



ROOTS

C O N T R A C T O R I N S U R A N C E

Contractor Legal Protection Insurance

Policy Wording

www.rootsinsurance.co.uk

Roots Contractor Insurance is a trading name of Roots Insurance Brokers Limited.

Roots Insurance Brokers Limited is authorised and regulated by the Financial Conduct Authority. Firm Reference Number: 930814.

Roots Insurance Brokers Limited. Registered Office: Jason Works, Clarence Street, Loughborough, Leicestershire, LE11 1DX. Registered in England & Wales number: 12676044.

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COMMERCIAL LEGAL ADVANTAGE

Comprehensive legal expenses insurance for your business

Thank you for choosing to insure your business with Temple Legal Protection. We have designed this policy as a comprehensive commercial legal expenses product to help protect you against legal problems which can occur as a result of your everyday business activities. As the cost of legal actions can be great both in terms of time involved and cost, this policy is designed to provide valuable peace of mind.

This policy document explains the insurance contract between you and us. Please take time to read through this document and in particular take note of the correct procedures to follow.



Managing Director

Temple Legal Protection Limited Head and Registered Office:

Portsmouth House
1 Portsmouth Road
Guildford
Surrey GU2 4BL

Registered in England and Wales No. 3698194 Website:

www.temple-legal.co.uk

Temple Legal Protection Limited is authorised and regulated by the Financial Conduct Authority.

HELPLINE SERVICES

In the event of a business related legal problem, you can take advantage of our confidential legal advice helpline which can advise on your legal position and what course of action is available to you.

For a claim to be considered under Section 8 Statutory Licence Appeals, this helpline must be used immediately on receipt of a verbal or written warning which could compromise your legal right to continue to trade.

Legal Advice Service

This service provides you with access to qualified specialists experienced in handling a range of commercial legal related issues affecting your business under UK law.

You can obtain confidential commercial legal advice by phoning **01483 954809**. This helpline is open 24 hours a day, 365 days a year.

Counselling Service

This service provides access to qualified, experienced and professionally accredited counsellors who will provide telephone support on matters causing distress, either in personal life or as a result of a workplace incident.

Support can be provided on issues such as depression, stress, financial difficulties, family problems or the psychological effects of suffering or witnessing an accident at work.

This helpline is available by phoning **01482 577099** and is open 24 hours a day, 365 days a year.

Using the helpline services does not register formal notification of a claim. Please follow the claims reporting procedure detailed on page 5 of this policy document.

MAKING A CLAIM

Whilst certain legal problems can be successfully resolved by using expert guidance provided by the helpline services, other problems may result in you needing to notify us of a claim under this policy.

If you need to make a claim, please note the following:-

1. This is a claims made policy and only claims notified during the period of insurance can be considered.
2. You must notify us as soon as you first become aware of a situation which has given rise to a claim under this policy. Failing to act as quickly as possible could prejudice the case and lead to rejection of your claim.
3. We will not pay any costs incurred before your claim is accepted. You will be responsible for any costs incurred if you instruct your own solicitor, barrister, accountant or other legally qualified person without our agreement.
4. Claims should be notified by completing a claim form which can be requested either by phoning **01483 577877** between the hours of 9am and 5pm, Monday to Friday, or online at www.temple-legal.co.uk/newclaims. Please return your completed claim form as soon as possible:- by

email: bteclaims@temple-legal.co.uk

or by post: Commercial Claims Department, Temple Legal Protection Limited, Portsmouth House, 1 Portsmouth Road, Guildford, Surrey GU2 4BL

5. Once your claim form has been assessed, we will advise whether your claim has been accepted and if a representative is to be appointed to progress your claim.

As part of this assessment we will need to determine how likely you are to be successful in your claim. You may be asked to provide additional information which could include, but not strictly limited to: copies of any communication you have sent or received, copies of contracts with customers, contact details of witnesses, medical reports, expert reports and any other information relevant to the claim.

Please note that prospects of success must exist throughout the duration of the claim and cover could be withdrawn if at any point it is no longer likely that your claim will succeed. This may happen if new evidence or information comes to light as the claim progresses.

