the relevant **benefits** for **your** partner.

TERM LIFE COVER

COVER PROVIDED

We will pay the lump sum **benefit** as set out in **your** Schedule of Insurance up to a maximum of £100,000 upon **your** death. A benefit of £5,000 is payable in the event of a death of a child(ren), if included under this plan, up to a maximum of 4 children.

EXCLUSIONS – WHAT IS NOT COVERED

We will not pay a claim if it is caused directly or indirectly from any of the following: -

- a) any **pre-existing medical condition**;
- b) inappropriate use of alcohol or drugs, including but not limited to the following:
 - › consuming too much alcohol
 - › taking an overdose of drugs, whether prescribed or not
 - › taking controlled drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription
- c) intentional self-inflicted injury;
- d) war, invasion, acts of foreign enemies, hostilities (whether war be declared or not) civil war, riots, strikes, civil commotion, terrorism, rebellion, insurrection or military or usurped power, or explosions of war weapons;
- e) nuclear contamination, biological contamination or chemical contamination.

WHEN COVER ENDS

All cover will end when:

- › the **policyholder** dies;
- › **your policy** is due for renewal after **you** reach the age of 68;
- › **you** stop permanently residing in the **UK**;
- › **you** or **we** cancel this **policy** as shown in the Section "Cancelling **your** Term Life cover"; or
- › **you** stop paying **your premium**.

MORATORIUM

We do not provide cover for any **pre-existing** condition, or any related condition, for which **you** have suffered signs or symptoms, sought or received medical advice, tests or treatment or taken medication, prescribed or not, in the 3 years before **your effective date**.

However, subject to the plan terms and conditions, a **pre-existing** condition can become eligible for cover providing **you** have not:

- › consulted anyone (e.g. a doctor or specialist) for medical **treatment**, tests or advice (including check-ups);
- › taken medicines (including prescription or over-the-counter drugs, medicines, special diets or injections), for that **pre-existing** condition or any related condition for two continuous years after **your effective date**.

If **you** experience symptoms, receive advice, medication, diagnostic tests or **treatment** for that **medical condition** within the first 2 years of **your start date** then the moratorium period will not be satisfied, and **you** will only be covered after there has been a continuous period of 2 years where **you** have been advice, medication, symptom, test and treatment free for that condition.

GENERAL CONDITIONS

You must comply with the following conditions to have the full protection of **your policy**. If **you** do not comply with them, **we** may at **our** option cancel the **policy**, or refuse to deal with **your** claim or reduce the amount of any claim payment.

HOW LONG DOES YOUR COVER LAST?

This **policy** lasts for a period of five (5) years from the **start date**. **We** guarantee that (but please note **our** right to cancel paragraph at page 4) if **you** keep the **policy** for 5 years **we** guarantee **we** will not change the **premium** in that period, unless **you** make any alterations to the **policy**. After the fifth anniversary any renewal of the **policy** **we** reserve the right to review the **premium**.

Additionally, **we** may change the conditions of **your** cover at any time, though generally this is only done at the end of the **policy** period, and if **we** do, **we** will explain any changes **we** have made.

All cover will end when:

- › **you** die;
- › **your policy** is due for renewal after **you** reach the age of 68;
- › **you** stop permanently residing in the **UK**;
- › **you** or **we** cancel this **policy** as shown in the Section "Cancelling **your** Term Life cover"; or
- › **you** stop paying **your premium** or **your** outstanding **premium**, whichever is earlier.

CHANGE IN CIRCUMSTANCES

You must give **Compass** written notice of any change in **your** personal circumstances within 30 days or as soon as **you** can.

This includes if **you** have a family **policy** and **your** partner and/or children no longer reside with **you**, move to live or work outside the **UK**, or any other relevant circumstance. If **you** do not provide details about a change in **your** circumstances, it may affect **your** ability to claim under the **policy**.

Please also keep **us** updated as to **your** bank account details, address and other contact details.

You must make sure that whenever **you** provide any information, it is true, accurate, and complete to the best of

your knowledge and belief so that it shows **us** the risk **we** are taking on. If any information **you** (or anyone acting on **your** behalf) provide is not accurate or is not complete, **your** cover may not protect **you** if **you** need to make a claim.

