

# Commercial legal policy


**Policy wording**

**Fitness to practise**

**Irish Society of Chartered Physiotherapists**



## Schedule

Policy number	10966/17
<b>Policyholder</b>	Irish Society of Chartered Physiotherapists
Address	Royal College of Surgeons St Stephen's Green Dublin 2 Ireland
<b>You</b>	A professional physiotherapist who: <ul style="list-style-type: none"> <li>- is a practising member of the <b>policyholder</b>;</li> <li>- is registered by the <b>regulator</b>;</li> <li>- has been declared to the Coverholder</li> </ul>
<b>Period of insurance</b>	From 30 <sup>th</sup> September 2017 To 29 <sup>th</sup> September 2018 (Both dates included)
<b>Your</b> Sections of cover	The most that <b>we</b> will pay <b>any one claim</b>
Fitness to practise defence	€250,000
<b>Excess</b>	Nil
<b>Territorial limits</b>	ROI  <i>(Please note: complaints to CORU arising from incidents occurring outside the <b>Territorial limits</b> are included as covered, subject to the terms and conditions of this <b>policy</b>)</i>
The most that <b>we</b> will pay for all <b>claims</b> in the <b>period of insurance</b> per individual insured ( <b>you</b> )	€500,000
<b>Retroactive date</b>	Whichever is the latest of the following dates: <ul style="list-style-type: none"> <li>• 30th September 2016</li> <li>• the date that <b>you</b> became regulated by the <b>regulator</b></li> <li>• the date that <b>you</b> joined the <b>policyholder</b></li> </ul>
Medico Legal Line	+44 (0)333 234 2048
Claims Line	+44 (0)345 350 1099
Authorised	
Issue date	28/09/2017
<p>The Insurance is arranged by:  Graybrook Insurance Brokers Limited,  8 Chandlers Way, South Woodham Ferrers, Essex, CM3 5TB, United Kingdom  Web: <a href="http://www.graybrook.co.uk/iscp-members">www.graybrook.co.uk/iscp-members</a>  Email: <a href="mailto:enquiry@graybrook.co.uk">enquiry@graybrook.co.uk</a>  Tel: +44 (0)1245 321185  Fax: +44 (0)1245 322240</p> <p>Graybrook Insurance Brokers Limited is Authorised and regulated by the Financial Conduct Authority.  Registered No. 595238</p> <p>Underwritten by Markel International Insurance Company Limited subscribing to Contract Number APG001/2016</p>	



# Welcome

Welcome and thank you for choosing to buy your Commercial legal policy from Abbey Legal Protection. This document, the schedule and any endorsements all form your policy and set out the terms and conditions of the agreement between us.

We understand you may be very busy, but we strongly suggest that you read the whole of this agreement. At the very least, please make sure you read:

- 1) The remainder of the **Welcome** pages
- 2) The **Important information** section
- 3) The Key Facts Policy Summary
- 4) The policy schedule

## How to contact us about your insurance policy

### 1) To make a claim

If you need to make a claim or let us know about a situation that could lead to a claim, you should contact us as soon as possible providing your policy number and brief details of the circumstances.

Our contact details are:

The Claims Department  
Abbey Legal Protection  
20 Fenchurch Street  
London  
EC3M 3AZ

0345 350 1099

[claims@abbeylegal.com](mailto:claims@abbeylegal.com)

A claim form will be sent to you for completion and this must be returned without delay.

### 2) To make a complaint

If you are not satisfied with any part of our service then you should contact us using the details in **Important information – How to make a complaint** and we will do our best to resolve the problem.

### 3) To talk to us about your policy

If you need any help to fully understand what is covered under this Business Legal policy please contact your insurance broker or let us know by contacting us on:

0345 350 1099

[underwriters@abbeylegal.com](mailto:underwriters@abbeylegal.com)

## How to contact us for advice

### Medico Legal advice

You have access to Medico Legal telephone advice services by calling the "Medico Legal Advice Line" telephone number specified on your policy schedule.

## Special or unusual conditions and terms of this policy

The policy comes with some important conditions and terms that you need to be aware of:

### 1) Prospects of success

We will only cover your claim if there is a greater than 50% chance of:

- you not being suspended or removed from the register by the regulator

### 2) Defined terms

Some of the words in your policy have a specific meaning and we have highlighted these to you by showing them in **bold** print. Please see the **Defined terms** section at the end of this policy to see what these words mean.