6. If your claim is not accepted, we will explain the reason why and advise if we can assist in any other way.

Please also refer to the claims conditions on pages 16, 17 and 18 of this policy document

DEFINITIONS

Certain words or phrases will appear throughout this policy in **bold type** and will have the following meanings.

Appointed Representative

A solicitor, barrister, accountant or other appropriately qualified person or firm appointed by the **Insurer** to act for the **Insured person** in accordance with the terms of this policy.

Co-insurance

The amount specified in the schedule, expressed as a percentage of the **Professional expenses** that shall be payable by the **Insured**, in addition to any **Excess**, if the **Insured** chooses a representative, other than an **Appointed representative** chosen by the **Insurer**, where that representative does not agree to the **Insurer's** standard charging rates.

Excess

The amount specified in the schedule, which is the first amount of a claim that shall be payable by the **Insured**.

Insured

The company, firm, partnership, association or individual named in the schedule, including any wholly-owned subsidiary companies notified to and accepted by the **Insurer**.

Insured business activity

As specified in the schedule.

Insured event

A section of cover highlighted in the schedule as 'Insured'.

Insured person

The **Insured** and, at the **Insured's** request, any directors, partners or managers of the **Insured**.

Insurer

Temple Legal Protection Limited who are authorised under a binding authority agreement to underwrite and administer this insurance on behalf of Royal & Sun Alliance Insurance Ltd.

Limit of indemnity

The limit specified in the schedule, which is the **Insurer's** maximum liability under this policy in respect of:

- a) any one claim arising at the same time or from the same originating cause;
- b) the aggregate for all claims notified during the **Period of insurance**.

Period of insurance

The period shown in the schedule.

Professional expenses

In connection with an **Insured event** and not exceeding the **Limit of indemnity**:

- (a) Fees, expenses and other disbursements reasonably and proportionately incurred by the **Appointed representative** and agreed by the Insurer.
- (b) Opponent's costs in civil cases for which the **Insured person** becomes liable and which are agreed by the Insurer.

Professional expenses payable by the **Insurer** shall not include any VAT that may be recoverable by the **Insured person**.

Prospects of success

- (a) In civil cases it must be more likely than not that:
 - (i) the **Insured person** will achieve a successful outcome in the pursuit or defence of their claim;
 - (ii) the **Insured person** will succeed in enforcing a judgment for damages or compensation or obtain any other legal remedy to which the **Insurer** has agreed.
- (b) In criminal prosecution claims it must be more likely than not that:
 - (i) the **Insured person's** sentence or fine will be successfully mitigated if they plead guilty;
 - (ii) the **Insured person** will be acquitted by the court or jury if they plead not guilty.
- (c) In all civil and criminal claims involving an appeal it must be more likely than not that the **Insured person** will be successful.

In all cases the Insurer or a suitably qualified expert acting on the Insurer's behalf will assess and decide whether there are **Prospects of success**.

Territorial Limits

The United Kingdom of Great Britain and Northern Ireland, the Isle of Man and the Channel Islands.

WHAT YOU ARE INSURED FOR

In return for payment of the premium and based on the information which the Insured or anyone acting on the Insured's behalf has provided to the Insurer, the Insurer will provide insurance and services on the terms contained in this policy, the schedule and any attached endorsements, which shall be considered as one document.

The Insurer agrees to indemnify the Insured person up to the Limit of indemnity for Professional expenses incurred for an accepted claim, subject to the terms, conditions and exclusions of this policy, provided that:

- (i) the claim arises under an Insured event and, other than claims under Insured event 4 Personal Injury, in connection with the Insured business activity;
- (ii) the circumstances giving rise to the claim commence during the Period of insurance and within the Territorial limits;
- (iii) the claim is notified to the Insurer as soon as possible and during the Period of insurance;
- (iv) any proceedings, or other methods the Insurer agrees to resolve the claim, are conducted within the Territorial limits; and
- (v) Prospects of success exist for the duration of the claim.

STANDARD COVER - INSURED EVENTS

Please refer to your schedule to see which covers are included.

