

Income Protection Plan



Thank you for choosing the Rhino Trade Insurance Income Protection Plan.

With our Income Protection Plan you benefit from support for your existing financial commitments, and any other additional expenses you might incur if you were to suffer an accident or sickness during the period of cover.

Please keep this document in a safe place and take time to complete the important policy details below in case you ever need to contact us. We also urge you to read this document carefully to ensure you are aware of the full details of the cover provided. If there is anything you are not clear about, please call Rhino Trade Insurance on 0116 243 7904.

1. Introduction

This policy document contains the details of what is and is not covered, and the terms and conditions. You also have a **schedule**, which shows the details which are specific to **your** cover - **your** details, the **premium**, details of the **monthly benefit**, the **benefit period**, the **deferred period** and when **your** cover starts and ends.

Please check that the information in the **schedule** is correct and that the cover is right for **you**. If it is not, please call Rhino Trade Insurance on 0116 243 7904.

The **schedule** and this policy document together make up **your** insurance contract with the insurer, AmTrust Specialty Limited and prove that **you** have chosen protection under the Rhino Trade Insurance Income Protection Plan and that **you** will be covered by it provided **you** pay the **premium** and **you** meet the eligibility criteria .

Some words in this document have special meanings, which are explained in the table in Section 9 under the heading MEANING OF WORDS / DEFINITIONS. When these words are shown in bold text, they have a special meaning, otherwise, their ordinary everyday meaning applies.

The policy shows details of the benefits provided for **you** if **you** suffer from an **accident** or **sickness**.

Section 3 explains the benefits of the policy, together with circumstances when **you** cannot claim.

Accessibility

To make **our** documents accessible to all, **we** can provide them in large print. Please tell **us** if **you** need this service so that **we** can communicate in an appropriate way.

Please note;

If the policy is for you as a private individual:

You must give us the information we ask for

When **we** look at an application for a policy, **we** rely on the information in it. **You** must take care to give full and accurate answers to the questions **we** ask. This applies when **you** buy a policy or make changes to it. If **you** don't give **us** full and accurate answers, this can affect **your** cover and **we** can:

- cancel the policy and refuse to pay any claim, or
- not pay a claim in full.

We will write to you if we:

- plan to cancel the policy, or
- need to change the policy terms, or
- need **you** to pay more for the policy.

If **you** realise that **you** have given answers that are not full or accurate, **you** must tell **us**.

- **You** should keep a record of all information supplied to both **us** and/or Rhino Trade Insurance for the purpose of taking out this policy. A copy of any such information will be supplied by Rhino Trade Insurance on request
- If **you** make any claim, which **we** can prove to be fraudulent, unfounded or exaggerated, all benefits under this policy will be lost and **we** will seek to recover any benefits paid under a claim
- **We** may, and **you** agree that **we** may, use video surveillance to investigate any claim that **we** have good reason to believe may be fraudulent

2. Eligibility Requirements

You can take out this policy if on the **commencement date**: For **accident** and **sickness** benefits:

- **you** are aged 18 years old or over and under 65; and
- **you** are **resident** in the United Kingdom; and
- **you** are actively **working**, being:

- **employed** for a minimum of 16 hours a week (that means that you are not medically certified as unfit for **work**); or
- **self-employed** (that means that you are not medically certified as unfit for **work**).

Important

Provided **you** meet the relevant requirements set out in Section 2 **you** will be eligible for the applicable cover. There are, however, circumstances set out in Section 3 that may mean that **you** will be unable to claim benefit for health conditions of which **you** are aware on the **original commencement date** or for which **you** have received treatment or advice in the past 24 months. Please read Section 3 of the policy carefully as it may affect **your** decision as to whether the policy is suitable for **you**.

If, at any time during the term of the policy, **your** circumstances change **you** should contact Rhino Trade Insurance immediately. For example, a change in;

- **your employment** status (due to less than 16 hours being worked a week, if **you** are **employed**)
- retirement
- **residency**
- salary.

may affect **your** entitlement to claim under the **accident** or **sickness** sections of the policy.

