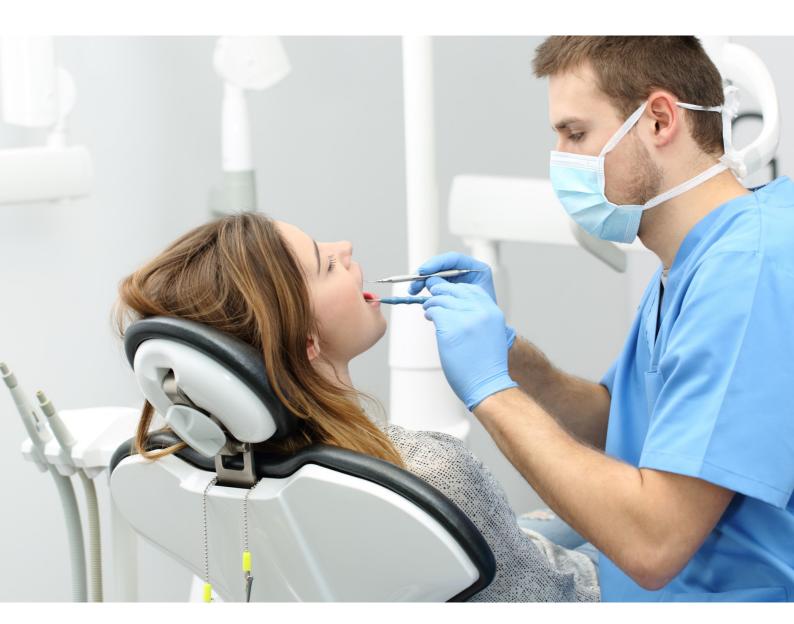


Your Quotation Documentation

Contract Certain Indemnity Insurance



All Med Pro is a trading style of All Medical Professionals Limited who are authorised and regulated by the Financial Conduct Authority Number: 309653. All Medical Professionals Limited registered in England number 4468555. Registered office: Unit 5, Stanton Court, Stirling Rd, Swindon SN3 4YH

Your Quotation Documentation

Your Contract Certain Indemnity Insurance

Thank you for submitting your proposal and expressing interest in obtaining indemnity membership through All Med Pro. I am delighted to provide you with the comprehensive quotation outlined below:

	Included
Medical Malpractice Cover	⊘
Errors and Omissions (Professional Indemnity)	
VT Trainer Cover	
Multi Year Price Security (Optional Inclusion at Each Renewal)	Optional

Apex Membership Package	Included
Disciplinary Defence	
Defence against Patient Complaints	
Investigation & Complaints Assistance	
Professional Issues Advice	
Performers List Issue Representation	
24 Hour Advice	
Dento-Legal Advisor	
Worldwide Good Samaritan Cover	

Employment Support	Included
Terms & Conditions Advice	
Representation in Grievance Procedures	
Employer Disciplinary Advice & Representation	
Legal Action Representation	
Access to Dental-Legal Advisor	
Access to Solicitors & Barristers	
Access to Legal Experts for Reputation/PR	
24 Hour Advice line	

Claims Occurrence Cover

Vs

Claims Made Cover

Occurrence insurance in dental indemnity coverage means that the policy provides protection for any claims related to incidents that occurred while the policy was in effect, regardless of when the claim is filed. In simpler terms, it covers you for any malpractice events that happen during the policy period, even if the claim is made years later. This offers long-lasting protection and peace of mind for dental professionals, ensuring they are covered for past actions as long as the policy was active when the incident took place.

Claims-made insurance for dental indemnity coverage means that the policy covers claims only if they are reported during the policy period. However, once the policy expires, it typically won't cover claims for incidents that are reported after the policy ended, unless you purchase an extended reporting period (tail coverage). This type of insurance is common in professional liability coverage like dental indemnity insurance, ensuring you're protected for claims related to your dental practice during the active policy term.

Why All Med Pro?

When it comes to dental indemnity, choosing All Med Pro is a decision backed by over 12 years of proven expertise. We stand as pioneers in the field, being one of the first to offer claims occurrence cover on an insurance backed basis. Our legacy of innovation has set us apart as industry leaders.

