

KBIS PERSONAL ACCIDENT INSURANCE TERMS & CONDITIONS

The policy is underwritten by XL Catlin Insurance Company UK Limited and is annually renewable subject to any changes effected by Insurers. Policy terms and conditions, premiums and deferment periods may change each year.

KBIS British Equestrian are authorised to accept business under this scheme in accordance with the terms and conditions of a binding authority granted by Insurers. Unless otherwise stated the policy duration will be 12 months.

IMPORTANT INFORMATION

Introduction

This policy is a contract between the Insured and the Insurer administered by KBIS on the Insurer behalf.

This policy consists of this document, the Certificate of Insurance and Endorsements, if any, all of which are a single document and are to be read as one contract. In this policy, certain words or phrases are specially defined. In deciding to accept this policy and in setting the terms and premium the Insurer has relied on the information which the Insured has provided to the Insurer.

The Insurer will, in consideration of the payment of the premium, insure the Insured, subject to the terms and conditions of this policy, against the events set out in the policy and occurring during the Period of Insurance or any subsequent period for which the Insurer agrees to accept payment of premium.

Please read this policy carefully and make sure that it meets the Insureds needs. If any corrections are necessary the Insured should contact the Insureds broker through whom this policy was arranged.

Please keep this policy in a safe place – the Insured may need to refer to it if the Insured needs to make a claim.

Accessibility

Upon request KBIS can provide Braille, audio or large print versions of the policy and the associated documentation. If the Insured requires an alternative format the Insured should contact its broker through whom this policy was arranged.

Information the Insured has given to the Insurer

In deciding to accept this policy and in setting the terms including premium the Insurer has relied on the information which the Insured has provided to the Insurer. The Insured must take care when answering any questions the Insurer asked by ensuring that any information provided is accurate and complete.

If the Insurer establishes that Insured deliberately or recklessly provided the Insurer with untrue or misleading information the Insurer will have the right to:

- (a) treat this policy as if it never existed;
- (b) decline all claims; and
- (c) retain the premium.

If the Insurer establishes that the Insured carelessly provided the Insurer with untrue or misleading information the Insurer will have the right to:

- (i) treat this policy as if it never existed, refuse to pay any claim and return the premium the Insured has paid, if the Insured would not have provided the Insurer with cover;
- (ii) treat this policy as if it had been entered into on different terms from those agreed, if the Insurer would have provided the Insured with cover on different terms;
- (iii) reduce the amount the Insurer pay on any claim in the proportion that the premium the Insured has paid bears to the premium the Insurer would have charged the Insured, if the Insurer would have charged the Insured more.

The Insurer will notify the Insured in writing if (i), (ii) and/or (iii) apply.

If there is no outstanding claim and (ii) and/or (iii) apply, the Insurer will have the right to:

- (1) give the Insured notice that the Insured are terminating this policy; or
- (2) give the Insured notice that the Insurer will treat this policy and any future claim in accordance with (ii) and/or (iii), in which case the Insured may then give the Insurer notice that the Insured is terminating this policy;

in accordance with the Cancellation and Cooling-Off Period Provisions.

Change in circumstance

The Insured must tell the Insurer as soon as practicably possible about any changes in the information the Insured has provided to the Insurer which happens before or during any Period of Insurance.

The Insurer will tell The Insured if such change affects the Insured's policy. For example the Insurer may cancel Insureds policy in accordance with the Cancellation and Cooling-Off Provisions, amend the terms of Insureds policy or require the Insured to pay more for the policy. If the Insured do not inform the Insurer about a change it may affect any claim the Insured makes or could result in the Insured's insurance being invalid.

The Insured should keep a record (including copies of letters) of all information the Insured supply to the Insured's broker or the Insurer in connection with this policy. No change or modification to this policy shall be effective unless confirmed in writing by the Insured's broker through whom this policy was arranged.

Fraud

If the Insured, or anyone acting for the Insured, makes a fraudulent claim, for example a loss which is fraudulently caused and/or exaggerated and/or supported by a fraudulent statement or other device, the Insurer:

- (a) will not be liable to pay the claim; and
- (b) may recover from the Insured any sums paid by the Insurer to the Insured in respect of the claim; and
- (c) may by notice to the Insurer treat this policy as having been terminated with effect from the time of the fraudulent act.