## Contents page

Page 5	Sections of cover
Page 6	What is not covered?
Page 7	Claims conditions
Page 10	Important information
Page 15	Defined terms

# Your insurance Policy

This is the agreement between **you** and **us**

## Things we will do

**We** will provide the cover as written in this **policy** for:

- Disputes under the **Sections of cover** shown as insured in **your policy** schedule
- **Costs** up to the limits shown in **your policy** schedule
- **Claims** or notifiable circumstances notified to **us** during **your period of insurance** which are in connection with **Your** profession as stated in **your policy** schedule
- Disputes or legal proceedings that are or would be within the **territorial limits** as stated in **your policy** schedule

## Things you must do

**You** must comply with the following conditions which are summarised below and some of which are more fully explained in the remainder of this agreement. If **you** fail to do so, **we** may not pay **your claim**, or any payment could be reduced.

**You/the policyholder** must:

- Pay the premium for **your policy**
- Provide **Us** with a truthful account of **your** circumstances and any extra information **we** ask for, to underwrite **your policy** and assess **your claim**
- Tell **us** as soon as possible if there is a change in **your** circumstances such as:
  - Any change of ownership of **your** business
  - If **your** business is involved in a merger or the acquisition of another business
  - Any change in **your** business description
- Take all reasonable steps to avoid and prevent tax investigations, legal proceedings and disputes
- Minimise the cost and effect of any **claim** by taking all reasonable steps to avoid unnecessary expense
- Follow the **Claims conditions** of this **policy**

If **you** do not meet **your** part of the agreement **we** may:

- Not cover all or part of **your claim** and **we** may recover any payments already made
- Increase **your** premium or change the terms of **your policy**
- Cancel **your policy** and treat it as though it did not exist to begin with

## Sections of cover

Fitness to practise defence	
What is covered?	What is not covered?
<b>We</b> will cover <b>costs you</b> incur:	<b>We</b> will not cover <b>claims</b> where:
<p><b>Pre-hearing representation</b></p> <p>In providing a response to allegations or complaints made to the <b>regulator</b> against <b>you</b> concerning <b>your fitness to practise</b> when invited to do so by the <b>regulator</b>, including under Section 60 of the Health and Social Care Professionals Act 2005 and for mediation</p>	<p>The <b>claim</b> relates to an incident that occurred prior to the <b>retroactive date</b></p>
<p><b>Fitness to practise hearing defence</b></p> <p>At the <b>regulator's fitness to practise</b> Committee hearing provided that:</p> <ol style="list-style-type: none"> <li>1. <b>We</b> have assisted you in drafting and submitting any response to the <b>regulator's</b> Preliminary Proceedings Committee as outlined in <b>Section of Cover: Pre-hearing representation</b></li> <li>2. The <b>regulator's</b> Preliminary Proceedings Committee has decided there is a case to answer</li> </ol>	<p>The <b>claim</b> relates to an incident that occurred prior to the <b>retroactive date</b></p>

## What is not covered by this Policy?

We will not cover **you** for:

1. The defence of civil legal proceedings concerning:
  - a. injury or disease including psychiatric injury and stress
  - b. damage to or loss or destruction of property
  - c. an alleged breach of professional duty (other than as specified in **Fitness to practise defence**)
2. **Costs** incurred without or in excess of **our** written consent
3. Any **claim** relating to or arising from any cause, event or circumstance occurring before or existing at the start of this **policy** and which has or which **you** knew or should reasonably have known may give rise to a dispute, legal proceedings or a **claim**
4. Fines or other penalties imposed by a Court or Tribunal
5. Any dispute or legal proceedings in respect of which **you** are, or but for the existence of this **policy** would be, entitled to indemnity under a legal aid certificate or representation order
6. Disputes or legal proceedings between any parties specified as **you** in the **policy** or with any parent, subsidiary or associated company or partner
7. Any dispute **you** have with **your representative**, any party involved in the arrangement of this **policy** or with **us**
8. Other than as specified in **Fitness to practise defence**, any **costs** incurred in a dispute or legal proceedings concerning, arising out of or in connection with:
  - a. breach of confidentiality
  - b. passing off
  - c. defamation or malicious falsehood
  - d. the ownership or existence of any intellectual property rights
9. Any **costs** incurred in a dispute or legal proceedings concerning, arising out of or in connection with a judicial review
10. Any **costs** incurred in a dispute or legal proceedings concerning, arising out of or in connection with **Your**:
  - a. intentional wrongdoing
  - b. act or omission with negligent disregard as to its consequences
11. Any **costs** which **you** should or would have had to incur irrespective of any dispute
12. Any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation
13. The VAT element of **your claim** if **you** are registered for VAT
14. Any **claim** caused by, happening through or in consequence of terrorism, war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any government or public or local authority
15. Any **claim** caused by or contributed to by or arising from nuclear reaction, nuclear radiation or radioactive contamination



# Claims conditions

There are conditions contained below which must be complied with or met for **us** to provide cover under this **policy**.