One of our key differentiators is our unwavering commitment to our clients' satisfaction. With thousands of delighted clients across the UK, we have established a reputation for reliability and excellence. Unlike other providers who often speak of perpetual cover, we go beyond the buzzwords. Our offering extends beyond mere coverage for Medical Defence Organisation (MDO) members or claims occurrence scenarios.

At All Med Pro, our commitment to nurturing lasting connections goes beyond words. Through our optional Multi-Price Security benefit, your loyalty and trust are acknowledged with a certainty of future premiums for the next two renewals in respect to the clinical negligence coverage and where possible price reductions will be applied, as long as claims are absent and subject to certain material changes.

What's more, as a token of our appreciation, we offer extra periods of cover at no additional cost during these subsequent years. This additional premium support reflects our aim to cultivate strong, enduring partnerships with our clients.

In a landscape where trust and comprehensive coverage are paramount, All Med Pro shines as a beacon of innovation, reliability, and client-focused care. With a rich history of firsts, a multitude of satisfied clients, and a commitment to long-term partnerships, All Med Pro stands as the optimal choice for your dental indemnity needs.

Statement of Price

Your premium breakdown can be found on your covering email.

Payment Options	
Pay By Credit/ Debit Card	https://quote.allmedpro.co.uk/product/online-payment/ or contact us on: 0203 757 6950
12 Monthly Instalments	Loan is provided by Close Brothers Premium Finance. Please note the use of premium finance arrangements may be more expensive compared to paying for the policy upfront.
Pay By BACS (Directly in to our Bank Account)	Contact us on: 0203 757 6950 Bank Name: Barclays Bank Sode Code: 20-67-59 Account Number: 13030784 Account Name: BBPS LTD ALL MEDICAL PROFESSIONALS

What is enclosed and why?

All Med Pro is a trading style of All Medical Professionals Limited and is authorised and regulated by the Financial Conduct Authority. This means that we are required to supply you with specific information, which is contained in the following documents:

Statement of Demands & Needs

This includes details of cover, limits and exclusions and explains why we have made our recommendation.

Our Capacity & Services

This provides you with confirmation of whether we are acting as your agent or agent of the insurer, explains what will happen in the event of a breach of warranty and provides instructions & guidance for your duty to make a fair presentation of the risk.

Payment Option Information

This shows the different methods of payment including spreading the costs of your Insurance over a period of months.

• Terms of Business

Policy Summary

This has been prepared by the insurer and gives a summary of the cover they are providing.

Schedule of Services and Commission Disclosure

What do I do now?

Please do the following:

- Read the Summary of Cover document enclosed for our recommended insurer contract. In particular, please read the section on unusual limitations or conditions to the cover.
- Please check the document marked "Statement of Demands & Needs". If there are any errors or changes in circumstances, you must contact us immediately.
- · Please review our Terms of Business.

If you want to go ahead with cover;

- Please email us or call us on **0203 757 6950** to confirm your acceptance of this quotation along with your preferred start date of the policy
- · Review and confirm with us your preferred payment option.

Any questions?

We trust that you will find this to your satisfaction, however, please do not hesitate to contact us if you have any queries or concerns regarding this or any other aspect of your Insurances, or if you simply require some further information.

May we take this opportunity to advise you that All Medical Professionals Ltd are able to offer a range of insurance products and services, including all consumer and commercial insurances. If any of these areas are of interest, please contact us to discuss further.

Thank you for your quotation request, we look forward to being of service to you.

Yours sincerely,

David Baker

Sales Executive 0203 7576950 - Ext.217 david@allmed.co.uk



Statements of Demands & Needs - Important Information

We have assessed your demands and needs based on the information provided by you to All Med Pro and our recommendations are summarised below.

Policy Type	Insurer	Underlying Insurer	Underlying Insurance Exposure
Medical Malpractice	All Med Pro	Lloyd's AXIS Syndicate 1686	100.00%
Product Type	Provider	Underlying Insurer	Underlying Insurance Exposure
Medico-Legal (Service)	MDS	-	-

Where there is an underlying insurer stated above, the policy is underwritten by that insurer(s). Please note that the liability of the underlying insurer(s) listed above in respect of losses under this policy is individually limited to the percentage set against their name and for no other amounts: - Below you will find the following information:

- Information on cover provided
- Any significant warranties, conditions and/or exclusions (for full details of these please refer to your policy wording)
- The market selection process for each cover
- Personal recommendation
- · Uninsured risk areas

Based on our knowledge, your stated main requirements are as follows:

Policy	Requirements
Medical Malpractice	You, as a dentist, seek a comprehensive insurance policy that provides coverage for allegations of clinical negligence.
Medico-Legal Insurance (Regulatory Support)	You may also require support and assistance concerning regulatory matters, including but not limited to GDC (General Dental Council) hearings and other regulatory issues, to ensure comprehensive protection and peace of mind in your professional practice.