Section 1: Legal Defence

What is covered

- (a) Representing the Insured person when dealing with the Police, Health & Safety Executive and other criminal prosecuting agencies in matters where the Insured person is suspected of committing a criminal offence.
- (b) Defending a prosecution brought against the Insured person in a criminal court.
- (c) Defending the Insured if civil action is taken for alleged wrongful arrest following an accusation of theft from the Insured's business premises.
- (d) Representing the Insured in an appeal against the imposition or terms of any Statutory Notice issued by a relevant authority against the Insured's business.

What is not covered

Any claim relating to:

- (i) Investigations by or on behalf of HMRC;
- (ii) Allegations of fraud, theft, forceful, violent or wilful acts, or allegations of the Insured person's involvement with an accident involving personal injury or death;
- (iii) Ownership, possession, hiring or use of motor vehicles, or infringement of road traffic laws.

Section 2: Property Disputes

What is covered

- (a) Representing the **Insured** in disputes concerning material property owned by the **Insured** or under the **Insured's** care or control in respect of:
- an event causing physical damage to the **Insured's** property (the **Insurer** will not defend a claim but will defend a counter-claim), provided the value of the amount claimed is more than £1,000;
 - nuisance or trespass.

What is not covered

Any claim relating to:

- (i) Mining, subsidence, landslide or heave;
- (ii) A contract the **Insured** has entered into, or a tenancy agreement or licence to occupy a property;
- (iii) Disputes over rent, tax, planning or building regulations or decisions, compulsory purchase orders or actual or proposed works by or on behalf of any government, public or local authority;
- (iv) Motor vehicles which are owned by, or hired or leased to the **Insured** (unless the **Insured business activity** is the selling of motor vehicles);
- (v) Goods in transit or goods lent or hired out.

Section 3: Data Protection and Information Commissioner Appeals

What is covered

- (a) Defending the **Insured person** in civil actions under Section 13 of the Data Protection Act (DPA) 1998. The **Insurer** will also pay any compensation awarded against the **Insured person** under Section 13 of The DPA 1998, as long as the **Insured** is registered with the Information Commissioner Office (ICO).
- (b) Appealing against the refusal of the ICO to register the **Insured's** application for registration.

Section 4: Personal Injury

What is covered

Pursuing the **Insured person's** or their family members' legal rights to obtain damages or compensation for personal injury, including clinical negligence, which arises out of any actual or alleged act or omission by a third party;

Provided the amount claimed is more than £1,000.

Please note that cover also extends to personal injury arising outside of the **Insured business activities**.

Section 5: Loss Adjuster's Fees

What is covered

The hourly fees of a Chartered Loss Adjuster in preparing and negotiating a claim under the **Insured's** commercial buildings, contents and/or business interruption policy, where the combined claim made by the **Insured** under such commercial insurances is £10,000 or more and liability is not contested.

What is not covered

- (i) Any agreement entered into by the **Insured** or on the **Insured's** behalf without the **Insurer's** written consent.
- (ii) Any fees incurred or costs chargeable which are expressed as a percentage of the total loss.
- (iii) Disputes over policy coverage.

Section 6: Jury Service and Witness Attendance Allowance

What is covered

The **Insured person's** lost wages or salary, up to a maximum of £1,000, following their absence from work to attend jury service, or as a witness in respect of an **Insured event** under this policy.

What is not covered

Sums which are recoverable from the court or tribunal.

Section 7: Contract Disputes

What is covered

Pursuing or defending a contractual dispute arising from an agreement or alleged agreement, entered into by the **Insured** or on the **Insured's** behalf, for the purchase, hire, sale or provision of goods or services;

Provided that:

- (i) *the amount in dispute exceeds £1,000 (inc VAT) and any **Professional expenses** incurred in the pursuit of a dispute are limited to 75% of the amount in dispute;*
- (ii) *the dispute does not relate to an actual or alleged contract of employment;*
- (iii) *the **Insured** agrees to use and notifies the **Undisputed Debt Recovery Service** (described on page 13 of this policy), within 30 days of the money becoming due and payable, if the matter relates to money owed to the **Insured** and the other party has not contested liability.*

Section 7: Contract Disputes (continued)

What is not covered

Any claim relating to:

- (i) Arbitration or adjudication procedures relating to any building or construction work or activities;
- (ii) Franchise agreements, agency rights, assignment, bailment, bills of exchange and contracts that provide or arrange credit, securities or guarantee;
- (iii) Contracts governed by the Consumer Credit Act, loans, hire purchase agreements, mortgages, pensions or any other financial product;
- (iv) Motor vehicles which are owned by, or hired or leased to the **Insured** (unless the **Insured business activity** is the selling of motor vehicles);
- (v) Disputes over an insurance policy where the amount in dispute is less than £10,000 (disputes with the **Insurer** are not covered, please refer to General Exclusion 12);
- (vi) The sale, purchase, terms of a lease, licence, or tenancy of land or buildings;
- (vii) Computer hardware, software, systems or services which have either been supplied by the **Insured**, or custom-made by a supplier to the **Insured's** specific requirements.

Section 8: Statutory Licence Appeals

What is covered

Representing the **Insured** at an appeal against the suspension, cancellation, imposed alteration of or refusal to renew a licence or certificate of registration, issued under Statute or Statutory Instrument or by Government or Local Authority to the **Insured**, where that licence or certificate is a mandatory requirement for the **Insured business activity**;

Provided the **Insured** has sought the advice of the Legal Helpline on **01483 954809** immediately upon receipt of either a verbal or written warning which could compromise the **Insured's** legal right to continue trading.

Please note that appeals are covered only and there is no cover to assist with the first application or application for renewal of any licence.

What is not covered

Any claim relating to:

- (i) Disciplinary or internal hearings conducted by regulatory or governing authorities in the performance of any professional duty, or any appeal following such hearings;
- (ii) Licences required for the ownership, driving or use of motor vehicles.

ADDITIONAL SERVICE

Undisputed Debt Recovery Service

Please note: This is a service only and any costs or fees incurred by the Insured are not indemnified by this policy.

An undisputed debt where liability has not been contested should be referred to the Debt Recovery Service within 30 days of the money becoming due and payable. The debt must be pursued within the **Territorial limits**.

This service is provided by a debt recovery organisation who is not part of the **Insurer** and they can be contacted on **0845 030 5825** or at templedebtrecovery@freeths.co.uk. Please quote your policy number and the name of your insurance adviser.

Use of this service is at the **Insured's** own expense but preferential terms have been agreed. The full list of fees can be obtained from the debt recovery organisation.

If at any time a debt referred to the Debt Recovery Service subsequently becomes contested or if the debt recovery organisation recommends legal proceedings against the debtor to recover the amount owed, the **Insured** must submit a claim which will be considered under Section 7 Contract Disputes, as long as the appropriate section of cover is operative, the amount claimed exceeds £1,000 (inc VAT) and subject to the relevant terms and conditions of that section.

GENERAL EXCLUSIONS

The **Insurer** will not pay for the following:

- 1. Unauthorised costs**
Professional expenses, compensation awards or any other costs incurred without the **Insurer's** consent, or before the **Insurer** has given written acceptance of a claim.
- 2. Pre-inception circumstances**
Events or disputes which could give rise to a claim under this insurance occurring prior to, or existing before the **Insured** took out this policy, and which the **Insured** knew or ought reasonably to have known about.
- 3. Deliberate acts**
Claims arising out of deliberate or reckless acts by the **Insured person** or the **Insured person's** negligent disregard of the need to take all reasonable steps to avoid, prevent and limit any such claim.
- 4. Professional duty**
The **Insured person's** defence in proceedings arising from injury, loss, destruction or damage of or to property, or any alleged breach of any professional duty or any duty owed as the **Insured's** director or officer.
- 5. Government and local authorities**
Any dispute with government or local authority departments concerning the imposition of statutory charges.
- 6. Dishonest acts**
Any claim against the **Insured person** which alleges dishonesty.
- 7. Judicial Reviews and legislation challenges**
Claims relating to the **Insured person's** involvement in a Judicial Review or challenge to existing or proposed legislation.
- 8. Disputes with subsidiaries, shareholders or partners**
Claims relating to disputes between the **Insured** and any subsidiary, parent or associated company of the **Insured**, or shareholder or partnership disputes.
- 9. Fines and penalties**
Fines, penalties or compensation awarded against the **Insured person** (other than those agreed under Section 3 Data Protection and Information Commissioner Appeals); or costs the **Insured person** may be ordered to pay by a court of criminal jurisdiction.
- 10. Intellectual property**
Claims relating to patents, copyrights, passing-off, trade or service marks, registered designs, secrecy and confidential information.
- 11. Franchise or agency rights**
Disputes relating to franchise rights or agency rights.
- 12. Disputes with the Insurer**
Any costs relating to disputes with the **Insurer**.
- 13. Defamation of character**
Claims relating to allegations of libel or slander.

