

#CoviSure

Terms and Conditions

CHUBB®



# Contact Information

If you need details in Large Print, Braille, or Audio please call us on 0345 841 0056 for details.

If you have a hearing or speech impairment and would like to speak to us and have a textphone available, you can do so by using the Action on Hearing Loss Next Generation Text service. This is available 24 hours a day, seven days a week and allows customers to contact us via a Text Relay Operator who will relay instructions and other requests verbally to us. To use the Next Generation Text service, You must have access to a textphone or a smartphone with a compatible operating system, tablet, laptop or PC with an internet connection. To use the Next Generation Text service, just dial 18001 and then our number - once the call is connected, a Text Relay Operator will join the call to relay the message. Our responses will then appear as text on Your textphone, smartphone, tablet, laptop or PC. For the Next Generation Text service, please call 18001 0345 841 0056.

Calls may be recorded for training and quality purposes.

## Customer Services

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Phone +44 (0) 345 841 0056

Email [cust.servuk@chubb.com](mailto:cust.servuk@chubb.com)

## Claims

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Phone +44 (0) 345 841 0059

Email [uk.claims@chubb.com](mailto:uk.claims@chubb.com)

Website [www.chubbclaims.co.uk](http://www.chubbclaims.co.uk)

## Complaints

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Sales / service complaints - Indeez:

Website <https://indeez.eu/covisure-support/>

Claims complaints – Chubb:

Phone +44 (0) 800 519 8026

Email [customerrelations@chubb.com](mailto:customerrelations@chubb.com)

Website [www.chubb.com/uk](http://www.chubb.com/uk)

## Insurer:

Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. Registered address: 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and with deemed variation of permission. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website (FS Register number 820988).

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# Insurance Agreement

Thank you for choosing this Policy which is underwritten by Chubb European Group SE.

The Policy pays benefits, in accordance with this Policy wording, in the event that **You** are hospitalised or not able to work as a result of **Covid-19** infection as confirmed by a positive **PCR test**. This policy will pay benefits for one infection with **Covid-19** in the **Period of Insurance**.

**You** will pay the premium as agreed. The **Policy Schedule** and this Policy constitute the full terms and conditions of the insurance with **Us**.

**You** should check over the Policy wording and **Policy Schedule** carefully to ensure they are correct and meet **Your** requirements, and notify **Us** immediately, if anything is incorrect, as this could affect Policy cover in the event of a **Claim**. **You** should keep these documents in a safe place. **You** must tell **Us** if **Your** insurance needs or any of the information **You** have given **Us** changes. A change in circumstances may affect Policy cover, even if **You** do not think a change is significant, and **We** may need to change this Policy. **We** will update the Policy and issue a new **Policy Schedule** each time a change is agreed.

# Important Notes

## Providing Information to You

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At the beginning of the **Period of Insurance**, **We** will provide a copy of the Insurance Product Information Document (IPID) to **You**, together with the Policy wording and **Policy Schedule**.

## Eligibility

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To be covered under this Policy, **You** must:

- be permanently resident in the **United Kingdom**; and
- be aged 18 – 65 years on the **Start Date**

## Policy Definitions

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Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. All Policy definitions are applicable to this Policy as a whole, and are detailed on pages 12 to 13 in this Policy.

# Making a Claim

## Telling Us about Your Claim

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**You** should notify any **Claim** to **Us** as soon as is reasonably possible. If **You** delay notifying a **Claim** to **Us** and the delay prejudices **Us** in investigating or assessing **Your Claim**, this may impact the **Claim** being paid at all, or the amount of the **Claim** that is paid. If **You** cannot do this, a personal representative can do this for **You**.

Email uk.claims@chubb.com  
Chubb  
(Claims Dept.),  
PO Box 682,  
Winchester, SO23 5AG  
Phone +44 (0) 345 841 0059

## Information We may need about Your Claim

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**You** will at **Your** own expense provide **Us** with such certificates, information and evidence as **We** may from time to time reasonably require in the form prescribed by **Us**, in order to action a relevant **Claim**. **We** will need to be sent any medical certificates or other documents, which **We** ask for. **We** will not pay for these.

## Fraudulent Claims

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**We** will not pay dishonest **Claims**. If **You** make a dishonest **Claim**, **We** may cancel **Your** cover.

## Co-operation in the Claim Process

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**You** should obtain and follow the advice of a **Doctor**. **You** must agree to a medical examination if **We** ask for it. **We** will pay for this.

**You** may be required to meet with external third parties, approved by **Us**, to substantiate **Your Claim**.

## Paying Claims

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If **You** have a **Claim**, **We** will deal with it based on the cover details stated in the **Policy Schedule** which is in force at the time of the **Claim**.

All benefit payments on valid **Claims** will be paid in **GBP** and will be paid into **Your** bank account.

