

Motor Legal Protector Policy Summary

This is a summary of your Motor Legal Protector Policy. It does not contain the full terms and conditions which can be found in your policy wording. The period of cover is for 12 months following acceptance of the proposal form and payment of the premium or agreement to pay the premium.

This policy is suitable for someone seeking insurance cover for legal costs incurred pursuing a claim for the recovery of uninsured losses from the person responsible for the accident following a non-fault road traffic accident including personal injury.

SIGNIFICANT FEATURES AND BENEFITS	SIGNIFICANT EXCLUSIONS OR LIMITATIONS	POLICY SECTION
<p>This policy will cover you for legal costs (including opponents costs) up to £50,000 if the insured vehicle is involved in a non-fault accident with another vehicle, to pursue compensation for;</p> <ul style="list-style-type: none"> Loss of or damage to the insured vehicle; Damage to any personal property owned by you or for which you are legally responsible whilst in or on the insured vehicle; Death or personal injury to the authorised driver whilst in, on or mounting or dismounting from the insured vehicle; Any other uninsured losses incurred as a result of the accident e.g. your policy excess, hire vehicle charges, loss of earnings. 	<p>This policy won't cover you:</p> <ul style="list-style-type: none"> For any legal costs in excess of £50,000; If your claim does not have reasonable prospects of success; If the other driver cannot be traced or identified, or is not insured; If the claim is not reported to us within 30 days of the accident; If the authorised driver is not in or on the insured vehicle at the time of the collision; If you appoint a solicitor without first obtaining our agreement; If you incur costs before we appoint a solicitor to represent you. 	<p>Definitions: Limit of Indemnity</p> <p>Cover (c)</p> <p>Definitions: Insured Incident Exclusions: 3</p> <p>Exclusions: 7 Conditions: 8 (a)</p> <p>Definitions: Insured Incident, Insured Person & Insured Vehicle</p> <p>Conditions: 1, 2, 4, 8 (c)</p> <p>Exclusions: 1</p>

Claims Procedure

If you wish to make a claim you should contact the Sales 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, as detailed in the policy wording under the heading 'Cancellation' shown within the policy wording. We will give you a minimum of 14 days notice of cancellation to enable you to find alternative cover. You may cancel the policy by contacting the Sales agent.

Cooling off Period

Before you accept our policy you have 14 days to review your policy wording. If you are not totally happy with the 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 you have any complaint you should first write to:

The Managing Director
Aim Legal Expenses Insurance Services Limited
Highbank House
Exchange Street
Stockport
SK3 0ET.

If your problem isn't resolved you may contact the Underwriters:

AmTrust Europe Limited
Market Square House
St James's Street
Nottingham
NG1 6FG.

The Underwriters will contact you within five days of receiving your complaint to inform you of what action they are taking. The Underwriters will try to resolve the problem and give you an answer within four weeks. If it will take the Underwriters longer than four weeks the Underwriters will tell you when you can expect an answer.

If the Underwriters have not given you an answer in eight weeks they will tell you how you can take your complaint to the Financial Ombudsman Service for review. This complaints procedure does not affect any legal right you have to take action against the Underwriters. If you are still not satisfied you can contact the Financial Ombudsman Service at:

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR

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.

The complaints procedure above does not affect any legal right you may have to take action against us.

This policy is provided by:

AmTrust Europe Limited
4th Floor
Grange House
John Dalton Street
Manchester
M2 6FW.
Tel: 0844 815 8528

This policy is underwritten by: AmTrust Europe Limited, Market Square House, St James's Street, Nottingham, NG1 6FG. Tel: 0115 941 1022. Registered No: 1229676 FSA Registered No: 202189. 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.

Motor Legal Expenses Policy Wording

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 or on 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, Our
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 £50,000.

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.

Underwriters
AmTrust Europe Limited.

We, Us, Our
The authorised **Claims Agents** of this insurance acting on behalf of the **Underwriters**.

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:-

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

CONDITIONS

- We** can attempt to settle the claim prior to the appointment of **Solicitors** or the issue of legal proceedings.
- We** and/or the **Underwriters** can take over conduct of any claim at any time in the name of the **Insured Person**.
- 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.
- 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.
- 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.
- 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.
- 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**.
- You** and/or the **Insured Person** must :-
 - Report all claims to **Us** within 30 days of the **Insured Incident**.
 - Take all reasonable steps to minimise any amount claimed from the **Defendant**.
 - 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.
 - 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.
 - Advise **Us** immediately of any offers of payment to settle the claim.
 - Not accept any offer of payment or enter into settlement negotiations without **Our** express agreement.
 - Instruct the **Solicitor** to have the **Legal Costs and Expenses** assessed taxed or audited if **We** request such action.
 - 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.
 - Adhere to the terms and conditions of this insurance at all times.
- 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.
- 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.

- 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.
- The contract of insurance evidenced by this certificate will at all times be governed by English Law.

EXCLUSIONS

- Any **Legal Costs and Expenses** incurred prior to **Our** confirmation of indemnity being granted to **You** under this policy.
- Any claims arising out of any deliberate criminal act or omission or fines and penalties imposed by a criminal court.
- Any claims where the **Defendant** cannot be traced or does not hold valid motor insurance.
- Any claims occurring from use of the **Insured Vehicle** for motor racing rallies speed trials or competitions of any kind.
- Any claims made or legal proceedings between the **Insured** and **Insured Persons**.
- 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**.
- Any claim not reported to **Us** within 30 days of the occurrence of the **Insured Incident**.
- Any claims that **You** are indemnified for under any other policy of insurance.
- Any claims or counter claims made against **You** by the **Defendant**.
- Any claim arising from ionizing radiation or contamination from irradiated nuclear fuel or from any nuclear waste.
- 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.
- 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 **Sales 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 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 are returned. **We** will then cancel **Your** insurance.

COMPLAINTS PROCEDURE

If **You** have any complaint about **Your** Motor Legal Protector policy **You** can contact the **Claims Agent**. **We** are committed to dealing with customer complaints in a fair and prompt way. Complaints can be made verbally or in writing.

We will contact **You** within five working days of receiving **Your** complaint to tell **You** what action is being taken. **We** will try to resolve the problem and give **You** an answer within four weeks. If it will take longer than four weeks then **You** will be told when **You** can expect an answer.

It is **Our** experience that most complaints can be resolved by speaking to the staff directly responsible for **Your** claim. Please call **Us** on 0161 429 4550 or write to the:

Managing Director,
Aim Legal Expenses Insurance Services Limited,
Highbank House,
Exchange Street,
Stockport,
SK3 0ET.

If **Your** problem isn't resolved **You** may contact the **Underwriters**;

AmTrust Europe Limited,
Market Square House,
St James's Street,
Nottingham,
NG1 6FG.

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

If the **Underwriters** have not given **You** an answer in eight weeks they will tell **You** how **You** can take **Your** complaint to the Financial Ombudsman Service for review. This complaints procedure does not affect any legal right **You** have to take action against the **Underwriters**.

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.

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.

Signed for and on behalf of AmTrust Europe Limited

K W WARDELL Managing Director