GENERAL CONDITIONS

Please ensure the following conditions are understood and where required to do so, are complied with at all times. Failure to do so may in some circumstances result in the **Insurer** refusing to pay **Professional expenses** or cancelling this policy.

1. The Insured person's duties

The **Insured person** must:-

- (a) comply with all terms and conditions of this policy;
- (b) act as if uninsured and take all reasonable precautions to prevent the occurrence of a claim;
- (c) provide complete and accurate information when requested by the **Insurer**. This information may be required during the **period of insurance** or relating to a claim.

2. Cancellation

- (a) The **Insured** can cancel this policy at any time within 14 days of first taking it out. A full refund of premium will be provided as long as no claim is reported.
- (b) The **Insured** can cancel this policy at any other time, as long as the **Insurer** is given 14 days' notice. A pro-rata refund will be provided as long as no claim is reported during the current **Period of insurance**.
- (c) The **Insurer** can cancel this policy at any time, subject to providing the **Insured** with at least 14 days' written notice. Reasons the **Insurer** may cancel this policy include, but are not strictly limited to:
 - fraudulent activity has been identified, or an attempt to gain advantage under this policy to which the **Insured person** is not entitled;
 - the **Insured person** has failed to co-operate with the **Insurer** or an **Appointed representative** and this failure has adversely affected a claim or is considered a material breach of policy terms and conditions.

3. Fraudulent claims

If it is proven that the **Insured person** has made a fraudulent claim, the **Insurer** reserves the right:

- (a) to terminate the policy from the date of the alleged claim and not refund any premium paid by the **Insured**; and/or
- (b) to recover from the **Insured person** any **Professional expenses** or other costs or compensation awards paid in respect of that fraudulent claim.

4. Disputes

In the event of a dispute between the **Insured** and the **Insurer** arising from a claim or policy terms and conditions, the **Insurer's** complaints procedure should firstly be followed.

If that dispute cannot be settled, the **Insured** can contact the Financial Ombudsman Service as long as their business meets the eligibility criteria.

Where the Financial Ombudsman Service cannot consider a complaint, the dispute shall then be resolved by arbitration which is a formal and binding process where disputes are considered and resolved by independent arbitrators in accordance with the Arbitration Act. A suitably qualified person must be agreed by both the **Insured** and the **Insurer**, but if agreement cannot be reached an arbitrator shall be appointed by the President of the Chartered Institute of Arbitrators. The arbitrator may require the **Insured** or the **Insurer** to pay the costs of any arbitration, which are not indemnified under this policy.

5. Applicable law and Acts of Parliament

This policy is governed by the laws of England and Wales. Any Acts of Parliament specified in this policy shall include subsequent amending or replacement legislation and shall include equivalent legislation enforceable within the **Territorial limits**.

6. Third party rights

Only the **Insured** and the **Insurer** are granted rights to enforce the terms and conditions of this policy. The Contracts (Rights of Third Parties) Act 1999 does not apply to this policy and any other party has no right to enforce any of its terms or conditions.

7. Liquidation or insolvency

If the **Insured's** business enters into liquidation, receivership, administration, becomes insolvent, is declared bankrupt or files for bankruptcy, or enters into a voluntary arrangement or deed of arrangement, the **Insurer** reserves the right to:

- (i) immediately withdraw funding for any claim and pay no further **Professional expenses**; and/or
- (ii) cancel the policy with immediate effect.