We and **Compass** will use **your** personal information to provide the service set out under the terms of this **policy** and to manage **your policy**. Because the **policyholder** on the Schedule of Insurance may be acting on behalf of another person covered by this **policy**, **Compass** will send all information about the **policy** (including any forms, reports and letters or e-mails) to the **policyholder**, unless **we** are told to do otherwise. However, **we** will not send any claims information to the **policyholder**, unless it is the **policyholder** making the claim. **You** may not have more than one **policy** with **Compass**.

If **you** break any terms of the **policy** or make, or attempt to make, any dishonest claim, **we** can refuse to make any payment and end **your policy** and all cover under it immediately.

Only **you** and **us** have legal rights under this **policy** and it is not intended that any clause or term of this **policy** should be enforceable, by virtue of the contract (Rights of Third Parties) Isle of Man Act 2001.

SANCTION LIMITATION AND EXCLUSION CLAUSE

We shall not be deemed to provide cover or 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** that 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

Making a Term Life Claim

If **you** need to make a claim for Term Life, please write to **us** at:

Compass Underwriting Limited
50 Mark Lane, London EC3R 7RQ.
Email: claims@compassuw.co.uk

Or **you** or **your** legal representative can phone the claims department directly at 0800 032 7775 or via their landline of +44 (0)20 7398 0100 to get a claim form.

1. **You** or **your** legal representative, will need to fill out the claim form and send it back to **us**. When submitting the claim form **you** must give **your** reference number and state under which section a claim is being made. All circumstances that are likely to give rise to a claim under this insurance should be notified within 30 days of death (or as soon as reasonably practicable thereafter).
2. Please note all calls may be monitored and recorded for security purposes.
3. **You** must comply with the following conditions to have the full protection of **your policy**. If **you** do not comply with them, **we** may at our option cancel the **policy**, refuse to deal with **your** claim or reduce the amount of any claim payment.
4. When **we** have approved a claim **you** will need to wait up to 5 working days for **your** cheque or electronic

payment, as long as **we** have all the necessary information.

Making a Term Life Claim

Claim Conditions

We will only pay **benefit** to **your** estate whose receipt will be a discharge to **us**. 'Discharge' means that when **we** make a payment of a claim to **your** estate, this will be the end of **our** legal responsibilities.

In the event of a claim:

- a) **Your** legal representative should notify **us** of a potential claim within 30 days of the incident or as soon after the incident as is reasonably practicable.
- b) **We** will give **your** representatives all the advice they need to help the claim run smoothly and will send out any claim form that they need to complete.
- c) All information and evidence to support a claim shall be provided at the expense of **your** estate and shall be in a form as required by **us**.
- d) **Your** estate cannot **benefit** if an exclusion applies as set out on page 5, including **pre-existing** conditions.
- e) The receipt of **benefit** from **us** to **your** legal representatives will be a full and final discharge by **us**.
- f) The **Policyholder** should continue to pay **premiums** due for themselves and their remaining **family members**, if they wish their insurance cover to continue.

FRAUD

You must not act in a fraudulent way. If **you** or anyone acting for **you**:

- ▶ make a claim under the **policy** knowing the claim to be false or exaggerated in any way;
- ▶ make a statement to support a claim knowing the statement to be false in any way;
- ▶ send **us** a document to support a claim knowing the document to be forged or false in any way; or
- ▶ make a claim for any loss or damage caused by **your** deliberate act or caused by an act to which **you** agree, about which **you** know in advance or in which **you** collude. In these circumstances **we**:
 - will not pay the claim;
 - will not pay any future claim, which may, or may not, have already been notified;
 - may declare the **policy** void;
 - will be entitled to recover from **you** the amount of any claim already paid under the **policy**;
 - will not return any of **your premiums**;
 - may let the police know about the circumstances.

MAKING YOURSELF HEARD – COMPLAINTS AND FEEDBACK

We always try to provide an excellent standard of service. But, if **you** want to complain or provide **us** with feedback it is important **you** know **we** are committed to providing **you** with an exceptional level of service and customer care. **We** realise that things can go wrong and there may be times when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

Who to contact?

So that **your** complaint is dealt with as quickly and efficiently as possible, **you** will need to make sure that:

- › **you** are talking to the right person; and
- › **you** are giving them the right information

When you contact us

- › Please give **your** name and phone number.
- › Please give **your policy** or claim number and the type of **policy you** hold.
- › Please explain the reason for **your** complaint clearly and briefly.