Personal Recommendation and Market Selection

Based on this information and our knowledge of the markets we have recommended the following contracts because:

Policy	Recommendations and Market Selection	
Medical Malpractice	The All Med Pro Dental Indemnity Policy, has been meticulously designed to cater to the unique needs of the dental profession. This policy aligns with your requirements, offering robust coverage against allegations of dental negligence. It encompasses compensation awards and covers the associated legal costs arising from your dental activities. Furthermore, this policy extends beyond the boundaries of mere coverage. It includes invaluable support and guidance for addressing patient complaints, ensuring a holistic approach to your professional protection.	
Medico-Legal Insurance (Regulatory Support)	Endorsements/ Conditions/ Warranties	Refer to enclosed Cover Summary
	Exclusions	Refer to enclosed Cover Summary
	Excesses	Refer to enclosed Cover Summary

	Covers discussed but not taken up
None	

Covers requested by you but not provided by this quotation

None

This summary is not exhaustive, and if you require full details of cover or clarification of the terms you must refer to the policy document or contact the relevant personnel at All Med Pro.

Our Capacity & Services

The capacity in which we are acting

As an insurance intermediary we usually act as your agent and are therefore subject to the law of agency which imposes various duties on us. In certain circumstances we may act for and owe duties of care to insurers and the following table is provided to advise you when these circumstances may occur so you will be aware of any possible conflicts of interest.

Policy	Sourcing a policy (i.e. quotes for	when we get	(i.e. whe	the insurance n we arrange cover to start)	In the e claim	vent of a
	We act as your agent	We act as agent of the insurer	We act as your agent	We act as agent of the insurer	We act as your agent	We act as agent of the insurer
Medical Malpractice		Ø		⊘		- 🗸

Product	Provider	Туре
Medico-Legal (Service)	MDS	This is a non insurance backed product

Important

Confidentiality & Copyright

To protect our intellectual rights we ask that you don't show the information in this document, or the advice within it, to anyone else or reproduce it for them.

Breach of a Policy Warranty, Term or Condition

A breach of warranty suspends the cover provided by your insurance policy for the duration of the breach and the insurer is not obligated to pay any claims during this period. If you can fix the breach before a loss has occurred, your cover is restored.

However, if you do breach a warranty or other policy term, the insurer cannot rely on the non-compliance to refuse to pay a claim if you can prove that the breach did not increase the risk of the loss which occurred.

This does not apply to a term 'defining the risk as a whole' for example a policy term which defines the geographical area in which a loss must occur.

You need to take great care not to breach warranties, conditions precedent to liability and other policy terms and should notify us immediately of any breaches that occur during the policy period.

Your duty to make a fair presentation of the risk

You must make a fair presentation of the risk to us when you take out, renew or amend your policy. A fair presentation requires you to tell us about all facts and circumstances which may be material to the insurance, in a clear and accessible manner. Material facts are those which are likely to influence an insurer in the acceptance or assessment of the terms or pricing of your policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, where that failure is deliberate or reckless, or where, the insurer would not have accepted the policy had you told it about a material fact or circumstance, the insurer may treat your policy as if it had not existed and refuse to pay any claims. In other cases, the insurer may only pay part of the value of your claim or impose additional terms.

For these reasons, it is important that you check all of the facts, statements and information set out in the documentation provided by us are complete and accurate, and that you answer any questions completely and accurately. If there is more than one person involved in your business or employed by you, you should check with them, where appropriate, that the facts and statements that you make are complete and accurate.

Examples of people who should be included within the enquiries are (where applicable):

- Senior management within your business (which includes anyone who plays a significant role in making decisions about how your activities are to be managed or organised).
- A person for whom cover is provided by the contract of insurance.
- Anyone who is responsible for the procurement of your insurance.