## 1. How and when to make a claim

Contact details for The Claims Department can be found in the **Welcome page of this policy**

**We** will only cover **claims** that **you** tell **us** about during **your period of insurance**.

**You** must tell **us** as soon as possible when **you** become aware of any cause, event or circumstance which does or may involve **you** and which has given, or may give rise to a **claim**, dispute, legal proceedings or tax investigation.

Where **we** have accepted notification as described above, **we** will treat any later **claim** regarding that notified cause, event or circumstance as though the **claim** had been notified during the **period of insurance**.

**We** will send **you** an insurance claim form that must be completed and returned as soon as possible.

## 2. When we will agree to cover your claim

### Our consent

**We** will only cover **claims** where **you** have obtained **our** consent in writing before incurring any **costs**. **we** will give **our** consent for **you** to incur **costs** provided that **you** can satisfy **us** throughout **your claim** that:

- It is reasonable and proportionate (in relation to **your claim**) to incur **costs**
- there are reasonable prospects of success, other than **Section of cover**
  - **Fitness to Practise Defence: Pre-hearing Representation**

If during the course of **your claim** **you** no longer satisfy **us** of the above, cover under this **policy** for **costs** will be withdrawn and any **costs** incurred awarded on or after the date of withdrawal will not be covered whether **we** previously agreed to them or not.

**We** will make **our** decision on whether to cover **your claim** based on:

- a fully completed insurance claim form
- the information and documentation **we** reasonably request
- a legal opinion from **your representative** on whether **your claim** has **reasonable prospects of success** and any professional advice **we** regard necessary

If **your claim** is accepted by **us**, it does not always mean that all **costs** will be paid, for example **we** will not cover **costs** for things that are not directly relevant to **your claim**. **We** may also limit any cover **we** provide by time, amount or to a specific stage of legal proceedings in order to allow **us** to review **our** continued acceptance of **your claim**.

If after accepting **your claim**, it is shown that **your claim** has not been brought within the terms and conditions of the **policy**, no further cover will be provided and **we** will recover from **you** any **costs** **we** have paid.

### Counsel's opinion

At **our** discretion **we** may also require **you** to obtain a legal opinion from counsel at **your** expense to satisfy us that there are **reasonable prospects of success** and it is reasonable and proportionate (in relation to **your claim**) to incur **costs**.

If based on Counsel's opinion **we** are satisfied in respect of the above the reasonable **costs** of obtaining that opinion will be paid by **us** subject to the **excess** and the limits shown in **your policy** schedule.

### Claims rejected due to a lack of Reasonable Prospects of Success

If **we** rejected **your claim** solely due to a lack of **reasonable prospects of success**, **we** will pay **costs** that are reasonable and proportionate to the legal and/or financial remedy achieved, subject to the terms and conditions of

this **policy** if:

- **You** proceeded with the legal action which formed **your claim** to its conclusion with a Court, Tribunal or equivalent having issued a judgment (excluding any settlement, mediation, alternative dispute resolution or equivalent resolution process)
- **You** were defending, the judgment found **you** were not at fault
- **You** were pursuing, the judgment awarded **you** the remedy **you** were seeking at the time **we** rejected **your claim**
- **You** tell **us** about it as soon as possible

### 3. Settlements

**You** must inform us as soon as an offer of settlement is received and **you** must obtain **our** consent before **you** make or respond to any offer of settlement.

In any settlement **you** must:

- Take into account the prospects of the case and likely future **costs** try to recover as much **costs** as possible

If **you** unreasonably reject an offer of settlement which **we** recommend acceptance of or make an offer which **we** do not agree with, no further cover will be provided and **we** may seek to recover from **you costs we** have paid.

At **our** discretion, instead of covering **you** for **costs** , **we** can choose to pay:

- the damages **you** are likely to be awarded by a Court or Tribunal or
- the amount of money being claimed against **you** or the amount of money the other party will settle for, whichever is the lesser

If **we** choose to do this, then **your claim** will end and no further payments of **costs** will be made.