8. Cancellation

- (a) The **Insured** can cancel this policy at any time within 14 days of first taking it out. A full refund of premium will be provided as long as no claim is reported.
- (b) The **Insured** can cancel this policy at any other time, as long as the **Insurer** is given 14 days' notice. A pro-rata refund will be provided as long as no claim is reported during the current **Period of insurance**.
- (c) The **Insurer** can cancel this policy at any time, subject to providing the **Insured** with at least 14 days' written notice. Reasons the **Insurer** may cancel this policy include, but are not strictly limited to:
 - fraudulent activity has been identified, or an attempt to gain advantage under this policy to which the **Insured person** is not entitled;
 - the **Insured person** has failed to co-operate with the **Insurer** or an **Appointed representative** and this failure has adversely affected a claim or is considered a material breach of policy terms and conditions.

9. Fraudulent claims

If it is proven that the **Insured person** has made a fraudulent claim, the **Insurer** reserves the right to:

- (a) terminate the policy from the date of the alleged claim and not refund any premium paid by the **Insured**; and/or
- (b) recover from the **Insured person** any **Professional expenses** or other costs or compensation awards paid in respect of that fraudulent claim.

10. Disputes

In the event of a dispute between the **Insured** and the **Insurer** arising from a claim or policy terms and conditions, the **Insurer's** complaints procedure should firstly be followed.

If that dispute cannot be settled, the **Insured** can contact the Financial Ombudsman Service as long as their business meets the eligibility criteria.

Where the Financial Ombudsman Service cannot consider a complaint, the dispute shall then be resolved by arbitration which is a formal and binding process where disputes are considered and resolved by independent arbitrators in accordance with the Arbitration Act. A suitably qualified person must be agreed by both the **Insured** and the **Insurer**, but if agreement cannot be reached an arbitrator shall be appointed by the President of the Chartered Institute of Arbitrators. The arbitrator may require the **Insured** or the **Insurer** to pay the costs of any arbitration, which are not indemnified under this policy.

11. Applicable law and Acts of Parliament

This policy is governed by the laws of England and Wales. Any Acts of Parliament specified in this policy shall include subsequent amending or replacement legislation and shall include equivalent legislation enforceable within the **Territorial limits**.

12. Third party rights

Only the **Insured** and the **Insurer** are granted rights to enforce the terms and conditions of this policy. The Contracts (Rights of Third Parties) Act 1999 does not apply to this policy and any other party has no right to enforce any of its terms or conditions.

CLAIMS CONDITIONS

Please ensure the following conditions are understood and where required to do so, are complied with at all times. Failure to do so may result in the **Insurer** refusing to pay **Professional expenses**. Please also follow the claims reporting procedure on page 5 of this policy document.

1. The Insurer's consent

- (a) After consideration of the claim form and any other information that has been requested, the **Insurer** will advise whether consent is given to appoint an **Appointed representative** and to incur **Professional expenses**.
- (b) Consent will only be given if the **Insured** has acted properly and reasonably at all times and the **Insurer** is satisfied there are **Prospects of success**, which must exist throughout the duration of the claim.
- (c) When consent is given, the **Insurer** may impose conditions on the conduct of the claim including imposing a maximum amount of **Professional expenses** that may be incurred without further application to the **Insurer**. Any **Professional expenses** incurred in breach of such conditions will not be covered under this policy.
- (d) If the **Insured person** proceeds with a claim to which the **Insurer** has not consented due to insufficient **Prospects of success** and the **Insured person** subsequently achieves a successful outcome in that claim, the **Insurer** will consider paying **Professional expenses**, after such consent had been refused, in accordance with the **Insurer's** standard terms of appointment and subject to all other terms and conditions of the policy.