If the Insurer exercise its right under (c) above:

- (i) The Insurer shall not be liable to the Insured in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to the Insured liability under this policy (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and
- (ii) the Insured needs not return any of the premium paid.

Sanctions

The Insurer shall not provide any benefit under this policy 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.

Fair Processing Notice

a) KBIS Limited

For more information about how KBIS Limited process your personal information, please see our full privacy notice at: www.kbis.co.uk/privacy-policy-how-we-protect-your-personal-information

b) XL Catlin Insurance Company UK Limited

For more information about how XL Catlin Insurance Company UK Limited process your personal information, please see our full privacy notice at: <https://axaxl.com/privacy-and-cookies>.

If you have questions or concerns regarding the way in which your personal information has been used, please contact: legalcompliance@axaxl.com.

Third Party Rights

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

SECTION A - DEFINITIONS

Wherever the following words appear with a capital letter throughout this policy they will have the following special meaning:

1. "Accident" shall mean a sudden, unexpected, unusual, specific event which occurs within the Geographical Limits at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which the Insured Person is travelling.
2. "Accident" shall also include disappearance. If the Insured Person is not found within 90 days of disappearing, and sufficient evidence is produced satisfactory to the Insurer that leads them inevitably to the conclusion that the Insured Person has sustained Bodily Injury and that such injury caused their death, the Insurer shall pay the death benefit, where applicable, under this Insurance, provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to the Insurer if the Insured Person is subsequently found to be living.
3. "Air Travel" shall mean being in or on or boarding an aircraft for the purpose of flying therein or alighting therefrom following a flight.
4. "Annual Salary" shall mean annual gross basic salary in the 12 months immediately preceding the date of the Accident or Illness and shall be deemed to exclude remuneration received in respect of bonuses, commission, overtime and the like.
5. "Benefit Period" means the maximum (but not necessarily consecutive) period for which the Temporary Total Disablement benefit is payable, after deduction of the Excess Period.
6. "Bodily Injury" shall mean identifiable physical injury which:
 - (i) is caused by an Accident during the Period of Insurance, and
 - (ii) solely and independently of any other cause, except Illness directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the Insured Person within twelve months from the date of the Accident.
7. "Country of Domicile" means the country in which the Insured Person normally resides.
8. "Dental Treatment" shall mean necessary dental treatment performed by a Qualified Medical Practitioner, including the repair or provision of Dentures, following loss of or damage to the Insured Person's teeth or Dentures caused by an Accident.
9. "Dentures" shall mean dentures, capped teeth, plates and other orthodontic work.
10. "Endorsement" shall mean a change in the terms and conditions of this policy agreed by the Insurer that can extend or restrict cover

