



Slimming World Consultants Insurance Scheme



Individual Personal Accident & All Risks Insurance Certificate

Certificate No. PGAP215112400T
Binder Reference: B0775RCB35823

For risks incepting during the Period 1st June 2024 to 31st May 2025

This Certificate is a legal contract between the Assured &/or Insured Person and Canopus Syndicate 4444 and Travelers Syndicate 5000 (herein called the Underwriters). This Certificate and any Schedule, Endorsements and Clauses should be read as if they are one document. The Underwriters acceptance of this risk is based on the information presented to being a fair presentation of the Assured's &/or Insured Persons **Business** including any unusual or special circumstances which increase the risk and any particular concerns which have led the Assured &/or Insured Person to seek insurance. Any reference to the singular will include plural and vice versa. Any reference to any statute or statutory instrument will include modifications or re-enactment thereto. Any heading in this Certificate is for ease of reference only and does not affect its interpretation. Please ensure you examine your documents thoroughly to ensure it meets with your requirements, if not, contact your insurance advisor without undue delay.



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Authorised and regulated by the Financial Conduct Authority FRN 308626.
Registered in England and Wales No. 3492137

Slimming World Consultants Insurance Scheme

The Underwriters will provide the insurance described in the Evidence of Insurance subject to the terms and conditions for the Period of Insurance shown and any subsequent period for which the Assured &/or Insured Person shall pay the Underwriters shall agree to accept the premium.

Personal Accident, Stock & Money Cover

Inception date of cover commences twelve (12) months from the date of acceptance of the proposal form, and all premiums have been paid in full.

1. Bodily Injury following an accident (not consisting solely of sickness, disease or disorder) resulting directly and independently of any other cause within two years of the date of accident in death, loss or disablement as described in the schedule.
2. All Risks of physical loss or damage to Slimming World stock and cover for monies relating to Slimming World activities.

Insuring Clause

The Underwriters agree to pay in accordance with the Schedule of Benefits if during the Period of Insurance the Insured Person sustains Bodily Injury following an Accident as defined herein, subject always to the terms, conditions, provisions, limitations and exclusions hereof

Schedule of Benefits

Section A – Personal Accident

This Certificate is not valid unless a signed Pulse Insurance Schedule is attached hereto.

IMPORTANT: See Provisions, Definitions, Exclusions and Conditions

This Certificate insures only those Items that have an amount entered against them.

1. Accidental Death.....	£20,000
2. Loss of one limb.....	£20,000
3. Total and irrecoverable loss of sight of one eye.....	£20,000
4. Loss of two limbs.....	£20,000
5. Total and irrecoverable loss of sight of both eyes.....	£20,000
6. Loss of one limb and Total and irrecoverable loss of sight in one eye...	£20,000
7. Permanent Total Disablement.....	£20,000
8. Temporary Total Disablement.....	£100.00 per week
9. Temporary Partial Disablement.....	Not Covered

Benefit in respect of Items 8 and 9, Temporary Disablement, shall be payable for such period or periods during which the Insured Person shall be disabled, up to but not beyond 104 weeks from the date on which he first becomes disabled, excluding the first 1 week of disablement.

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Schedule of Benefits – continued

Medical expenses incurred in respect of Items 8 & 9 within the above time limit specified for such Items, will in addition be paid, in excess of any other valid or collectible insurance, up to but not exceeding 25% of the total amount of the claim admitted under those Items. (Up to maximum £15,000).

Age Limit

No cover shall attach under this Certificate if at the commencement date of the Period of Insurance the Insured Person has reached his 76th birthday

Operative Time

Cover is limited to Bodily Injury following and Accident sustained whilst the Insured Person is engaged in their duties on behalf of Slimming World, including whilst travelling directly between residence (normal or temporary) and place of meetings or Slimming World activities.

Section B – Stock & Equipment

Stock & Equipment Cover – All risks cover of physical loss or damage to stock (including Scales and PDQ payment terminals), anywhere within the confines of the United Kingdom at a total sum insured of £3,000.00 (excluding the first £35.00 of each and every loss). Maximum claim and one item £500.00.

Section C – Money Cover

All Risks Cover within the confines of the United Kingdom at a total sum insured of £2,000.00.

In Witness Whereof this Certificate has been signed on:

Date: 26 April 2024



pulse
Insurance Limited

By:

Slimming World Consultants Insurance Scheme

Special Extensions applying to this Certificate

Coma Benefit

If during the Operative Time the Insured Person sustains Bodily Injury which results in the continuous unconscious state of the Insured Person, there is a payment of £350 for each full week of continuous unconsciousness, up to a maximum of 104 weeks.