Change in Residency

No benefit will be paid while **you** are outside the United Kingdom for a period intended by **you** to be more than 90 days, or if **you** cease to be **resident** in the United Kingdom.

3. Benefits and Exclusions

3.1 Accident or Sickness Benefit

When can you claim for accident or sickness benefit?

If **you** are unable to **work** because of an **accident** or **sickness** for more than **your** chosen **deferred period**, **we** will pay 1/30th of **your** **monthly benefit** for each subsequent day of **accident** or **sickness**. The amount **you** can select as **your monthly benefit** is a maximum of 60% of **your** gross monthly income (if **you** are **employed**) or a maximum of 60% of **your** taxable monthly income (if **you** are **self-employed**). **We** will continue to pay 1/30th of **your monthly benefit** in respect of each day, **you** are continuously unable to **work** because of an **accident** or **sickness** until the first of the following occur:

- **You** can no longer **work**, due to an **accident** or **sickness**.
- **You** do not give **us** with proof of an **accident** or **sickness**.
- **We** have paid the maximum number of **monthly benefits** for the **benefit period** for any one event of **accident** or **sickness**. The **schedule** will show this.
- The date of **your** death.
- The date **you** retire.
- The date **you** do not pay the **premium** when due. **We** will write to **you** if **we** do not receive a premium. If **we** still do not receive the premium, **we** will write again and give **you** notice that **we** will cancel the **policy**.
- The date **you** are no longer a resident of the United Kingdom.
- The date **your** policy is cancelled by **you** or terminated by **us** (as detailed in Section 7).

If **you** have a job but do not meet the definition of **work** because **you** are returning as part of a phased return to **work** or a permitted **work** scheme, **you** may still be able to claim for **accident** or **sickness** benefits under this policy to make up the difference between **your** pay and the **monthly benefit**.

Periods of **accident** or **sickness** separated by less than three months will be treated as one continuous period of **accident** or **sickness**. If **we** have paid the maximum of **monthly benefits**, **you** must return to **work** for a continuous period of 3 months before **you** are entitled to make another claim for **accident** or **sickness**.

Please Note

We will treat periods of **accident** or **sickness** that are separated by less than three months as one continuous period of **accident** or **sickness**. If **we** have paid the maximum number of **monthly benefits** for the **benefit period**, **you** must be certified as fit by **your doctor** to carry out **your normal daily activities** unassisted for a continuous period of 3 months before **you** are entitled to make another claim for **accident** or **sickness**.

When can you not claim for accident or sickness benefit?

We will not pay any **accident** or **sickness** benefits if **your accident** or **sickness** results directly or indirectly from:

- any **pre-existing medical conditions** unless **you** have been symptom free and not received treatment or advice for that condition for at least 24 months preceding a claim. The medical records for this 24-month period must be available to **us** for review. **We** will be unable to accept a claim if the necessary medical records are not available to **us**
- **normal pregnancy /childbirth related conditions** (Special Note: if **you** make a claim for a pregnancy or childbirth related condition, **we** may refer **you** to a **doctor** or Consultant who specialises in obstetrics for an opinion of whether the condition is a **normal pregnancy/childbirth** related condition. **We** will consider this opinion to be final). For **sickness** claims only, **you** will not be able to claim during the period two weeks before and four weeks after the birth.
- cosmetic surgical procedures or surgical procedures which are not medically required
- any disease or disorder of, or any injury to, the spine, its intervertebral discs, joints, nerve roots, spinal cord or supporting musculature and ligaments and any neurological complications, except if an appropriate medical specialist confirms an acute spinal fracture, spinal cord compression, spinal stenosis, spinal infection or spinal tumour and if imaging evidence is available if relevant
- stress, anxiety, depression or any emotional disorder, unless a **doctor** has diagnosed psychosis or an organic brain disorder and has referred **you** to an appropriate specialist who confirms that diagnosis
- deliberate actions by **you**, such as criminal acts or misadventure
- war, riot, or civil commotion
- ionising radiations or radioactive contamination from nuclear waste produced by the combustion of nuclear fuel
- the radioactive, toxic, explosive or other hazardous properties of any nuclear device or component
- earthquake
- the taking of alcohol or drugs, unless under the specific direction of a **doctor**, and not for the treatment of drug addiction
- any **accident** that is directly or indirectly caused by or while undertaking any of the following: travel to any territories whose Security Status, as advised by the Foreign and Commonwealth Office (FCO), is 'Avoid Non-Essential Travel' or 'Do Not Travel', as shown in the FCO's web site, www.fco.gov.uk on **your** date of departure from the United Kingdom.