11. "Excess Period" means the period at the commencement of each Benefit Period during which the benefit is not payable.
12. "Gross Weekly Wage" means 1/52nd of average Annual Salary.
13. "Illness" shall mean Illness of the Insured Person which declares itself within the Geographical Limits during the Period of Insurance and occasions the total disablement of the Insured Person within twelve months after declaring itself.
14. "Insured Person" shall mean the Insured Person(s) listed in the Certificate of Insurance.
15. "Junior" shall mean persons 16 years and under.
16. "Loss of limb" shall mean loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.
17. "Loss of Sight" means the permanent and total loss of sight which shall be considered to have happened: -
 - a) In both eyes if the Insured Person's name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist, or
 - b) In one eye if, after correction, the degree of sight the Insured Person has left is 3/60 or less on the Snellen Scale.
18. "Medical Expenses" means expenses properly incurred by the Insured Person for medical, hospital, surgical, manipulative, massage, therapeutic, x-ray or nursing treatment, including the cost of medical supplied and ambulance hire.
19. "Period of Insurance" shall mean the length of the time the policy is in force as shown on the Insureds Certificate of Insurance.
20. "Permanent Total Disablement" shall mean:
 - (i) For Insured Persons **16 years and under**, Permanent Total Disablement is defined as being unable to perform two or more of the five Activities of Daily Living without assistance for a continuous period of 365 days and at the expiration of the 365 days period, it is reasonably certain that such disability will persist throughout the lifetime of the Insured Person and is certified by Qualified Medical Practitioner. The Activities of Daily Living are: eating, dressing, bathing, ambulation (ability to move from place to place) and toileting.
 - (ii) For Insured Persons **over 16 years**, Permanent Total Disablement is defined as being unable to perform any occupation suited by training, education or experience for a continuous period of 365 days and, at the expiration of the 365 days period, it is reasonably certain that such disability will persists throughout the lifetime of the Insured Person, and is certified by a Qualified Medical Practitioner.
21. "Qualified Medical Practitioner" means a Qualified Medical/Dental Practitioner or specialist who is registered or licensed to practice medicine under the laws of the country in which they practice but does not include an Insured Person or a member of the Insured Person's family as well as the Insured or a member of the Insured's family.
22. "Sum Insured" and/or "Benefit" means the limit of Insurer's liability, as shown on the certificate of insurance and any attaching endorsement.
23. "Temporary Total Disablement" shall mean disablement which entirely prevents the Insured Person from attending to his usual business or occupation which is certified by Qualified Medical Practitioner.
 - (i) Temporary Total Disablement (Accident): During such disablement but not beyond 104 weeks from the date on which the Insured Person first becomes disabled and excluding the first 21 days of each and every disablement.
24. "Terrorism" means an act of series of acts, including the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s), committed for political, religious or ideological purposes including the intention to influence any government and/or to put the public in fear for such purposes.
25. "The Insured" means the person or persons named in the Certificate of Insurance.
26. "The Insurer"– XL Catlin Insurance Company UK Limited
27. "United Kingdom" means England, Scotland, Wales, Northern Island and also, Channel Islands and Isle of Man. In respect of persons not resident in the United Kingdom reference to the United Kingdom is amended to read "Country of Domicile"
28. "Wear and Tear" means a reduction in value through age, natural deterioration, ordinary use, depreciation due to use, damage by exposure to the light, lack of maintenance or damage which happens gradually over a period of time.

SECTION B INSURING CLAUSE

The Insurers agree, to the extent and in the manner herein provided, that:-

1. if the Insured Person sustains Bodily Injury, during the Period of Insurance, they will pay to the Insured Person, or to the Insured Person's executors or administrators, according to the Schedule of Compensation after the total claim shall be substantiated under this policy.
2. they will cover the Insured Person, up to but not exceeding the limit specified in the Schedule of Compensation, for the cost of Dental Treatment performed within 12 months of the date of the Accident.

3. If the Insured Person shall engage in any occupation in which greater risk may be incurred than in the occupation disclosed in this policy without first notifying the Insurer and obtaining their written agreement to the amendment of this policy (subject to the payment of such reasonable additional premium as the Insurer may require as the consideration for such agreement), then no claim shall be payable in respect of any Accident or Illness arising out of or in the course of such occupation.
4. Notice must be sent to KBIS as soon as practicably possible of any Accident or Illness to the Insured Person. In no case will the Insurer be liable to pay compensation to the Insured Person or to their representatives unless the medical adviser or advisers appointed by the Insurer for the purpose shall be allowed so often as may be deemed necessary to make an examination of the person of the Insured Person.
5. Geographical Limits - Accidents occurring anywhere in the World.