If any of the facts, statements and information in this document, or any additional information provided are incomplete or inaccurate, you must contact us immediately. Failure to do so could invalidate your policy or lead to a claim not being paid.

Here are some examples of facts that should be disclosed (this list is not exhaustive):

- any special or unusual facts relating to the risk
- · any particular concerns which led you to seek insurance cover
- officers of the business that have been convicted of criminal offences
- officers of the business that have been declared bankrupt or were previously a director of a failed business
- the company or director having been refused insurance cover or had a policy cancelled
- · any losses arising out of fraud or dishonesty
- previous losses (regardless of fault or whether an insurance claim was made)
- · a change to the business activities
- a change to the business / management structure
- · connections with a country that is subject to sanctions

Your duty to notify us about certain facts regarding convictions, bankruptcy proceedings and refusals of insurance cover

You must notify us with the relevant details if your business or any company in the same group as your business, or any director or partner of your business or any group company (either personally or in any business capacity) has ever been, or is during the period of insurance:

- declared insolvent or bankrupt or the subject of bankruptcy proceedings
- the subject of a County Court judgment (or Scottish equivalent), or if there are any proceedings pending
- a director or partner in any business which is or has been the subject of a winding up or administrative order, or receivership or other insolvency proceedings

- convicted or charged with any criminal offence, or have a prosecution for such an offence pending, (except for the Road Traffic Act offences of parking or speeding on one occasion if there are no convictions)
- prosecuted or served with a notice of intended prosecution, or a prohibition notice in connection with a breach or alleged breach of any health and safety legislation
- refused or declined insurance cover or has or has ever had insurance cancelled, renewal refused or had special terms imposed.

This is very important because if you fail to notify us of any of the circumstances above, your insurance claim may be reduced or not paid, additional terms may be imposed or your policy cancelled. Please note that spent convictions do not need to be disclosed.

Your operations in countries that are subject to sanctions

You must notify us with the relevant details of all circumstances, including those which may arise during the period of your insurance cover, involving activity by your business or its group companies (including direct or indirect imports and exports, other forms of trading, services, travel and working abroad) in the following countries and territories:

Belarus, Crimea, Cuba, Democratic Republic of Congo, Iran, North Korea, Russia, Somalia, South Sudan, Syria, Ukraine and Zimbabwe.

Your failure to disclose

If you do not notify us of the facts and circumstances described above, including those which may arise during the period of your insurance cover, we will treat this as confirmation from you that you have no information to supply in relation to that fact or circumstance. If you do not understand any point please ask for further information.

Key Conditions

Please take the time to read your policy documents and make sure you understand the terms and conditions. If you breach the conditions of your policy, then any claim that you make might not be paid or your cover may be withdrawn.

Reasonable Care

Despite being insured, you still need to take the same care that you would if you weren't insured. And if something happens that could lead to a claim, you need to take reasonable steps to minimise any losses.

Subjectives

Sometimes your insurer will need specific information from you or ask you to take particular action, and generally you will still be covered while doing what they've asked. If this happens we will make sure you know what to do and by when, and what will happen if you don't.

Terrorism

Most policies don't insure you against losses caused by terrorist activities. You can usually arrange separate cover for this, so please get in touch if you'd like a quotation.

Complaints

Sometimes things may not go entirely to plan. Both All Medical Professionals Limited and the insurers we deal with welcome the opportunity to discuss any concerns that you may have about any aspect of the service you receive. Should you need to discuss a problem, please contact us in the first instance. Details of how to contact the insurer will be in the policy document.

Law Applicable

You and the insurers are free to choose the laws applicable to a policy. As insurers are based in England, they propose to apply the laws of England and Wales and by purchasing a policy you will have agreed to this.

Premium Payment Condition

It is a condition under this policy that insurers are paid the premium in full within 60 days of inception. Where premium finance is taken out, the finance provider (Close Premium Finance) pays us the premium following the successful collection of the first two direct debit instalments. Should a default occur within these first two instalments, payment of the premium by the finance provider will be delayed until two successful instalments have been collected. If we are unable to meet the insurers' premium payment deadline they have the right to cancel the policy from inception.

