

Motor Legal Expenses Policy Wording

AimCoreProtect



Underwriters
AmTrust Europe Limited.

We, Us, Our

The authorised **Claims Agents** of this insurance acting on behalf of the **Underwriters**.

Policy Wording - Motor Legal Protector

DEFINITIONS

Each of the words or phrases listed below will have the same meaning wherever they appear in **bold** in this insurance:-

Claims Agent

Aim Legal Expenses Insurance Services Ltd.

Defendant

The person, company or partnership that the **Insured** alleges is responsible for the **Insured Incident**.

Insured Incident

Any road traffic accident (excluding claims for theft or fire) which results in damage to the **Insured Vehicle** or damage to any personal property owned by an **Insured Person** whilst in or on the **Insured Vehicle** or any injury to or death of an **Insured Person** whilst in on or mounting or dismounting from the **Insured Vehicle**.

Insured Person

The **Insured** and any authorised driver of the **Insured Vehicle**.

Insured Vehicle

The motorcar, motorcycle or commercial vehicle specified in the underlying policy of motor insurance taken out by the **Insured**.

Insured, You, Your

The person to whom this insurance has been issued and who has paid or promised to pay the premium.

Legal Costs and Expenses

The reasonable and irrecoverable costs incurred by the **Solicitor** on a standard basis which an **Insured Person** is ordered to pay by a Civil Court or which are agreed by negotiated settlement with **Our** agreement.

Limit of Indemnity

Is the maximum sum that the **Underwriters** will pay in aggregate in respect of all **Legal Costs and Expenses** incurred by the **Solicitor** or the **Defendant** in relation to the prosecution of a claim which is covered by this insurance subject always to the maximum indemnity of £100,000.

Period of Insurance

The period commencing from when the **Insured** pays or promises to pay the premium to the **Sales Agent**, to the expiry date of the underlying policy of motor insurance in force in respect of the **Insured Vehicle** which in no circumstances will exceed 12 months.

Prospects of Success

Reasonable prospects considered as a 51% or better chance of success.

Sales Agent

The person or company who arranged the underlying policy of motor insurance taken out by the **Insured**.

Solicitor

The appropriately qualified lawyer, legal representative or specialist consultant appointed by **Us** or the **Underwriters** to act on behalf of the **Insured**.

Territorial Limits

The United Kingdom, Channel Islands, Austria, Belgium, Finland, The Federal Republic of France, Germany, Ireland, Italy, Luxembourg, The Netherlands, Norway, Portugal, Spain, Sweden and Switzerland provided that the **Insured** has arranged a Green Card where recommended through the insurer who has issued the underlying motor insurance policy.

COVER

The **Underwriters** will indemnify the **Insured Person** against **Legal Costs and Expenses** incurred in the pursuit of a civil claim against a **Defendant** arising from an **Insured Incident** subject to:-

- a) The **Insured** having paid or promised to pay the premium.
- b) The **Insured Incident** taking place within the **Territorial Limits** and within the **Period of Insurance**.
- c) The claim having reasonable **Prospects of Success**.
- d) The maximum sum **We** pay not exceeding the **Limit of Indemnity**.
- e) The terms and conditions of this policy.

CONDITIONS

1. **We** can attempt to settle the claim prior to the appointment of **Solicitors** or the issue of legal proceedings.
2. **We** and/or the **Underwriters** can take over conduct of any claim at any time in the name of the **Insured Person**.
3. **We** and the **Underwriters** can issue proceedings for the **Underwriters** benefit in the name of the **Insured Person** to recover any payments **We** have made under this insurance.
4. If **We** consider that it is appropriate to issue legal proceedings **We** shall nominate a **Solicitor** to act on behalf of the **Insured Person**. The **Insured Person** may nominate a **Solicitor** of their own choice however such **Solicitor** must submit full details of their experience and expertise and must agree to work to **Our** standard terms and conditions for **Solicitors**. In the event that we cannot agree such nomination the **Insured Person** will have the right to arbitration as set out in the conditions of this insurance.
5. The **Underwriters** have the right to withdraw indemnity under this insurance if the **Insured Person** is declared bankrupt, goes into liquidation (voluntary or otherwise) appoints a receiver or has a receiver appointed.
6. **We** and/or the **Underwriters** may cancel this insurance by giving the **Insured** 14 days notice in writing by recorded delivery to the **Insured's** last known address.
7. **We** and/or the **Underwriters** may at their discretion discharge all liabilities to the **Insured Person** by paying a sum equal to that claimed subject always to such sum not exceeding the **Limit of Indemnity**.
8. **You** and/or the **Insured Person** must :-
 - a) Report all claims to **Us** within 30 days of the **Insured Incident**.
 - b) Take all reasonable steps to minimise any amount claimed from the **Defendant**.
 - c) Co-operate with **Us** at all times and forward any communications received in connection with an **Insured Incident** to **Us** without delay and supply **Us** with any information **We** require.
 - d) Co-operate with the appointed **Solicitor** including giving such instructions as **We** require and keep the **Solicitor** and **Us** fully informed of any developments or material changes in circumstances that may affect the progress or settlement of the claim.
 - e) Advise **Us** immediately of any offers of payment to settle the claim.
 - f) Not accept any offer of payment or enter into settlement negotiations without **Our** express agreement.
 - g) Instruct the **Solicitor** to have the **Legal Costs and Expenses** assessed taxed or audited if **We** request such action.