Dependents Benefit

If during the Operative Time the Insured Person sustains Bodily Injury following an Accident which within two years is the sole and independent cause of Death for which Benefit 1 is paid the Benefit is increased by 2% per dependent child up to the age of 18 or up to the age of 25 years if in full time education.

Hospitalisation Benefit

If during the Operative Time the Insured Person sustains Bodily Injury following an Accident which within two years is the sole and independent cause of the Insured Person being admitted to hospital on the recommendation of a Medical Practitioner the Underwriters will pay £350 per full week up to a maximum of 104 weeks any one Insured Person while they are a hospital in-patient.

Retraining Expenses Benefit

If during the Operative Time the Insured Person sustains Bodily Injury following an Accident which within two years is the sole and independent cause of the Insured Person suffering Permanent Total Disablement from the Insured Person's usual occupation in the Business for which the Benefit is paid the Underwriters will pay reasonable expenses incurred with the Underwriters prior consent in retraining the Insured Person for an alternative occupation with the Assured up to a maximum of £10,000

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Endorsements, General Conditions & Definitions

Endorsements

Geographical Limits: **Worldwide**

IT IS HEREBY NOTED AND AGREED THAT cover under this Certificate **EXCLUDES** all travel to areas of War & Unrest unless declared and Agreed by Underwriter's prior to travelling to such areas.

Definition of Area of War or Unrest

Country or Area within a Country where the Foreign and Commonwealth office advise against "ALL" travel.

www.fco.gov.uk

IT IS FURTHER NOTED AND AGREED THAT items 2-6 of the Schedule of Benefits are extended to include:

Permanent Loss of Speech	100%
Permanent Loss of Hearing in both ears	100%
Permanent Loss of Hearing in one ear	25%

Loss of Speech – Shall mean total loss of speech which lasts twelve months and at the end of that period is beyond hope of improvement.

Loss of Hearing – Shall mean total loss of hearing in one or both ears which lasts twelve months and at the end of that period is beyond hope of improvement.

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Conditions

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 had never existed and decline all claims. However, if we establish that, unknown to you, an Insured Person deliberately or recklessly provided false or misleading information we shall treat this insurance, in so far as it relates to the Insured Person concerned, as if it had never existed and decline all claims relating to such Insured Person.

If we establish that you carelessly provided us with false or misleading information it could adversely affect your insurance and any claim. For example we may:

- treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. However, if we establish that, unknown to you, an Insured Person was careless in providing information then we shall treat this insurance, in so far as it relates to the Insured Person concerned, as if it had never existed and refuse to pay claims and return a proportion of the paid premium that relates to such Insured Person. We will only do this if we provided you with insurance cover which we would not otherwise have offered;

If we establish that you or an Insured Person was careless in providing us with the information we have relied upon in accepting this insurance and setting its terms and premium we may:

- 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 you or an Insured Person's carelessness; or
- charge you more for your insurance or reduce the amount we pay on a claim in the proportion the premium you have paid bears to the premium we would have charged you; or
- cancel your insurance in accordance with the "Cancelling this insurance" section below.

We or your broker will write to you if we:

- intend to treat this insurance as if it had never existed; or
- need to amend the terms of your insurance; or
- require you to pay more for your insurance.

Notifying us of any changes or inaccuracies

If you become aware that information you have given us is inaccurate or has changed, you must inform your broker as soon as practicable.

When we are notified that information you previously provided is inaccurate, or of any changes to that information, we will tell you if this affects your insurance. For example we may amend the terms of your insurance or require you to pay more for your insurance or cancel your insurance in accordance with the "Cancelling this insurance" section below.

If you fail to notify us that information you have provided is inaccurate, or you fail to notify us of any changes, this insurance may become invalid and we may not pay your claim, or any payment could be reduced.

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Conditions - *continued*

Cancelling this insurance

You can cancel this insurance at any time by writing to your broker.

We can cancel this insurance by giving you thirty (30) days' notice in writing. We will only do this for a valid reason (examples of valid reasons are as follows):

- non payment of premium;
- a change in risk occurring which means that we can no longer provide you with insurance cover;
- non-cooperation or failure to supply any information or documentation we request; or
- threatening or abusive behaviour or the use of threatening or abusive language.