**We** will pay the **Benefit Amount** to **You** and **Your** receipt will be a full discharge of all liability by **Us** in respect of the **Claim** for such **Benefit Amount**.

# The Cover

The type of cover and **Benefit Amount** is stated in the **Policy Schedule**, and the Insurance Product Information Document (IPID).

The **Benefit Amounts** payable under this Policy will not take into account any psychological effects.

## Section 1 – Hospital Stay (not in the Intensive Care Unit)

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If during a **Period of Insurance** **You** test positive, as confirmed by a **PCR test**, for **Covid-19** which results in a **Hospital Stay** of at least 48 hours, **We** will pay the **Benefit Amount** stated in the **Policy Schedule**.

## Section 2 - Hospital Stay (in the Intensive Care Unit)

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If during a **Period of Insurance** **You** test positive, as confirmed by a **PCR test**, for **Covid-19** which results in a **Hospital Stay** in the Intensive Care Unit of at least 48 hours, **We** will pay the **Benefit Amount** stated in the **Policy Schedule** in addition to Section 1.

In the event that **You** test positive for **Covid-19** which results in a **Hospital Stay** for 48 hours or more and during the same **Hospital Stay** you also spend over 48 hours in the Intensive Care Unit then a valid claim can be made under both Section 1 and Section 2

## Section 3 – Temporary Total Disablement or Quarantine

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If during a **Period of Insurance** **You** test positive, as confirmed by a **PCR test**, for **Covid-19** resulting in **Temporary Total Disablement** or **Quarantine** which lasts longer than the **Waiting Period**, **We** will pay the **Benefit Amount** stated in the **Policy Schedule** up to the maximum **Benefit Period**. The **Benefit Amount** will be payable from the date of your first positive **Covid-19** test.

### Specific Information for Section 3 – Temporary Total Disablement or Quarantine

1. Payment of a **Benefit Amount** by **Us** for **Temporary Total Disablement** does not prejudice **Your** entitlement to claim under any other section of this Policy.
2. Subject to the **Waiting Period**, **You** can make a **Claim** under section 3 (Temporary Total Disablement or Quarantine) for time spent in a Hospital Stay, in addition to making a claim under section 1 (and where applicable, section 2).

## General Exclusions

We will not be liable for payment of any benefit, loss or expense due to:

- any illness or disease not directly resulting from **Your** infection with **Covid-19**;
- **Your** illegal acts; including if **You** have been reported for violating the health and safety measures set out by the government in the fight against **Covid-19** in the 14 days prior to hospitalisation.
- **We** will not pay any **Claims** which would result in **Us** being in breach of United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America. **You** should contact **Our** Customer Services Team on 0345 841 0056 for clarification of Policy cover for travel to countries which may be subject to United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America. Applicable to US Persons only : Policy cover for a journey involving travel to/from/through Cuba will only be effective if the US Person's travel has been authorised by a general or specific licence from OFAC (US Treasury's Office of Foreign Asset Control). For any **Claim** from a US Person relating to Cuba travel, **We** will require verification from the US Person of such OFAC licence to be submitted with the **Claim**. US Persons will be deemed to include any individual wherever located who is a citizen or ordinarily resident in the United States (including Green Card Holders) as well as any corporation, partnership, association, or other organisation, wherever organised or doing business, that is owned or controlled by such persons.
- **We** will not be liable to make any payment under this Policy where **You** do not meet the Eligibility Criteria detailed on page 4 of this Policy.
- **We** will only be liable to make one payment per Section of cover under this Policy in the **Period of Insurance**.



## When Cover Starts and Ends

Cover will begin on the **Start Date** and cover will cease at midnight on the day that this Policy expires; or the **Insured Person** cancels it whichever happens first. **Your** Policy **Start Date** will be 1 week after the date you buy the Policy.

# Policy Conditions

## Assignment

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Subject to the Policy Condition headed 'Paying Claims', the benefits under this Policy may not be assigned or transferred by **You** unless agreed by **Us** in writing.

## Bank Charges

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**We** will not be liable for any charges applied by the receiving bank for any transactions made in relation to a **Claim**.

## Cancellation

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### 14 Day Cancellation Right

If for any reason, **You** are not satisfied with this Policy, **You** may, within 14 days of receiving **Your** Policy documents, contact your broker and they will cancel it. If this happens, the Policy will have provided no cover and **We** will refund any premiums **You** have paid, providing no **Claim(s)** have been reported or paid.

### Cancellation after 14 days

There are no cancellation rights after 14 days of receiving **Your** Policy documents.

Cancellation contact details are:

Indeez website: <https://indeez.eu/covisure-support/>

## Changes To Your Policy

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If **You** want to change **Your** Policy, or if **Your** insurance needs or any of the information **You** have given **Us** changes, **You** must contact **Us**.