### 4. Co-operation

**You** must co-operate with **us** and **your representative** at all times during the course of **your claim** this includes:

- Allowing **us** and **your representative** to communicate directly with each other about **your** case
- Providing a full and truthful account of **your** case and with all necessary documentation or evidence
- Attending any meetings as required
- Instructing **your representative** to provide **us** with information, documentation or evidence **we** require (even if privileged) and regular updates including when anything negatively affects the factors we took into account in accepting **your claim**.

### 5. Recovery of costs

If the outcome of **your** case is that another party is found responsible for reimbursing **you** for some or all of **your costs**, **you** and **your representative** must make every effort to fully recover those **costs** which **you** must pay to **us**.

If the legal case was settled and the terms of the settlement do not specify the split between damages and costs then a fair and reasonable proportion of that settlement will be treated as **costs** and paid to **us**.

If any money is recovered from the other party then that money will be treated as **costs** and repaid to **us** first until all **costs** have been repaid to **us**.

### 6. Payment of costs

A copy of all invoices for **costs you** receive from **your representative** should be forwarded to **us** within 30 days of the date the invoice was issued. If **we** require, **you** must ask **your representative** to send the costs for assessment by a court or tribunal or to a costs lawyer of **our** choice.

**You** are responsible for the payment of all **costs** . **We** will reimburse **you** for the **costs** covered under **your policy**. **We** may settle these **costs** directly if **we** choose to do so.

## 7. Appeals

If **you** wish to appeal against the judgment or decision of a court or tribunal or if there is an appeal against a judgment that is in **your** favour, **we** will consider providing further cover if:

- **We** covered the initial legal proceedings that are being appealed as a **claim** and cover was not withdrawn
- the grounds for the appeal were submitted to **us** as soon as possible and before any deadline set by the Court or Tribunal

If **we** require, **you** must co-operate in an appeal against the judgment or decision of a Court or Tribunal.

## 8. Instruction and choice of Your Representative, Counsel and experts

In all cases **your representative** will be appointed in **your** name and on **your** behalf.

**We** will choose a **representative** to act on **your** behalf other than at the point of an inquiry or legal proceedings where **you** will have freedom to choose **your representative** subject to **us** approving **your** choice.

**You** will also have freedom to choose **your representative** if there is a legal conflict of interest between **you** and **us** subject to **us** approving **your** choice.

When selecting **your representative**, **you** must have regard to **your** duty to minimise the cost of any **claim**.

The name and address of **your** chosen **representative** must be notified to **us** in writing. **We** will accept **your** choice if:

- **We** are satisfied that **your** chosen **representative** will co-operate with **us** and enable **you** to comply with the terms and conditions of **your policy**
- The **representative** has the necessary experience to deal with the dispute
- The **representative's** charging rates are fair and reasonable in regard to the dispute

A dispute arising from **your** choice of **representative** may be referred to arbitration in accordance with **Important information – How to make a complaint**.

**You** must not enter into any agreement with **your representative** as to the basis of calculation of **costs** without **our** written consent.

If in any **claim** **your representative** wishes to instruct counsel or an expert the following must be submitted to **us** for **our** approval:

- The expert's or Counsel's name
- Details of their expertise
- Charging rates and estimated cost
- An explanation of the need for such instruction

# Important information

## Fraudulent Claims

If **you** or anyone acting on **your** behalf make a fraudulent **claim**, **we** will cancel the **policy** from the time the fraud took place, retain any premium and recover from **you** any amount **we** have paid towards the fraudulent **claim**.

## Dual insurance

If any **claims** covered under this **policy** are also covered by another policy, or would have been covered if this **policy** did not exist, **we** will only pay **our** share of the **claim** even if the other insurer refuses the claim.

## Financial Services Compensation Scheme

In the unlikely event Markel International Insurance Company Limited cannot meet its obligations, Markel international insurance company limited are covered by the financial services compensation scheme (fscs). **you** may be entitled to compensation up to 90% of the **claim**. Further information about compensation arrangements is available from the FSCS.

## Information you have given us

In deciding to accept this **policy** and in setting the terms and premium, **we** have relied on the information **you** have given **us**. **You** must take care when answering any questions **we** ask by ensuring that all information provided is accurate and complete.

If **we** establish that **you** deliberately or recklessly provided **us** with false or misleading information **we** will treat this **policy** as if it never existed and decline all **claims**.