Refund of premium

This insurance has a cooling off period of fourteen (14) days from either:

- the date you receive this insurance documentation; or
- the start of the period of insurance

whichever is the later.

If you cancel this insurance within the cooling off period then, provided you have not made a claim, we will refund in full any premium you have paid.

If this insurance is cancelled outside the cooling off period no refund of premium will be made unless specifically agreed.

If we pay any claim in whole or in part, then no refund of premium will be allowed.

The Underwriters shall only be liable:-

- (a) under Item 1 of the Schedule of Benefits if death occurs within twenty-four calendar months of the date of the accident.
- (b) under Items 2 to 6 of the Schedule of Benefits if the period of Total Disablement giving rise to the claim for this Item commences within twenty-four calendar months of the date of the accident and lasts for twelve consecutive calendar months or more.
- (c) under Item 7 of the Schedule of Benefits if the disability giving rise to the claim under this Item manifests itself within twenty-four calendar months of the date of the accident and lasts for twelve consecutive calendar months or more.

In respect of any accident covered under this Insurance no benefit will be payable under more than one of the items in the Schedule of Benefits in respect of the consequences of one Accident, and no Temporary Total Disablement benefit will become payable until the total amount has been ascertained and agreed. Where any payment is made for Temporary Total Disablement benefit, the amount paid will be deducted from any lump sum subsequently payable in respect of the same Accident.

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Conditions - *continued*

In the event that an accident covered under this Insurance should result in the death of the Insured Person within twenty-four calendar months of the date of such accident and prior to the definite settlement of a claim for disablement as provided for under Items 2 to 7 of the Schedule of Benefits, there shall be paid instead of such claim for disablement the Sum Insured payable for Item 1 Death.

Any claim for medical expenses hereunder shall be payable only to the extent of the difference between the total amount of such claim as calculated in accordance with the provisions stated in the Schedule of Benefits and the total of any amounts due from other insurances and medical schemes covering the same expenses.

If the Insured Person disappears during the Period of Insurance and is not found within twelve months of disappearing, and that sufficient evidence is produced that leads Underwriters inevitably to the conclusion that the Insured Person has sustained Bodily Injury and that such injury has caused the Insured Person's death, the Sum Insured for Item 1 Death shall become payable hereunder. If at any time after such payment the Insured Person shall be found to be living, the sum thus paid shall be refunded to the Underwriters.

If at the expiry date of the Period of Insurance the Insured Person is subject to the control of persons effecting a hijack or kidnap, cover under of this Insurance will continue without additional premium for a further period not exceeding twelve calendar months in all until the Insured Person has been released and has travelled direct from the place of his detention to his home or original destination.

Evidence Required

In connection with any claim:

- A) all medical certificates, reports, information and evidence required by the Underwriters to substantiate that claim must be supplied at the Assured &/or Insured Person's own expense and in such form as the Underwriters may reasonably require;
- B) the Insured Person must undergo a medical examination and provide medical evidence to the Underwriters (at the Underwriters expense) as often as the Underwriters may reasonably require following receipt of that claim; and
- C) no benefit shall be payable in respect of that claim where the Insured Person fails to undergo such medical examination or provide such medical evidence as referred to in B above.

Data Protection

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection Act 1998. For the purpose of providing this insurance and the handling of any claims or complaints, we may need to transfer to other parties certain information which you have provided to us.

Sanctions

We will not provide any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

Choice of law

You and we are free to choose the law applicable to this contract of insurance. Unless specifically agreed to the contrary this contract of insurance will be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England and Wales.

Rights of third parties

A person who is not a party to this insurance has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

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Definitions

“Bodily Injury” means identifiable physical injury which

(a) is caused by an Accident, and

(b) solely and independently of any other cause except illness directly resulting from, or medical or surgical treatment rendered necessary by, such bodily injury, results in the Insured Person’s death or disablement as provided for under this Insurance within twenty-four calendar months of the date of such Accident

Bodily Injury shall also include exposure resulting from a mishap to a conveyance in which the Insured Person is travelling; the date of such mishap shall be deemed to be the date of the Accident causing such bodily injury.

“Accident” means a sudden, unexpected, unusual, specific, external event which occurs at an identifiable time and location during the Period of Insurance.

“Illness” shall mean any sickness or disease.

“Loss of a limb” means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes permanent total and irrecoverable loss of use of hand, arm or leg.

“Permanent Total Disablement” means disablement which entirely prevents the Insured Person from engaging in their usual occupation and which lasts for twelve consecutive calendar months and at the end of that time is beyond prospect of improvement.