If you opt to take out premium finance you must ensure all requested documentation required to set up the finance agreement is returned within seven days. A delay in returning such documentation defers the processing of the finance agreement and as such, payment of the premium to insurers. These delays may mean we are required to request a same-day CHAPS payment from both the finance provider and our own bank to ensure the insurer is paid on time. This may result in additional charges of up to £100.00 being added to your account to cover the cost of these charges.

Terms of Business Agreement - Commercial Customers

All Medical Professionals Limited

Please read this document carefully. It sets out the terms and conditions on which we agree to act for you, contains details of our responsibilities together with your responsibilities both to us, to insurers and to other third party providers. Please contact us immediately if there is anything in this document that you do not understand/or with which you disagree.

In the interests of security, staff training and to generally improve our service please be aware that telephone calls may be monitored and/or recorded.

1. Our Service

- 1.1. All Medical Professionals Limited is an independent insurance intermediary; authorised and regulated by the Financial Conduct Authority (FCA). Our Financial Services Register number is 309653. These details can be checked on the Financial Services Register by visiting the FCA's website https://register.fca.org.uk/ or by contacting the FCA on 0300 500 8082.
- **1.2.** We are permitted to arrange, advise on, deal as an agent of insurers, assist in claims handling, help with ongoing changes, introduce to an insurer/finance provider(s) and arrange lending facilities, collect debt and administer debts in respect of general insurance policies on behalf of our clients.
- **1.3.** We have access to leading insurers and often we select your insurance product from a wide range of insurers however there are times when we use a select panel of insurers/finance providers. Please ask us if you would like a list of these insurers. At our discretion, we offer clients the options to pay by instalments through Close Brothers Premium Finance. We will always advise you of our selection range prior to you committing to purchase an insurance policy or take out a finance agreement. In certain circumstances we may use the services of another intermediary to place your insurance and in these circumstances we will always advise you of the name of that intermediary.
- **1.4.** Upon assessment of your requirements we will make a recommendation for a particular insurance product. Our advice will be confirmed in a demands and needs statement which will clearly state the reasons for our recommendation. In some circumstances we may not provide advice, for example if we renew your insurance cover with your existing insurer without rebroking your insurance and where no recommendation has been provided; and/or if we simply provide you with information on a product. If we do not provide you with advice we will always make this clear to you in our documentation.

2. Relationship with BBPS Ltd

2.1. We are a Partner Broker of BBPS Ltd. BBPS Ltd is an independent insurance intermediary; authorised and regulated by the Financial Conduct Authority (FCA). Their Financial Services Register number is 307079. These details can be checked on the Financial Services Register by visiting the FCA's website at https://register.fca.org.uk/ or by contacting the FCA on 0300 500 8082. BBPS Ltd provides us with access to products and services. BBPS Ltd may receive remuneration from insurers, finance providers and other associated business partners for business we place with them. Please ask us if you would like further information.

3. Our Remuneration and other Income

3.1. We reserve the right, at our discretion, to make an administration charge when arranging a new policy, mid-term adjustments, short period or mid-term cancellations, renewals, issue of replacement or duplicate documents. These include but are not limited to the below;-

Fees	
Mid-term Adjustment	£35.00
Cancellation	£50.00
Other New Business	£50.00
Other Renewal	£50.00
All Med Pro Support Package	£250.00
Medical Malpractice	£75.00

- **3.2.** We may also make individual charges where we prepare and issue documents on behalf of insurers, these will be confirmed in writing to you at the time of incepting or renewing your insurance where applicable. All administration fees are non-refundable.
- **3.3.** These fees may be subject to change and where this is the case you will always be advised of the actual fee in writing.
- **3.4.** We usually receive commission from an insurer when placing your business and from a finance provider when arranging finance for you. We occasionally receive additional remuneration from insurers, finance providers and other associated business partners for business we place with them. Please ask us if you would like further information.