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

- Treat this **policy** as if it had never existed and refuse to pay all **claims** and return the premium paid. **we** will only do this if **we** provided **you** with cover which **we** would not otherwise have done
- Amend the terms of **your policy**. **We** may apply these terms as if they were already in place if a **Claim** has been negatively affected by **your** carelessness
- Reduce the amount **we** pay on a **claim** in proportion to the premium **you** have paid against the premium **we** would have charged **you**
- Cancel **your policy** in accordance with the cancellation information below

**We** will write to **you** or **your** insurance broker if we:

- Intend to treat **your policy** as if it never existed
- Need to amend the terms of **your policy**

If **you** become aware that information **you** have given **us** is inaccurate, **you** must inform **us** as soon as possible.

## Cancellation

Cancellation requests must be made to:

The Underwriting Department  
Abbey Legal Protection  
20 Fenchurch Street  
London  
EC3M 3AZ  
Email: [underwriters@abbeylegal.com](mailto:underwriters@abbeylegal.com)

The **policyholder** can write to **us** to cancel the **policy** if less than 75% of the **policy** has expired and **we** will refund the premium less the time we have insured the **policyholder** for and less 20% of the time we haven't insured the **policyholder** for.

The **policy** may be cancelled by **us** at any time, if **we** choose to do this we will give the **policyholder** 30 days' notice in writing and **we** will refund the premium less the time we have insured the **policy** for. **We** will only do this for a valid reason (examples of valid reasons are as follows):

- If the **policyholder** has not paid the premium
- A change in risk which means that **we** can no longer provide **you** or the **policyholder** with this cover
- If **you** or **policyholder** does not supply any information or documentation that **we** have asked for
- Threatening or abusive behaviour or the use of threatening or abusive language

If the **policyholder** is placed in liquidation, receivership, administration or bankruptcy or enter into a voluntary arrangement or deed of arrangement or if any application is made to the court or if a meeting for any of these reasons is held, this **policy** will automatically terminate. If this happens, cover under **your policy** for **costs** will be automatically withdrawn and any **costs** incurred awarded on or after the date of withdrawal will not be covered whether **we** previously agreed to them or not.

The premium will be recalculated based on the time we have insured **you** for plus 20% of the time we haven't insured **you** for.

No return of premium will be allowed if **you** have notified or made a **Claim**.

### How to make a complaint about your policy

If **you** are not satisfied with any part of **our** service then **you** should contact **us** and **we** will do **our** best to resolve the problem. **You** can contact **us** at the following:

The Customer Services Manager  
Abbey Legal Protection  
20 Fenchurch Street  
London  
EC3M 3AZ  
Tel: 0345 350 1099  
Email: [complaints@abbeylegal.com](mailto:complaints@abbeylegal.com)

Abbey Legal Protection are authorised and regulated by the Financial Conduct Authority.  
Firm Number: 308829

### If you are still dissatisfied

If **you** are not satisfied with **our** final response, if eligible, **you** can ask the Financial Services Ombudsman Bureau (FSOB) to review **your** case – please refer to the FSOB website for information on eligibility. The FSOB's contact details are given below:

Lo Call: 1890 882090  
Tel: +353 1 6620899  
Fax: +353 1 6620890  
Email: [enquiries@financialombudsman.ie](mailto:enquiries@financialombudsman.ie)  
Web Site: [www.financialombudsman.ie](http://www.financialombudsman.ie)  
Address: Financial Services Ombudsman's Bureau, Lincoln House, Lincoln Place, Dublin 2, D02 VH29

If you were sold this product online or by other electronic means and within the European Union (EU) you may refer your complaint to the EU Online Dispute Resolution (ODR) platform. Upon receipt of your complaint the ODR will escalate your complaint to your local dispute resolution service – this process is free and conducted entirely online. You can access the ODR platform on <http://ec.europa.eu/odr>.

This procedure will not prejudice **your** right to take legal proceedings.

If the Financial Ombudsman Service cannot arbitrate over the dispute then we shall both agree on an independent arbitrator (who must be a solicitor or barrister) to arbitrate over the dispute.

Any dispute between **you** and **us** will be decided by arbitration. The arbitrator will be a single arbitrator, either a solicitor or barrister practicing in the Law of England and Wales. The arbitration will take place in England. The arbitration will be governed by both the laws of England and Wales and the Arbitration Act 1996. The apportionment of the costs of the arbitration will be decided by the arbitrator. If we cannot agree on the choice of an arbitrator, an arbitrator will be nominated by the President of either the Law Society or the Bar Council in

England and Wales. The costs of the arbitration will be paid by the party that loses the arbitration.