**We** reserve the right to make changes, add to the Policy terms and/or to change the total amount payable for this insurance for legal, regulatory or taxation reasons. If this happens, **We** will write to **You** with details of the changes at least 30 days before **We** make them. If you are not happy with these changes, you may cancel the Policy. Any changes we make will be the same for all Policies under this Plan. If we are unable to contact you, we may need to cancel **Your** Policy.

## Choice of Law

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This Policy, and any non-contractual obligation arising out of or in connection with it, will be governed by and construed in accordance with the laws of England and Wales and the English Courts alone will have jurisdiction in any dispute. All communication in connection with this Policy will be in English.

## Compliance with Policy Requirements

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**You** will comply with all applicable terms and conditions specified in this Policy. If **You** do not comply, **We** reserve the right not to pay a **Claim**.

## Contracts (Rights of Third Parties) Act

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The Contracts (Rights of Third Parties) Act 1999, or any amendment to it will not apply to this Policy. Only **You** and **We** can enforce the terms of this Policy. No other party may benefit from this contract as of right. This Policy may be varied or cancelled without the consent of any third party.

## Misrepresentation and Non-Disclosure

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**You** must ensure that all of the information provided to **Us** in the application process, by correspondence, over the telephone, on claim forms and in other documents is true, complete and accurate. Please note that providing incomplete, false or misleading information could result in **Your** cover under this Policy being terminated and may mean that all or part of a **Claim** may not be paid.

## Interest

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No sum payable by **Us** under this Policy will carry interest unless payment has been unreasonably delayed by **Us** following receipt of all the required certificates, information and evidence necessary to support the **Claim**. Where interest becomes payable by **Us**, it will be calculated only from the date of final receipt of such certificates, information or evidence.

## Other Taxes and Costs

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**We** are required to notify **You** that other taxes or costs may exist which are not imposed or charged by **Us**.

# Complaints Procedures

**We** are committed to providing a high quality service and want to maintain this at all times.

If **You** have a complaint about the sale or provision of this insurance please contact Indeez, the intermediary that arranged the Policy.

The contact details for Indeez are:

<https://indeez.eu/covisure-support/>

If **You** are not happy with **Our** claims service, or any other service that **We** have provided, please contact **Us**, quoting the Policy details, so that **We** can deal with the complaint as soon as possible. **Our** contact details are:

The Customer Relations Manager,  
Chubb  
PO Box 682,  
Winchester, SO23 5AG

Phone +44 (0) 800 519 8026  
Email [customerrelations@chubb.com](mailto:customerrelations@chubb.com)

**You** may be able to approach the Financial Ombudsman Service for assistance if there is dissatisfaction with **Our** final response or after eight weeks from making the complaint if not resolved satisfactorily. Any approach to the Financial Ombudsman Service must be made within six months of **Our** final response.

Contact details are given below. A leaflet explaining the procedure is available on request.

The Financial Ombudsman Service,  
Exchange Tower, Harbour Exchange Square,  
London, E14 9SR

Phone +44 (0) 800 023 4 567 (Monday to Friday – 8am to 8pm, Saturday – 9am to 1pm) Calls are free from a UK landline or mobile.

Phone +44 (0) 300 123 9 123 Calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs.

Email [complaint.info@financial-ombudsman.co.uk](mailto:complaint.info@financial-ombudsman.co.uk)

Website [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Following this complaints procedure does not affect **Your** statutory rights relating to this Policy. For more information about statutory rights, **You** should contact Citizens Advice.

# Policy Definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. Plural forms of the defined words have the same meanings as the singular form. The following definitions apply to this Policy as a whole.

## **Benefit Amount**

The maximum amount **We** will pay based on the level of cover stated in the **Policy Schedule**, and Policy.

## **Benefit Period**

The maximum consecutive period for which a **Benefit Amount** is payable as stated in the **Policy Schedule**. The **Benefit Period** commences at the end of the **Waiting Period**.

## **Claim**

A single loss or series of losses due to one cause insured by this Policy.

## **Covid-19**

Coronavirus disease caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), also known as the 2019 novel coronavirus.

## **Doctor**

A doctor or specialist registered or licensed to practice medicine under the laws of the country in which they practice who is neither:

- **You**; or
- one of **Your** relatives unless approved by **Us**.

## **GBP/£**

United Kingdom pounds sterling.

## **Hospital**

An establishment which:

- exists primarily for the diagnosis, medical care and treatment of sick or injured people on an **In-Patient** basis under the supervision of **Doctor(s)** one or more of whom is available for consultation at all times;
- provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment;
- provides full-time nursing service by and under the supervision of nursing staff;

hospital will not include a special unit in a hospital or a place existing primarily:

- for the treatment of psychiatric disease or sub-normality;
- for the care of the aged, drug addicts or alcoholics;
- as a health hydro or nature cure clinic, a nursing or convalescent home, extended care facility, rest-home or hospice.