- h) Co-operate fully with **Us** to assist **Us** to recover any **Legal Costs and Expenses** we have had to pay on **Your** behalf that have been reasonably incurred in connection with the pursuit of the claim.
- i) Adhere to the terms and conditions of this insurance at all times.
9. If the **Insured Person** makes any claim under this policy which is fraudulent or false or misleading or where there is collusion between the **Insured Person** and the **Defendant** or any witnesses this policy shall be declared void.
10. In the event of a dispute between **You** and **Us**, **You** may ask for the dispute to be referred to an independent arbitrator who is acceptable to both parties. In the event that such an arbitrator cannot be agreed upon an arbitrator will be nominated by the President of the Bar Council and the decision will be binding upon both parties and the cost of the arbitration will be borne by the losing party.
11. Co-operate fully with **Us** and the **Solicitor** in any action or issue of legal proceedings that may be necessary to enforce any rights or remedies that **We** become or may become entitled to under subrogation upon **Us** paying or becoming liable to pay any losses under this policy.
12. The contract of insurance evidenced by this certificate will at all times be governed by English Law.

EXCLUSIONS

1. Any **Legal Costs and Expenses** incurred prior to **Our** confirmation of indemnity being granted to **You** under this policy.
2. Any claims arising out of any deliberate criminal act or omission or fines and penalties imposed by a criminal court.
3. Any claims where the **Defendant** cannot be traced or does not hold valid motor insurance.
4. Any claims occurring from use of the **Insured Vehicle** for motor racing rallies speed trials or competitions of any kind.
5. Any claims made or legal proceedings between the **Insured** and **Insured Persons**.
6. Any claims where the **Insured Vehicle** is found to be in an unroadworthy condition or does not have a valid MOT certificate at the time of the **Insured Incident**.
7. Any claim not reported to **Us** within 30 days of the occurrence of the **Insured Incident**.
8. Any claims that **You** are indemnified for under any other policy of insurance.
9. Any claims or counter claims made against **You** by the **Defendant**.
10. Any claim arising from ionizing radiation or contamination from irradiated nuclear fuel or from any nuclear waste.
11. Any claim arising from riot civil commotion war invasion acts of hostility by foreign powers confiscation nationalization requisition or damage to property by or under the order of any government.
12. Any claim relating to motor prosecution defence.

CLAIMS PROCEDURE

If **You** wish to make a claim, **You** should contact the **Claims Agent** or **Sales Agent** who arranged cover for **You**. **You** can telephone the **Claims Agent** on 0844 836 1127.

CANCELLATION

Written confirmation of the cancellation of the policy may be given at any time by **You** or by **Us** and/or the **Underwriters**. **We** and/or the **Underwriters** will give **You** a minimum of 14 days notice of

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cancellation to enable **You** to find alternative cover. If **You** do not exercise **Your** right to cancel within the cooling off period the policy premium becomes due, **You** may not be entitled to a refund of premium and the policy may run for its full term. **You** may cancel the policy by contacting **Your Sales Agent**.

COOLING OFF PERIOD

Before **You** accept this policy **You** have 14 days to review **Your** policy wording. If **You** are not totally happy with this policy and **You** have not made a claim **You** can write to the **Sales Agent** requesting that **Your** insurance is cancelled and that any monies paid be returned. **We** will then cancel **Your** insurance.

COMPLAINTS PROCEDURE

If Your complaint is about the way a Policy was sold to You

If at any time **You** have any query or complaint regarding the way the **Policy** was sold, **You** should refer to the **Insurance Intermediary** who sold the **Policy** to **You**.

If Your complaint is in regard to a claim against the Policy

We always aim to provide a first-class service. However, if **You** should have a query or complaint regarding a claim against this **Policy**, **You** should address **Your** complaint to:

AmTrust Europe Legal Limited
1st Floor
11 St James Square
Manchester
M2 6WH

Tel. No. 0844 815 8500

We will contact **You** within five days of receiving **Your** complaint to inform **You** of what action **We** are taking. **We** will try to resolve the problem and give **You** an answer within four weeks. If it will take **Us** longer than four weeks **We** will tell **You** when **You** can expect an answer.

If **We** have not given **You** an answer in eight weeks **We** will tell **You** how **You** can take **Your** complaint to the Financial Ombudsman Service for review.

Once **You** have received **Your** final response from **Us** and if **You** are still not satisfied **You** can contact the Financial Ombudsman Service: Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR. By telephone on **0800 023 4567** or **0300 123 9 123** or by Email complaint.info@financial-ombudsman.org.uk

This complaints procedure does not affect any legal right **You** have to take legal action against **Us**. **You** can check the above details on the Financial Services Authority Register by visiting the FSA website: www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

Whole Agreement

AmTrust Europe Limited, who underwrite this insurance are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme if they cannot meet their obligations. This depends upon the type of insurance and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim. Further information is available from the Financial Services Authority or the FSCS. The FSCS can be visited on the web at www.fscs.org.uk or by contacting the FSCS on 020 7892 7300.

This policy is provided by: AmTrust Europe Limited, Market Square House, St James's Street, Nottingham, NG1 6FG. Registered No. 202189. Tel 0115 941 1022.

Authorised and regulated by the Financial Services Authority **You** can check the above details on the Financial Services Authority Register by visiting the FSA website: www.fsa.gov.uk or by contacting the FSA on 0845 606 1234.