“Temporary Total Disablement” means disablement which entirely prevents the Insured Person from engaging in their usual occupation

“Temporary Partial Disablement” means disablement which prevents the Insured Person from engaging in more than 60% of their usual occupation.

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Exclusions (Applying to Section A – Personal Accident only)

The Underwriters shall not be liable for death or disablement directly or indirectly resulting from:

1. the Insured Person's suicide, attempted suicide or intentional self injury
2. the Insured Person's deliberate exposure to exceptional danger (except in an attempt to save human life).
3. the Insured Person's own criminal act.
4. the Insured Person engaging in riding or driving in any kind of race.
5. the Insured Person's engaging in any form of operational duties as a member of the armed forces.
6. the Insured Person engaging in mountaineering or rock-climbing normally requiring the use of ropes or guides.
7. the Insured Person engaging in aerial activities other than air travel as a passenger.
8. radioactive contamination.
9. human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS) and/or any HIV or AIDS related illness.
10.
 - a Illness or disease (not resulting from bodily injury following an accident)
 - b any naturally occurring condition or degenerative process
 - c any gradually operating process
 - d post traumatic stress disorder or any psychological or psychiatric condition (not resulting from bodily injury following an accident)

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Definitions (Applying to Section B – Stock Cover only)

Specified Items

All items described in your Schedules under this Section for which a sum insured is shown.

What is Covered under Section B

If during the Period of Insurance the Insured Property described above and/or more specifically in your Schedules under this Section suffers Damage whilst anywhere in the United Kingdom of Great Britain & Northern Ireland, the Isle of Man and the Channel Islands and the Republic of Ireland, caused by any Insured Event detailed below, Underwriters will pay in accordance with the terms of this Section for the cost of the Damage.

Insured Events under Section B

Property lost or accidentally damaged by any physical cause not excluded under “What is Not Covered under Section B” below.

What is Not Covered under Section B

In addition to the exclusions detailed in the part of the Certificate entitled “General Exclusions” as far as they may apply, this Section does not cover:

1. Excess – In respect of each and every loss arising out of any one event, Underwriters will not be liable for the first £35.00

2. Damage caused by or resulting from:

- i. wear, tear, depreciation or any gradually operating cause;
- ii. climatic conditions, actions of light, atmospheric conditions, or frost;
- iii. change in temperature, dampness, dryness, shrinkage or evaporation;
- iv. moths, vermin, insects, parasites, woodworm, fungus, mildew or rot;
- v. defective design, faulty workmanship, latent defect, or the use of defective materials;
- vi. any process of cleaning, washing, dyeing, altering, repairing, renovating or restoring;
- vii. corrosion, rust, contamination, change in colour or finish, dust, chemical action or reaction;
- viii. scratching and denting in the course of normal use;
- ix. theft from unattended road vehicles or trailers, other than from a locked concealed luggage boot, or concealed luggage compartment by forcible and violent entry, provided all doors, windows and other openings are left closed, securely locked and properly fastened, and all security devices installed in the vehicle are operative;
- x. mechanical or electrical fault, breakdown or failure or use contrary to the manufacturer’s instructions;
- xi. confiscation or detention by Customs or other officials;
- xii. depreciation;
- xiii. transit other than by you, your employees or members of a recognised transit provider;
- xiv. the Insured Property being left overnight in a place of entertainment, unless handed to the proprietor or manager of the place of entertainment for safe keeping and locked away in secure storage with any installed security devices in operation;
- xv. mysterious disappearance and unexplained shortages;
- xvi. the cost of replacing undamaged items or part of an item solely because it forms part of a set, suite, pair, or one of a number of items of a similar nature, colour or design;
- xvii. any property which at the time of Damage is insured by a more specific insurance.

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Conditions (Applying to Section B – Stock Cover only)

In addition to the Conditions detailed in the part of the Certificate wording entitled “General Conditions” as far as they may apply, the following Conditions apply to this Section.