4. Commercial Customers Duty of Disclosure

- 4.1. Your policy documents will state your customer classification.
- **4.2.** You must, at all times act with utmost good faith towards your insurer. This means that before your policy is placed, at renewal, when varying or extending the policy (and also during the policy period if your policy contains a particular clause stating that any change in circumstances must be advised to your insurer), you must disclose to us all information, facts and circumstances which are, or ought to be, known to you and which are material to the risk. When providing information or completing a proposal form or otherwise confirming any information to us, you should take care to ensure that the details provided are complete and accurate. You should note that your duty of disclosure is not confined to answering specific questions asked by us or your insurers and that all material circumstances should be disclosed to us whether or not we or your insurer has asked for the information. Circumstances which may be considered material are:
- special or unusual facts relating to the risk;
- any particular concerns which led you to seek insurance cover;
- anything which would generally be understood as being something that should be disclosed for the type of risk in question.
- **4.3.** If you are unsure whether a fact or circumstance should be disclosed, or whether the duty of disclosure information continues throughout the period of your policy you should disclose the information anyway as failure to do so may lead your insurer to reduce its claim payment, apply additional terms or even avoid your policy.
- 4.4. You should keep a record (including copies of letters) of all information provided for future reference.

5. Renewal of Contract

- **5.1.** We will write to you in good time before your renewal date, offering your terms or in situations where we are not inviting renewal we will tell you. Renewal of the contract is based on the information you supplied when we arranged your current contract along with any amendments you have made during the period of cover. It is important that you tell us about any changes to your requirements
- **5.2.** Where we offer you renewal terms and your insurance is paid by continuous monthly direct debit instalments, in the absence of a response from you, we will deem this as your consent to renew automatically.

6. Payment of the Premium

- **6.1.** You must provide the premium due in cleared funds in accordance with the amounts and dates specified in our payments options schedule. Failure to meet the payment date may lead to insurers cancelling your policy.
- **6.2.** Please refer to our payment options schedule for full details on how to make a payment.
- **6.3.** Please note that cover will cease if you fail to keep up payments under a credit agreement.

7. Cancellation Rights

7.1. Your policy documents will provide you with specific information on your full rights to cancel your insurance. A personal policy which lasts for more than one calendar month offers you the facility to cancel cover (providing there have been no claims), within 14 days from the policy start date or the date when you receive the full policy documentation from us or your insurers; whichever occurs later. You will be entitled to a refund of premium less our administration charge and a charge by your insurer for the time your insurance cover was in place.

8. Refund Procedures

- **8.1.** Where you cancel your personal insurance outside the 14 day cancellation period, we reserve the right to charge for our time in providing you with advice and for the administration costs involved. This results in us retaining our original commission and fees.
- **8.2.** For some insurance contracts, insurers will not provide refunds for mid-term cancellation of cover. We will tell you if this affects you.
- **8.3.** We do not provide refund payments of less than £25.

9. Notification of Claims or Incidents

- **9.1.** Many insurers provide a 24 hour helpline in respect of claims. Please refer to your policy documents for contact details.
- **9.2.** Please ensure that you report all incidents that could give rise to a claim as soon as you become aware of them either by contacting your insurer or ourselves.
- **9.3.** If you receive correspondence from a third party about your claim please pass it to us or your insurer immediately and unanswered.
- **9.4.** If you require any assistance with a claim or incident please contact us.