Step one – making your complaint

For complaints relating to your **policy** or **benefits** please contact: The Customer Services Manager, **Compass Underwriting Limited** 50 Mark Lane, London EC3R 7QR. Tel. 0800 032 7775 (please note that calls are recorded). Email complaints@compassuw.co.uk

If **you** prefer to provide written details, **we** have prepared the following checklist for **you** to use when writing **your** letter.

- › Write 'Complaint' at the top of **your** letter.
- › Give **your** full name, postcode and phone numbers.
- › Include the type of **policy** and **your policy** or claim number.
- › Explain clearly and briefly the reasons for **your** complaint.

You should send the letter to the person dealing with **your** complaint along with any other material that is needed. **We** expect to sort out most complaints quickly and satisfactorily at this stage.

At any stage **you** can also contact **us** at: Complaints, Isle of Man Assurance Limited (IOMA), IOMA House, Hope Street, Douglas, Isle of Man IM1 1AP

Step two

Compass Underwriting Limited

If it is not possible to reach an agreement, **you** have the right to make an appeal to the Financial Services Ombudsman. This also applies if **you** are insured in a business capacity and have an annual turnover of less than €2 million and fewer than ten staff.

You may contact the Financial Ombudsman Service at: The Financial Ombudsman Service, Exchange Tower, London E14 9SR Telephone: if calling from a landline 0800 023 4567 or if calling from a mobile 0300 123 9123. Fax: 020 7964 1001 Email: complaint.info@financialombudsman.org.uk.

Isle of Man Assurance Limited

At any stage, **you** may have the right to contact the Financial Services Ombudsman who can review complaints from 'eligible complainants' which includes private individuals and sole traders and partnerships.

The Financial Services Ombudsman, Isle of Man Office of Fair Trading, Thie Slieau Whallian, Foxdale Road, St John's, Isle of Man IM4 3AS. Tel: +44 (0) 1624 686500. Fax: +44 (0) 1624 686504. Email: ombudsman@iomoft.gov.im Website www.gov.im/oft

The above complaints procedures are in addition to **your** statutory rights as a consumer and following this complaints procedure does not affect **your** right to take legal action.

ONLINE DISPUTE RESOLUTION (ODR) PLATFORM

Alternatively, if **you** purchased **your** insurance online, please note that **you** can, if **you** wish, also submit **your** complaint via the Online Dispute Resolution (ODR) Platform set up by the European Commission. This service has been set up to help residents in the European Union (EU) who have bought goods or services online, get their complaint resolved. **You** can access the ODR Platform by clicking on the following link:

<https://ec.europa.eu/consumers/odr/main/index.cfm?event=main.home2.show&lng=EN>

This does not affect **your** right to submit **your** complaint following the process above. Please note that under current rules the European Commission will ultimately redirect **your** complaint to the Financial Ombudsman Service (FOS).

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

Compass Underwriting Limited is a member of the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from this scheme in the unlikely event **we** are unable to meet our obligations under this contract, depending on the type of insurance and the circumstances of the claim.

Further information about the scheme is available from the FSCS website www.fscs.org.uk or write to the Financial Services Compensation Scheme, 10th floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU and on Telephone: 0800 678 1100 or +44 (0)20 7741 4100 or Facsimile +44 (0)20 7741 4101.

POLICYHOLDER PROTECTION

For life assurance companies, the Isle of Man's Life Assurance (Compensation of Policyholders) Regulations 1991 ensure that, in the event of a life assurance company being unable to meet its liabilities to its **policyholders**, and subject to the Regulations, the scheme manager shall pay to the **policyholder** out of the **Policyholders'** Compensation Fund a sum equal to 90% of the amount of any liability of the insurer under the contract.

The Island's scheme operates globally, providing protection to **policyholders** no matter where they reside.

For more details please see: <https://www.iomfsa.im/regulated-sectors/life-insurance/policyholder-protection/>



01454 619500 | www.hiveinsure.co.uk

THE HIVE, ALMONDSBURY BUSINESS CENTRE, WOODLANDS, BRADLEY STOKE, BRISTOL BS32 4QH

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