SECTION C – GENERAL CONDITIONS

1. compensation shall not be payable under more than one of the items of the Schedule of Compensation as a result of one Accident. This condition does not apply in respect of Dental Treatment by Item 8 of the Schedule of Compensation.
2. no weekly compensation shall become payable until the total amount thereof has been ascertained and agreed. If, nevertheless, payment be made for weekly compensation, the amount so paid shall be deducted from any lump sum becoming claimable in respect of the same Accident or Illness.
3. the total sum payable under this policy in respect of any one or more claims to an Insured Person shall not exceed in all during the Period of Insurance the largest amount of benefit payable under any one of the items contained in the Schedule of Compensation, according to the level of cover specified in the certificate of insurance as being applicable in respect of the Insured Person, or added to this policy by Endorsement, except that the Insurer will in addition pay for Dental Treatment and Medical Expenses as provided within the policy or as shown on the Certificate of Insurance.
4. if an Accident causes the death of the Insured within twelve months following the date of the Accident and prior to the definite settlement of the compensation for disablement provided for under Items 2 to 7 inclusive of the Schedule of Compensation, there shall be paid only the compensation provided for in the case of death.
5. compensation shall only be payable under the items of the Schedule of Compensation if:
 - (i) under Item 1, death occurs within twelve months of the date of the Accident.
 - (ii) under Items 2 to 5, Loss occurs within twelve months of the date of the Accident.
 - (iii) under Item 6, the Insured becomes totally disabled within twelve months of the date of the Accident and such disablement lasts for twelve months.
 - (iv) under Item 8:-
 - (a) the repair or replacement of Dentures is to original prescription only.
 - (b) the necessary Dental Treatment is not available under the National Health Service.

SECTION C - SCHEDULE OF COMPENSATION & RIDING ACTIVITIES

This Schedule of Compensation shall apply separately in respect of each Insured Person.

INCIDENT	OPTIONS			
	Junior	Bronze	Silver	Gold
1 Accidental Death	£5,000	£20,000	£50,000	£100,000
2 Loss of One Eye	£25,000	£10,000	£25,000	£50,000
3 Loss of Two Eyes	£50,000	£20,000	£50,000	£100,000
4 Loss of One Limb	£25,000	£10,000	£25,000	£50,000
5 Loss of Two Limbs	£50,000	£20,000	£50,000	£100,000
6 Permanent Total Disablement	£100,000	£40,000	£100,000	£200,000
7 Temporary Total Disablement (Accident)	N/A	£100 per week	£250 per week	£500 per week
8 Temporary Total Disablement (Sickness)	N/A	£100 per week	£250 per week	£500 per week
9 Dental	£2,000	£2,000	£3,000	£5,000

The maximum benefit payable under benefits 7 & 8 is limited to 75% of the Insured's weekly salary. In order to calculate this figure the Insured will be required to evidence their annual salary. The maximum payment is based upon 1/52 of the annual salary multiplied by 75%.

The Insured Person will only be covered for the riding activities according to the option selected in the Schedule of Compensation. The group, as defined in the schedule, will cover for the following activities:

Group A: Hacking, Driving Showing, Dressage, Horse Handling, Breaking, Gymkhana, Pony Club Activities, Riding Club activities, Unaffiliated & Affiliated Showjumping, Endurance Riding, Western Riding, Valuting, Cross Country Schooling, Hunting, Hunter Trials, Non-Competitive Driving, Pony Racing, Flat Racing & Arab Racing.

Group B: As per Group A Plus: Cross Country Team Chasing, Affiliated Eventing - Intro & Pre-Novice, Unaffiliated Eventing, Competitive Driving, Polo, Polocross.

Group C: As per Group A & B Plus: Steeplechasing, Hurdle Racing, Point to Points & Hunterchasing (Amateur Riders only), BHTA (BE) or IHTS 3-day events, Affiliated Eventing - Novice and Above.

SECTION E - EXCLUSIONS

This policy does not cover claims in any way caused or contributed to by:

1. War, whether war be declared or not, hostilities or any act of war or civil war; except whilst the Insured Person is travelling outside the United Kingdom, however this exception shall not apply where the Insured Person is taking an active part in such war, invasion or civil war;
2. The actual or threatened malicious use of pathogenic or poisonous biological or chemical materials;