## **Hospital Stay**

Admission to a **Hospital** as an **In-Patient** as a result of infection with **Covid-19** on the advice of, and under the regular care and attendance of a **Doctor**.

## **In-Patient**

**Your Hospital Stay** as a resident bed patient, for which a clinical case record has been opened and which is necessary for the medical care, diagnosis and treatment of **Covid-19** covered by this Policy and not merely for any form of nursing, Recovery, rehabilitation, rest, or extended-care.

## **Insured Person**

Any person shown in the **Policy Schedule**.

## **PCR test**

A Polymerase Chain Reaction (PCR) test is a molecular diagnostic test to show that a person has contracted **Covid-19**.

## **Period of Insurance**

As set out in the "Period of Insurance" section on the **Policy Schedule** commencing at 00.01 hours on the earliest date stated and expiring at midnight on the latest date stated.

## **Policy Schedule**

The document issued to the **You** by **Us**, detailing **Your** cover and other important information.

## **Policyholder**

The person named in the **Policy Schedule**.

## **Quarantine**

**Your** legal obligation to stay in **Your** home confirmed by a positive **PCR test** for **Covid-19**.

## **Start Date**

The date specified in the **Policy Schedule** showing when the insurance will start for the **Policyholder**.

## **Temporary Total Disablement**

Temporary disablement which completely prevents **You** from undertaking each and every function of **Your** usual occupation.

## **United Kingdom**

England, Scotland, Wales and Northern Ireland (excluding Channel Islands and the Isle of Man).

## **Waiting Period**

The period stated in the **Policy Schedule** at the beginning of a **Temporary Total Disablement** or **Quarantine** during which benefits are not payable.

## **We, Our, Us**

Chubb European Group SE.

## **You, Your**

The **Insured Person**.

## Our Regulators

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Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. Registered address: 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and with deemed variation of permission. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website (FS Register number 820988).

## Financial Services Compensation Scheme

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In the unlikely event of **Us** being unable to meet our liabilities, **Insured Persons** who are located in the UK, Channel Islands, Isle of Man or Gibraltar (or who have risks located in these jurisdictions) may be entitled to compensation under the Financial Services Compensation Scheme.

Further information can be obtained from the Chubb European Group SE or from the Financial Services Compensation Scheme at the following address:

Financial Services Compensation Scheme  
PO Box 300  
Mitcheldean  
GL 17 1DY

Phone 0800 678 1100 or 020 7741 4100

On-Line Form <https://claims.fscs.org.uk/>

Website [www.fscs.org.uk](http://www.fscs.org.uk)

## Data Protection

### The Personal Information You provide

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**We** use personal information which **You** supply to **Us** or, where applicable, **Your** insurance broker, in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as **Your** name, address, and policy number, but may also include more detailed information about **You** (for example, your age, health, details of assets, claims history) where this is relevant to the risk **We** are insuring, services **We** are providing or to a claim **You** are reporting.

**We** are part of a global group, and **Your** personal information may be shared with its group companies in other countries as required to provide coverage under this Policy or to store **Your** information. **We** also use a number of trusted service providers, who will also have access to **Your** personal information subject to **Our** instructions and control.

**You** have a number of rights in relation to **Your** personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how we use personal information. For more information, **We** strongly recommend **You** read its user-friendly Master Privacy Policy, available here: <https://www2.chubb.com/uk-en/footer/privacy-policy.aspx>. **You** can ask us for a paper copy of the Privacy Policy at any time, by contacting **Us** at <mailto:dataprotectionoffice.europe@chubb.com>.

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## Contact Us

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Chubb

UK Business address:

100 Leadenhall Street

EC3A 3BP

London

Phone +44 20 7173 7000

Website [www.chubb.com/uk](http://www.chubb.com/uk)

## About Chubb

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Chubb is the world's largest publicly traded P&C insurance company and a leading commercial lines insurer in the U.S. With operations in 54 countries and territories, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. We combine the precision of craftsmanship with decades of experience to conceive, craft and deliver the very best insurance coverage and service to individuals and families, and businesses of all sizes.

Chubb is also defined by its extensive product and service offerings, broad distribution capabilities, direct-to-consumer platform partnerships, exceptional financial strength and local operations globally. The company serves multinational corporations, mid-size and small businesses with property and casualty insurance and risk engineering services; affluent and high net worth individuals with substantial assets to protect; individuals purchasing life, personal accident, supplemental health, homeowners, automobile and specialty personal insurance coverage; companies and affinity groups providing or offering accident and health insurance programs and life insurance to their employees or members; and insurers managing exposures with reinsurance coverage.

Chubb Limited, the parent company of Chubb, is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index.

**Chubb. Insured.<sup>SM</sup>**