Reinstatement

Claims will normally be settled by repair or replacement of the item lost or damaged:

- i. if an item is damaged and can be repaired the maximum amount payable by Underwriters will be the cost of repair;
- ii. if an item is lost or is damaged beyond economic repair, Underwriters will, at their option, pay for or supply a replacement of similar quality, specification and functionality;
- iii. the fact that the sum insured is sufficient to purchase a replacement of better quality will not entitle you to an upgrade, so ensure that your sum insured is at the correct level for a like for like replacement;
- iv. if you wish to upgrade the item that is to be replaced to one of a better type or quality, you may pay the extra amount needed to do so;
- v. if the item lost or destroyed can be replaced, but you opt for a cash settlement, then the sum payable will be limited to the cost of replacement less a deduction for depreciation, wear and tear;
- vi. whatever method of settlement is agreed upon, in no case shall the amount payable by Underwriters exceed the sum insured on the item that is the subject of the claim.

Limit of Liability

The maximum amount payable during the Period of Insurance under any specified item is the sum insured shown in the Schedule for the specified item.

Security

It is a condition precedent to liability that all protective devices including locks and bolts fitted to buildings at the premises be brought into use whenever the premises are not attended by you or by any person authorised by you to be responsible for the security of the premises.

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Definitions (Applying to Section C – Money Cover only)

Money

Coins, bank and currency notes, postal orders, money orders, securities for money, crossed bankers drafts, unused postage stamps, unrecorded cheques received, travellers cheques, national savings stamps and certificates, premium bonds, luncheon vouchers, charity and consumer redemption vouchers, gift tokens, credit and debit card sales vouchers, giro payment orders, value added tax purchase vouchers, and unused credit on postal franking machines all belonging to you or for which you are responsible.

What is Covered under Section C

Loss of money as described above and/or more specifically in your schedule under this Section arising out of any insured event detailed below within the territorial limits. Underwriters will pay in accordance with the terms of this Section for the loss.

Insured Events under Section C

- a. In your home.
- b. At the premises whilst in the custody and presence of any authorised person.
- c. In transit:-

1. between the premises and your home.
2. to or from the bank.

What is Not Covered under Section C

In addition to the exclusions detailed in the part of the Certificate entitled “General Exclusions” as far as they may apply, this Section does not cover loss caused by or resulting from:

Unexplained Shortages

Unexplained loss or disappearance or inventory shortage due to error or omission.

Fraud or Dishonesty

Fraud or dishonesty, unless discovered within thirty (30) days of the occurrence.

Intentional Causes

Intentional causes, at your direction or with your knowledge.

Other Insurances

Recoverable under any other Insurance, except for a proportionate share.

Premises Overnight

Money left overnight on any premises other than your home unless contained in a locked safe to which you are the only key holder.

Unattended Vehicles

Theft from unattended road vehicles, other than from a locked concealed luggage boot, or concealed luggage compartment by forcible and violent entry and provided: all windows and other openings are left closed, securely locked and properly fastened, and all security devices installed in the vehicles are in operation.

Conditions (Applying to Section C – Money Cover only)

Excess

In respect of each and every loss arising out of one event, Underwriters shall not be liable for the amount of excess stated in your Schedule.

Cheques

In the event of a loss involving cheques you are required to do everything practicable to obtain a replacement from the payer.

Records

You shall keep a complete record of money in transit and on the premises and such record shall be kept in a place other than with the money.

Limit of Liability

The maximum amount payable during any Period of Insurance under this Section is the sum insured shown in the Schedule for this Section. Each insured event (a – c) will have a specific individual limit and this is the maximum amount payable for each event.

Security

It is a condition precedent to liability that all protective devices including locks and bolts fitted to buildings at the premises be brought into use whenever the premises are not attended by you or by any person authorised by you to be responsible for the security of the premises.

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How to Make a Claim

Things you and the Insured Person must do

You must comply with the obligations set out below. If we determine that any claim you make under this insurance has been adversely impacted directly by failure to comply with the obligations below, we may refuse to pay your claim or reduce the amount of any payment we make for the claim.

1. In the event of an **Accident** which causes or may cause a claim under this insurance, you must, as soon as practicable, and up to a maximum of 6 months from the date of such event, notify your us or our adjustor.
2. In the event of an **Accident** the Insured Person must seek the attention of a duly qualified medical practitioner. Notice must be given to us or our adjustor in the event of the Insured Person's death resulting or alleged to result from an **Accident**.
3. The Insured Person must provide us or our medical adviser with the necessary authorisation to access or obtain all the Insured Person's medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition. The medical adviser must, for the purpose of reviewing the claim, be allowed to examine the Insured Person as we consider necessary.
4. You must provide us or our adjustor with all information we may reasonably require.