2. Appointed representative

- (a) Once a claim is accepted by the **Insurer**, an **Appointed representative** chosen by the **Insurer** will be appointed to act on the **Insured person's** behalf.
- (b) In certain circumstances, the **Insured person** may nominate a representative to act as the **Appointed representative**:
 - if legal proceedings need to be issued; or
 - if there is a conflict of interest;and in such cases the **Insured person** must send the **Insurer** the contact details of their chosen representative. If that representative is not an **Appointed representative** of the **Insurer**, they will be expected to act in accordance with the **Insurer's** standard terms of appointment and also agree to the **Insurer's** standard charging rates. If the **Insured person's** chosen representative does not agree to the **Insurer's** standard charging rates, a 40% **Co-insurance** shall apply. A copy of the standard terms of appointment (including standard charging rates) is available on request.
- (c) The **Appointed representative** must co-operate with the **Insurer** at all times and provide the **Insurer** with any information or documentation when requested to do so.
- (d) If at any stage of the claim:-
 - the **Insured person** dismisses the **Appointed representative** without good reason; or
 - the **Insured person** withdraws from a claim without the **Insurer's** consent; or
 - the **Appointed representative** refuses to continue acting for the **Insured person** with good reason;the **Insurer** reserves the right to withdraw consent and pay no further **Professional expenses**.
- (e) Any dispute over the **Insured person's** choice of representative shall be resolved in accordance with General Condition 4.

Claims Conditions (continued)

3. Conduct of claims

The **Insured person** must:

- (a) co-operate fully with the **Insurer** and the **Appointed representative** at all times;
- (b) conduct all claims with the same care and economy as if they were not insured;
- (c) minimise the cost of all claims;
- (d) comply with all rules of, and orders made by the court, and any advice given by the **Appointed representative**;
- (e) provide, obtain or sign all documents as necessary, attend meetings or hearings as required and provide the **Insurer** with any information when requested to do so.

Failure to observe and comply with these terms will entitle the **Insurer**, at their discretion, to deny payment or reduce payment in respect of any claim.

The **Insured person**, the **Insurer**, and the **Appointed representative** must at all times have regard to the overriding objective of the Civil Procedure Rules.

4. Developments during the claim including offers of settlement

- (a) The **Insured person** and the **Appointed representative** must keep the **Insurer** up-to-date with the progress of the claim and must inform the **Insurer** of any matter which may affect the **Prospects of success** or of any other development which may affect whether or not it is reasonable and proportionate for the **Insurer** to continue paying **Professional expenses**.
- (b) The **Insured person** and the **Appointed representative** must inform the **Insurer** immediately an offer to settle a claim is received and must not negotiate or enter into any agreements to settle a claim without the **Insurer's** written consent.
- (c) If the **Insured person** rejects or does not make an offer of settlement that the **Insurer** or the **Appointed representative** determine to be reasonable, the **Insurer** reserves the right to refuse paying any further **Professional expenses**.
- (d) The **Insurer** reserves the right to settle a claim by paying an amount reasonably claimed by or against the **Insured person** instead of starting or continuing with legal action, and will no longer be liable for any **Professional expenses** arising from that claim. If this right is exercised, the **Insurer** can also take over and conduct a claim in the **Insured person's** name and pursue or settle a claim against the other party to the dispute.
- (e) If at any time, whether because of the possibility of settlement, a change in the **Prospects of success** or the prospects of any judgment not being successfully enforced, or of the **Insured's** insolvency, or for any other reason, it ceases to be reasonable in all the circumstances to continue to incur **Professional expenses**, the **Insurer** may withdraw consent and no further **Professional expenses** will be paid.
- (f) If at any point during a claim a fact becomes known which results in that claim not having been brought within the terms and conditions of this policy, the **Insurer** reserves the right to recover any **Professional expenses** already paid in respect of that claim and not pay any further **Professional expenses** in respect of that claim.
- (g) If the **Insured person** does not agree with the **Insurer's** decision on the merits of a claim, the **Insured** can, at the **Insured's** own expense, obtain an opinion from an expert who has been approved in advance by the **Insurer**. The expert must be in receipt of the same information regarding the claim as provided to the **Insurer**. If the expert decides in the **Insured person's** favour, the **Insurer** will reconsider the merits of that claim. If the expert decides in the **Insurer's** favour, it does not affect the **Insured's** right to use the **Insurer's** complaints procedure.

Claims Conditions (continued)

5. Payment of Appointed representative's bills

- (a) The **Insurer** will pay **Professional expenses** (including payment on account for interim bills) only if the **Insurer** is satisfied that the charges are reasonable and proportionate and have been properly incurred, subject to the **Insured** paying any **Excess**, **Co-insurance** and any recoverable VAT.
- (b) If requested by the **Insurer**, the **Insured** must ask the **Appointed representative** to submit its bill of costs for audit by the **Insurer**, or for assessment by the Court.
- (c) If it is later established that **Professional expenses** or any other costs incurred were not payable under this policy in whole or in part then the **Insurer** will be entitled to recover such payments from the **Insured person**.