### Privacy policy statement

**We** do not disclose any non-public personal information about **you** to anyone except as is necessary in order to provide **our** products or services to **you** or otherwise as **we** are required or permitted by law (for example a fraud investigation, regulatory reporting etc)

**We** restrict access to non-public personal information about **you** to **our** employees, **our** affiliates employees or others who need to know that information to service **your** account. **We** maintain physical, electronic and procedural safeguards to protect **your** non-public personal information.

### Rights of third parties

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

### Breach of sanctions

**We** provide no cover for any **claim** if it means **we** would be in breach of any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of The European Union, The United Kingdom or The United States of America.

### Applicable law

The laws of the England and Wales apply to this **policy** and any Acts of Parliament referred to are as amended.

### Monthly designation of individuals

The **policyholder** must submit a monthly bordereau in the format agreed with **us** within thirty days from the end of every month during the **period of insurance** notifying **us** of all individuals designated for the purpose of this insurance in that month and declaring:

- The date **you** were first designated during the **period of insurance**
- The annual gross premium at 1/12<sup>th</sup> of the rate specified in the **policy** schedule

The **policyholder** shall pay the monthly gross premium calculated by reference to all individuals designated to **us** when submitting the monthly bordereau.

### Premium Warranty

If the premium due under this **policy** has not been paid to **us** by the respective due date then **we** reserve the right to terminate this **policy** with effect from the due date and **we** shall be entitled to a pro rata time on risk premium.

# Defined Terms

## Any one claim

All **claims** connected by the same:

- original cause, event, circumstance or related in time or
- legal proceedings, tax enquiry, construction project or parties in dispute

even if **you** are claiming under more than one **Section of cover** of this **policy**

## Claim

An insurance claim under this **policy**

## Costs

- The legal or professional costs (including any disbursements such as Counsel's or expert's fees) reasonably charged to **you** by **your representative**
- In civil proceedings, the legal costs incurred by the party **you** are in dispute with that a Court or Tribunal orders **you** to pay or that **you**, with **our** prior written agreement, agree to pay under the terms of a settlement. This does not include any costs **you** are responsible for paying under the terms of a contract.

## Excess

The initial amount of **costs** as shown in the **policy** schedule that **you** must pay in a **claim** before **we** will make any payment under this **policy** if **you**:

1. use **our** choice of **representative**
2. exercise **your** freedom to choose **your representative** as described under **Claims condition: Instruction and choice of Your Representative, Counsel and experts**

## Fitness to practise

The skill, knowledge and character required to carry out **your** profession safely and effectively as determined by the **regulator**

## Period of Insurance

The period of time during which insurance is provided by this **policy** as shown in the **policy** schedule

## Policy

This insurance policy including the schedule and any endorsements that apply

## Policyholder

The organisation shown in the **policy** schedule that has purchased this **policy** on **your** behalf

## Reasonable prospects of success

At least a 51% chance of:

- **you** not being suspended or removed from the register by the **regulator**

## Regulator

CORU

## Representative

A solicitor, barrister, accountant or other appropriately qualified person appointed to act for **you** and who agrees to comply with the terms of this **policy**. The chosen representative may not be a person employed by **you**.

## Retroactive date

This the latest of following dates specified in **your** schedule:

- the start date of your initial **policy** with us providing the section of cover you are claiming under (provided that there has been no break in cover)
- the date became regulated by the **regulator**
- the date that **you** joined the **policyholder**

**Claims** arising from any incidents prior to this date will not be covered.

### **Territorial limits**

The regions as stated in the **policy** schedule which will have the following meanings:

- UK: The United Kingdom of Great Britain and Northern Ireland
- ROI: The Republic of Ireland
- EEA: The European Economic Area
- WWe: Worldwide excluding USA and Canada
- WWi: Worldwide including USA and Canada

### **We/Our/Us**

Abbey Legal Protection are a trading division of Abbey Protection Group Limited, who administers and manages this insurance on behalf of Markel International Insurance Company Limited (the insurer), 20 Fenchurch Street, London EC3M 3AZ bound pursuant to a binding authority with the Abbey Legal Protection under unique market reference B6027APG2016001 (or renewal or replacement thereof).

The insurer is liable only for the proportion of liability it has underwritten. The insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is the insurer otherwise responsible for any liability of any other insurer that may underwrite this contract

### **You/Your**

- The business(es) or individual(s) declared to **us** that are current members of the **policyholder** and regulated by the **regulator**





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