Each Insured Person can only claim for one (1) of the benefits listed in the schedule of benefits in respect of the consequences of one **Accident**, and no Temporary Total Disablement benefit will become payable until the total amount has been ascertained and agreed. Where any payment is made for Temporary Total Disablement benefit, the amount paid will be deducted from any lump sum subsequently payable in respect of the same **Accident**.

Registering your claim



In the event of you having to make a claim under this Certificate, please register your claim using the following online claim form:

[Online Claim Form](#)

If the link doesn't work, please copy and paste the full address into your web browser:

<https://us-fnol.claims.global/PulseInsurance>

You can also register your claim over the phone: 01908 735318

How we deal with your claim

You will be asked to provide supporting documents alongside your completed claim form. Once all documents have been received, your claim will be assessed. If the documents provided are accepted/rejected, you will be notified by email. Sometimes it may be necessary for additional information or documents to be requested. If this is the case, you will be notified by email.

If you have any queries regarding your claim, please contact the following:

Crawford TPA, Ashton House, Silbury Boulevard, Milton Keynes MK9 2AH

www.crawco.co.uk

PulseClaims@Crawco.co.uk

01908 735318

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Once your claim is accepted, we will pay you the amount stated in the relevant section of the schedule of benefits.

1. The maximum benefit period in respect of Temporary Total Disablement will be the benefit period shown in the schedule of benefits following the expiry of the excess period.
2. The total sum payable under this insurance in respect of any one (1) or more claims will not exceed in all the largest benefit under any one of the items contained in the schedule of benefits.

Fraudulent claims clause

- 1) If the Insured makes a fraudulent claim under this insurance contract, the Insurer:
 - a) Is not liable to pay the claim; and
 - b) May recover from the Insured any sums paid by the Insurer to the Insured in respect of the claim; and
 - c) May by notice to the Insured treat the contract as having been terminated with effect from the time of the fraudulent act.
- 2) If the Insurer exercises its right under clause 1) c) above:
 - a) The Insurer shall not be liable to the Insured in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to the Insurer's liability under the insurance contract (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and
 - b) The Insurer need not return any of the premiums paid.

Fraudulent claims – group insurance

- 3) If this insurance contract provides cover for any person who is not a party to the contract ("a covered person"), and a fraudulent claim is made under the contract by or on behalf of a covered person, the Insurer may exercise the rights set out in clause 1) above as if there were an individual insurance contract between the Insurer and the covered person. However, the exercise of any of those rights shall not affect the cover provided under the contract for any other person.

Nothing in these clauses is intended to vary the position under the Insurance Act 2015.

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How to make a complaint

Our aim is to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing you with the highest standard of service.

If you have any questions or concerns about your policy or the handling of a claim you should, in the first instance, contact the Broker who issued this insurance to you

In the event that you remain dissatisfied and wish to make a complaint, you can do so at any time by referring the matter to either:

Canopus
Complaints
One Lime Street,
London EC3M 7HA.
Tel: 020 7337 3700
Fax: 020 7337 3999
E-mail: complaintsinbox@canopus.com

or Complaints:
Lloyd's Market Services,
One Lime Street,
London EC3M 7HA.
Tel: 020 7327 5693.
Fax: 020 7327 5225
E-mail: complaints@lloyds.com
Website: www.lloyds.com/complaints

Details of Lloyd's complaints procedures, including timescales are set out in a leaflet "Your Complaint - How We Can Help" available at www.lloyds.com and are also available from the above address. If you remain dissatisfied after Lloyd's has considered your complaint, or, in any event, after a period of eight weeks from making your complaint, you may refer your complaint to the Financial Ombudsman Service (FOS). The FOS is an independent service in the UK for settling disputes between consumers and businesses providing financial services.

The contact details for the FOS are:

The Financial Ombudsman Service,
Exchange Tower,
London E14 9SR.

Telephone: 0800 023 4 567 (calls to this number are free from "fixed lines" in the UK)

or: 0300 1239123 (calls to this number are charged at the same rate as 01 and 02 numbers on mobile phone tariffs in the UK).

Email complaint.info@financial-ombudsman.org.uk

You can find more information on the FOS at www.financial-ombudsman.org.uk

Making a complaint does not affect your right to take legal action.

Compensation

Lloyd's insurers are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the Scheme if a Lloyd's Underwriters is unable to meet its obligations to you under this insurance. If you were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this insurance. Further Information about the Scheme is available from the Financial Services Compensation Scheme (10th Floor, Beaufort House, 15 St. Botolph Street, London EC3A 7QU) and on their website: www.fscs.org.uk