10. Client and Insurer Money

- **10.1.** We are authorised to handle client monies, however for the purposes of general insurance activities all client money is handled by BBPS Ltd. Details of who BBPS Ltd are shown in section 2 above. BBPS Ltd hold all client money in a trust account, the purpose of which is to protect you in the event of financial failure since, in such circumstances, general creditors would not be able to make claims on client money.
- **10.2.** If BBPS Ltd hold money on a client's behalf, it will be held in a trust fund that is separate from their own cash assets. These separate trust fund arrangements are commonly known as 'client money'. If they were ever unable to pay their debts, then those to whom they owe money (their creditors) should not be able to make claims on their client money in the separate trust funds as it does not form part of their own cash assets.
- **10.3.** The trust arrangement BBPS Ltd use for client money is known as a non-statutory trust. Here, they may use premiums and claims monies they receive to fund other clients' premiums and claims; for example they may pay a premium on to an insurer before they have received it from the client if they believe it is in the best interests of that client.
- **10.4.** BBPS Ltd have agreements with some insurers (known as 'risk transfer agreements'). Under these risk transfer agreements the insurers agree that they are responsible to you for any premium that you have already paid to us and that the insurer remains responsible for any premium refunds or claims payments until the premium refund or claim payment is received by you. In this case BBPS Ltd may hold client money due to or from the insurers in the same trust fund.
- **10.5.** Where BBPS Ltd do not have risk transfer agreements in place with insurers, the client money they hold will still be protected within the non-statutory trust. Money held as client money has priority over insurers to the money in the trust fund as insurers granting risk transfer have agreed to subordinate their interests in the trust to those of BBPS Ltd non risk transfer clients.
- 10.6. BBPS Ltd do not use client money to pay commission before they receive your premium.
- **10.7.** When BBPS Ltd hold client money on trust for you this gives rise to fiduciary duties upon them that will not be discharged until the client money is deemed to have reached the insurer or product provider (as detailed above, this is when they receive premium in case of risk transfer agreements).
- 10.8. Without affecting BBPS Ltd's fiduciary duties to you, in some cases they may:
- hold client money in accounts which are outside of the United Kingdom and which may be subject to different legal and regulatory conditions and may treat money differently in the event of a bank failing. If you are a consumer (a person who buys products or services for personal use and not for business purposes) you can ask them not to put your client money in an account in a particular country.
- pass client money to another intermediary, including ones outside of the United Kingdom where different legal and
 regulatory conditions apply and where money may be treated differently in the event of an intermediary failing. If you
 are a consumer, you can ask them to pass your money to an intermediary outside of the United Kingdom or in a
 particular country.
- arrange to hold certain investments with a value at least equal to the money that would otherwise have been paid into a separate client account. If they do this, they will be responsible for meeting any shortfall in the client money funds if the shortfall is due to a reduction in the market value of those investments.
- **10.9.** If, in the process of handing client money, they earn interest or benefit from investment income or from foreign rate movements, they will keep any such amounts.

11. Confidentiality and Security

- **11.1.** To help make sure you receive a competitive quotation, offer of appropriate payment options, protection against fraud and to verify your identity, insurers may use publicly available data which they obtain from a variety of sources, including a credit reference agency and other external organisations. Their search will appear on your credit report whether or not your application proceeds.
- **11.2.** All information on our records relating to you will be treated as private and confidential and will only be disclosed to others such as our business partners, insurers, credit providers and other third parties who are directly involved in the normal course of arranging and administering your insurance. By accessing our sites and using our services, you consent to any such transfer of information to a third party.

- **11.3.** Where you have given us consent we may use the data we hold about you to provide you with a renewal quotation and information about products and services we consider may be appropriate.
- 11.4. Our Retention of your Personal Information By using our services you consent to us and our partners retaining any personal information you have provided. We will retain any personal information only for as long as is necessary to fulfil the business purpose for which it was collected. We will also retain and use your personal information for as long as necessary to comply with our legal obligations, resolve disputes, and enforce our agreements.

Under the General Data Protection Regulations 2018, you have the right to ask us for a copy of any personal information about yourself that we hold on our records. Please contact us if you require any more information. For further information on your rights under the General Data Protection Regulations please refer to the Information Commissioners Office – www.ico.org.uk.

12. Termination of Agreement

- **12.1.** Our agreement may be terminated by either one of us giving 14 days notice in writing to the other. You will be liable to pay for any outstanding transactions or adjustments prior to termination without any penalty fee as long as these are settled immediately on termination.
- **12.2.** We will be entitled to retain any fees or commission payable in relation to business transacted prior to the date of termination.

13. Law and Jurisdiction

13.1. These Terms of Business which form our agreement with you, shall be governed by and construed in accordance with the laws of England and the exclusive jurisdiction of the English courts unless we agree with you otherwise.

14. Bribery and Corruption

14.1. Our company culture and ethics mean that we do not bribe or use any other means to improperly influence the decisions of clients, potential clients or government officials. Our business is structured with appropriate systems and controls so as to comply with the requirements of the Bribery Act 2010.

15. Sanctions

15.1. Both parties shall pay due regard to, and co-operate in respect of the observance of, any applicable international economic, financial or trade sanctions legislation.