3. Nuclear reaction, nuclear radiation or radioactive contamination;
4. The Insured Person engaging in or taking part in armed forces service or operations, other than reserve or volunteer training;
5. The Insured Person engaging in flying of any kind other than as a passenger;
6. The Insured Person's intentional self-injury, suicide or attempted suicide, provoked assault, fighting (except in bona fide self-defence),
7. The Insured Person's own criminal act, or whilst engaged in or taking part in civil commotions or riots of any kind.
8. Venereal disease or Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immuno-deficiency Virus (HIV) howsoever these have been acquired or may be named;
9. The Insured Person deliberate exposure to exceptional danger (except in an attempt to save human life);
10. The Insured Person being under the influence of alcohol or drugs, except a drug prescribed to Insured Person by a medical adviser, and taken in accordance with their instructions, where there is sufficient evidence to conclude that the use of alcohol or drugs contributed to an Accident.
11. Neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or mental or emotional diseases or disorders of any type.
12. Wear and Tear or gradual deterioration of teeth or Dentures.
13. The cost of fitting or the cost of making good faulty workmanship or design of Dentures.
14. Dental treatment involving the use of precious metals.
15. Bodily Injury or Dental Treatment in respect of any person under the age of 5 years or over the age of 75 years.
16. Illness in respect of any person under the age of 16 years or over the age of 65 years.
17. Temporary Total Disablement in respect of any person under 16 years of age.
18. Terrorism involving the actual or threatened use of pathogenic or poisonous biological or chemical materials.
19. The Insured Person being in a state of insanity, whether temporary or otherwise.
20. Physical or mental conditions or disabilities of a recurring or chronic nature from which an Insured Person suffered, and was known to suffer, prior to the commencement of this policy, or prior to the date of addition to this policy, whichever is the later.
21. Bodily Injury or Illness arising out of:
 - i. the use of, or inability to use, any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device);
 - ii. any computer virus;
 - iii. any computer related hoax relating to i and/or ii above

are payable, subject to the terms, conditions, limitations and exclusions of this policy.
22. The Insured Person being on a quarantine or self- isolation.

SECTION F - APPLICABLE LAW

The parties are free to choose the law applicable to this contract of insurance. Unless specifically agreed to the contrary this policy shall be governed by the laws of England and subject to the exclusive jurisdiction of the courts of England and Wales. The language of this policy and all communications to it will be in English.

SECTION G - MEMORANDA

1. **Prior Disability**
If the result of an Accident shall be aggravated by any condition or physical disability of the Insured Person which existed before the Accident occurred, the amount of any compensation payable under this policy in respect of the result of the Accident shall be the amount which it is reasonably considered would have been payable if such result had not been so aggravated.
2. **Notice**
Notice must be given to the Insurer as soon as practicably possible of any Accident or Illness which causes or may cause disablement or necessitate Dental Treatment within the meaning of this policy, and the Insured Person must as soon as practicably possible place himself under the care of a duly Qualified Medical Practitioner.
Notice must be given to the Insurers as soon as practicably possible in the event of the death of the Insured Person resulting or alleged to result from an Accident.

All medical records, notes, and correspondence referring to the subject of a claim or a related pre-existing condition shall be made available on request to any medical adviser appointed by or on behalf of Insurers and that such medical adviser or advisers shall, for the purpose of reviewing the claim, be allowed so often as may be necessary to make examination of the Insured Person.
3. **Other Insurance**
In respect of Illness the Insured Person may not have other Illness insurance except as specifically declared to the Insurer at inception hereof or agreed by them during the Period of Insurance.

SECTION H – CANCELLATION AND COOLING OFF PROVISIONS

Insured's right to cancel during the cooling-off period

The Insured is entitled to cancel this policy by writing to, or telephoning KBIS within fourteen (14) days of either:

- the date the insured receive this policy; or
 - start of the Period of Insurance
- whichever is the later.

A full refund of any premium paid will be made unless the Insured has made a claim in which case the full annual premium is due.

Insured right to cancel after the cooling off period)

The Insured can also cancel this policy at any time by writing to, or telephoning KBIS. Any return of premium due to the Insured will be calculated at a proportional daily rate depending on how long the policy has been in force unless the Insured has made a claim in which case the full annual premium is due.

Insurer right to cancel

The Insurers can cancel this policy, if there is a valid reason to do so, including for example:

- (i) any failure by The Insured to pay the premium; or
- (ii) a change in risk which means The Insurer can no longer provide the Insured with insurance cover; or
- (i) non-cooperation or failure to supply any information or documentation the Insured request, such as details of a claim;

by giving the Insured thirty (30) days' notice in writing. Any return of premium due to the Insured will be calculated at a proportional daily rate depending on how long the policy has been in force unless the Insured have made a claim in which case the full annual premium is due.