6. Recovery of costs

The **Insured person** must take all reasonable steps to recover **Professional expenses** that have been incurred and pay any sums recovered to the **Insurer**. If the **Insured person** recovers any sum that covers both damages and costs, or they recover damages but do not recover costs, a fair and reasonable proportion of the total amount recovered shall be deemed to be a recovery of costs and shall be reimbursed to the **Insurer**. Where such a sum is recovered in instalments, all costs to the **Insurer** shall be reimbursed first.

7. Apportionment of costs

If any claim covered under this policy should also be covered under any other insurance policy, the **Insurer** will only pay their rateable proportion of that claim.

8. Appeals

If the **Insured** wishes to pursue an appeal following the original outcome of an **Insured event**, the **Insurer** must be notified immediately. Strict time limits apply for appeals and in order for the **Insurer** to fully consider the merits of the **Insured's** appeal, which must have **Prospects of success**, written notification of the **Insured's** intention to appeal must be received by the **Insurer** no less than 10 days prior to the expiry of the relevant time limit. If an appeal is lodged against a decision made in the **Insured's** favour, the **Insurer** must also be notified immediately.

If the **Insurer** agrees to pay **Professional expenses** for an appeal, these costs will be subject to the **Limit of indemnity** for the original claim and all other terms and conditions of this policy.

DATA PROTECTION

By taking out this policy you agree that Temple Legal Protection and other parties may need to share information for the purpose of administering this policy and in the provision of claims handling and helpline services. Any information provided to Temple Legal Protection will be processed in accordance with Temple Legal Protection's Privacy Policy (<http://www.temple-legal.co.uk/privacypolicy>).

COMPLAINTS PROCEDURE

If you are not happy with the level of service you have received, how a claim has been handled or with any other aspect of the policy, you can register a complaint directly with Temple:

By email: complaints@temple-legal.co.uk

By phone: 01483 577877

By post:

The Compliance Officer, Temple Legal Protection Limited, Portsmouth House, 1 Portsmouth Road, Guildford, Surrey GU2 4BL

If you are not happy with the response you have received, you may be able to refer the matter to the Financial Ombudsman Service provided your business falls within their jurisdiction. The Financial Ombudsman Service can normally deal with complaints from micro-enterprises (small businesses) with less than 10 employees and an annual turnover of less than €2m. They will be able to tell you if your business is eligible.

The Financial Ombudsman Service can be contacted:

By email:

complaint.info@financial-ombudsman.org.uk

By phone:

0800 023 4567 (free from a landline) or 0300 123 9123
(free from some mobile phones)

By post:

Financial Ombudsman Service, Exchange Tower, London E14 9SR

Or you can visit their website at www.financial-ombudsman.org.uk and follow the guidelines on how to complain.

The insurer is bound by decisions made by the Financial Ombudsman Service but they are not binding on you.

Using the complaints procedure does not affect your right to take legal action.

OTHER INFORMATION

The contact details for the Insurer are: Royal & Sun Alliance Insurance Plc, St Mark's Court, Chart Way, Horsham, West Sussex, RH12 1XL. Registered No. 203323. Tel 0800 107 6161.

Royal and Sun Alliance Insurance Plc, whose registered office is at St Mark's Court, Chart Way, Horsham, West Sussex, RH12 1XL, is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial services register number 203323. These details can be checked on the Financial Services Register by visiting: www.fca.org.uk or by contacting the Financial Conduct Authority on 0800 111 6768

Royal and Sun Alliance Insurance Plc is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if Royal and Sun Alliance Insurance Plc cannot meet their obligations. This depends upon the type of business and circumstances of the claim. Most insurance contracts are covered for up to 90% of the claim. Further information is available from the FSCS. The FSCS can be visited on the internet at www.fscs.org.uk or by contacted on 020 7741 4100 or 0800 678 1100.

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