16. Complaints

16.1. Our aim is to provide all of our clients with an excellent level of service, however we recognise that there may be occasions when you do not feel satisfied with the service you have received from us. Should you need to make a complaint please contact our Complaints Manager using any of the following methods:

Email: info@allmed.co.uk

Post: All Medical Professionals Limited

5 Stanton Court Stirling Road Swindon SN3 4YH United Kingdom

Tel: 0203 757 6950

- **16.2.** We aim to resolve complaints within 3 business days following receipt, however if we can't we will write to you within five working days to acknowledge your complaint and provide details of our complaint handling procedures and who is dealing with your complaint.
- **16.3.** We aim to provide a final response to your complaint within eight weeks from the date of receipt of your complaint and if we cannot we will outline the reasons for the delay and provide you with an indication of when you can expect to receive a response.
- **16.4.** If you are dissatisfied with our final response, or we have been unable to provide our final response to your complaint you may be eligible to refer the matter to the Financial Ombudsman Service (FOS) free of charge. Details of the eligibility criteria can be found in our complaints procedure or on the FOS website https://financial-ombudsman.org.uk. If you do decide to refer your complaint to the Ombudsman you must do so within six months of the date of our final response.
- **16.5.** The FOS offer an independent service for resolving disputes and you can contact the FOS by:
- Calling their consumer helpline on 0800 0234 567 or 0300 1239 123;
- Writing to them at Exchange Tower, London E14 9SR;
- Emailing complaint.info@financial-ombudsman.org.uk.
- 16.6. We will include a copy of the Financial Ombudsman Service's leaflet in all resolution letters.

17. Solvency and Compensation

- 17.1. We do not guarantee the solvency of any insurer we place business with.
- 17.2. We are covered by the Financial Services Compensation Scheme (FSCS) for insurance mediation only; this does not extend to consumer credit lending. The FSCS is the UK's compensation fund of last resort for clients of authorised financial services firms. You may be entitled to compensation from the FSCS if we cannot meet our obligations. This depends on the type of business and circumstances of the claim.
- **17.3.** Insurance advising and arranging is covered for 90% of the claim with no upper limit, although compulsory insurance is protected in full. Further details about the FSCS can be found on their website www.fscs.org.uk.

18. Conflicts of Interest

- **18.1.** Our company ethics and culture towards customer service means that we never deliberately put ourselves in a position where our interests or our duty to another party prevents us from discharging our duty to you.
- **18.2.** Where we become aware of any actual or potential conflict of interest we will tell you about the situation, the options available to you and we will ask for your consent to proceed.

Schedule of Services and Common Disclosure

What do we do for our Commercial Customers?

The range of service delivered to you by our trained, professional staff depends upon the particular risks you face and therefore your demands and needs for insurance cover. However, we would remind you that we can only know and act upon the information you provide so it is always essential that you fully disclose the risks you face. To provide you with a flavour we've listed examples of what we do for our customers but please note that in some situations this may only involve part of what is listed.

Initially and at renewal - we will

- · confirm the purpose of making contact with you
- answer your queries and provide insurance advice, as requested
- collate and check information required to review your risk and insurance demands & needs

Market search - we will

- identify insurance product features which match your demands & needs
- review relevant insurers for their pricing policy, policy terms, service standards, claims service etc.
- · collate underwriting information and submit to insurers on your behalf
- monitor receipt of insurer's quotations and negotiate price, terms & conditions, as necessary

Reporting - we will confirm

- our personal recommendation as to how you should proceed
- the price and any significant or unusual conditions or exclusions of the insurance cover
- the width of our search of the market and whether under any contractual obligation to an insurer
- · the principal we are acting for in searching the market
- if we have used another intermediary to place your insurance cover
- · the principal we act for when settling a claim
- any fee or charges due in the period of the policy in addition to the insurance premium

Confirming cover - we will

- · discuss our personal recommendation and take your instruction as to how you wish to proceed
- request insurers to hold cover under your instruction and confirm to you when they have agreed
- check the policy wording issued by your insurer for accuracy in meeting your demands & needs

Day-to-day - we will

- carry out regular analysis of the insurance market to provide professional advice
- answer queries on the policy cover, insurance matters or proposed change to your insurance risk
- · confirm mid term adjustments to your insurer under your instruction

Claims - we will

- report claims on your behalf or ensure you have contact details for speedy reporting of a claim
- liaise with your insurer's Loss Adjuster, as necessary
- discuss and seek early resolution on any current or post-loss concerns you raise, with your insurer

Accounting - we will

- arrange premium finance where available, if requested
- · issue an invoice detailing the payment we require
- reconcile your payment, pay your insurer or obtain return premiums for you, when appropriate.

You are entitled, at any time, to request information regarding any commission which we may have received as a result of placing your insurance business or premium finance facility.