SECTION I - HOW TO MAKE A CLAIM

The insured need to complete a claim form for the incident in question. the insured can notify KBIS of a claim and obtain a claim form by calling 01635 247474 or email ask@kbis.co.uk.

The Insured's Doctor may charge the Insured a fee for completing a claim form, the policy does not cover this cost.

SECTION J - HOW DO I MAKE A COMPLAINT?

The Insurer is dedicated to providing a high quality service and The Insurer wants to ensure that the Insurer maintains this at all times.

If the Insured has any questions or concerns about this policy or the handling of a claim, please contact KBIS:

Kbis Ltd.
Cullimore House,
Peasemore
Newbury
Berkshire RG20 7JN
United Kingdom
Tel: 01635 247474
Email: ask@kbis.co.uk

If the Insured wishes to make a complaint, the Insured can do so at any time by referring the matter to:

Complaints Department
XL Catlin Services SE, UK Branch
20 Gracechurch Street
London EC3V 0BG
United Kingdom
Email: axalukcomplaints@axaxl.com
Telephone Number: +44 (0) 20 7743 8487

If the Insured remains dissatisfied after the Complaints Department has considered the Insured complaint, or the Insured has not received a final decision within eight (8) weeks, the Insured can refer the Insured's complaint to the Financial Ombudsman Service at:

Financial Ombudsman Service
Exchange Tower
London
E14 9SR
United Kingdom
Email: complaint.info@financial-ombudsman.org.uk

Telephone Number: From within the United Kingdom
0800 0234 567 calls to this number are free on mobiles and landlines
0300 1239 123 calls to this number costs no more than calls to 01 and 02 numbers
From outside the United Kingdom
+44 (0)20 7964 0500
Fax Number: +44 (0)20 7964 1001
Text Number: 07860 027 586 Call Back Service

The Financial Ombudsman Service can look into most complaints from consumers and small businesses. For more information contact them on the above number or address, or view their website: www.financial-ombudsman.org.uk

The European Commission also provides an on-line dispute resolution (ODR) platform that allows consumers to submit their complaint through a central site, which will forward the complaint to the right Alternative Dispute Resolution (ADR) scheme. The ADR scheme for XL Catlin Insurance Company UK Limited is the Financial Ombudsman Service, which can be contacted directly using the contact details above. For more information about ODR please visit <http://ec.europa.eu/odr>

SECTION K - FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

XL Catlin Insurance Company UK Limited is covered by the Financial Services Compensation Scheme (FSCS).

The Insured may be entitled to compensation from the Scheme if insurers are unable to meet the Insurer obligations under this policy. If the Insured were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this policy. Further Information about the Scheme is available from the Financial Services Compensation Scheme (PO Box 300, Mitcheldean, GL17 1DY) and on their website: www.fscs.org.uk

SECTION L – REGULATORY INFORMATION

(a) XL Catlin Insurance Company UK Limited

XL Catlin Insurance Company UK Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference No. 423308).
Registered Office 20 Gracechurch Street, London, EC3V 0BG, United Kingdom.
Registered in England Number 5328622.

The Insured can check this out on the FCA's website at www.fca.org.uk which includes a register of all the firms they regulate or by calling the FCA on 0800 111 6768.

(b) XL Catlin Services SE

XL Catlin Services SE acts as an agent of XL Catlin Insurance Company UK in connection with this policy. XL Catlin Services SE is a registered insurance intermediary authorised and regulated by the Central Bank of Ireland.
Registered Office 8 St. Stephen's Green, Dublin 2, D02 VK30, Ireland.
Registered in Ireland Number 659610.

The Insured can check this information on the Central Bank of Ireland's website at www.centralbank.ie which includes a register of all the firms they regulate.

(c) KBIS

KBIS Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference No. 300861).
Registered Office: Cullimore House, Peasemore, Newbury, Berkshire, RG20 7JN, United Kingdom.
Registered in England 02208091