We will not pay any **sickness** benefits if **your sickness** occurs within 90 days of the **original commencement date** or if **you** are unable to provide at least 2 years' prior medical history from **your doctor**.

N.B. The medical records for this 2-year period immediately before a claim must be available to **us** for review.

We will be unable to accept a claim if the necessary medical records are not available to **us**.

Following the initial 90 days, any claim for **sickness** will be subject to **your** selected **deferred period**.

When paying a claim, **we** will consider the first day of **accident** or **sickness** as the day that **you** visit a **doctor**, and the **doctor** confirms that **you** are not able to **work**. **We** will not pay benefit for the period before a **doctor** signs **you** off as unfit for work. **We** will only pay a **sickness** benefit if **you** remain under the care of a **doctor** for the duration of the claim.

If **your accident** or **sickness** began while **you** were outside the United Kingdom and **you** were seen by a medical professional who is not registered with the General Medical Council, then **you** must within 30 days of returning to the United Kingdom seek confirmation of **your** eligibility to claim from a **doctor** who meets the definition in section 9. **You** must submit evidence from this **doctor** confirming the assessment made by the medical professional(s) who **you** saw while **you** were abroad. In this case, **we** may consider the first day of **accident** or **sickness** as before the day that **you** first visited a **doctor**.

3.2 Accidental Death Benefit

When can **you** claim for **accidental death** benefit?

If **you** die as a result of an **accident**, subject to the terms of the policy, **we** will pay a lump sum equal to 12 x **your** chosen **monthly benefit**.

When can **you** not claim for **accidental death** benefit?

We will not pay any **accidental death** benefit:

- if **your** death is as a result of:
 - natural causes or **sickness**
 - deliberate actions by **you**, such as suicide, criminal acts or misadventure
 - the taking of alcohol or drugs, unless under the specific direction of a **doctor** and in that case not for the treatment of drug addiction

- if **your** death is caused by or while undertaking travel to any territories whose Security Status, as advised by the Foreign and Commonwealth Office (FCO), is 'Avoid Non-Essential Travel' or 'Do Not Travel', as shown in the FCO's web site, www.fco.gov.uk on **your** date of departure from the United Kingdom.

4. When Your Protection Starts and Ends

Your contract with **us** starts from the date shown on the **schedule** (for **sickness** benefit protection starts if the **sickness** is diagnosed more than 90 days after the **original commencement date**) and ends on the earliest of the:

- date of **your** death.
- end date in the schedule after **you** reach 67 years of age.
- the date **you** retire.
- date **you** fail to pay the **premium** when due.
- date **you** cease to be a **resident** of the United Kingdom.
- date **your** policy is cancelled by **you** or terminated by **us** as detailed in Section 4.

If **you** retire during the policy term, **we** will refund any **premium** that **you** have paid for the time between:

- the date which **you** retire, and
- the end date shown in the **schedule**

Important

This policy lasts for one year. **You** have the option to pay in full at **commencement date** or by 12 monthly instalments. **We** do not guarantee that this policy will be available indefinitely.

5. How to Claim

- **You** or **your** representative should contact Rhino Trade Insurance:
 - by email to claims@rhinoprotectinsurance.com
 - by telephone to 01455 852100
 - by post to Claims Department, Windsor House, Troon Way Business Centre, Humberstone Lane, Thurmaston, Leicestershire, LE4 9HA
- Send the completed claim documents back to this address
- To enable **us** to start paying **your** claim and to continue paying **your** claim, **we** must receive from **you** necessary evidence and proof that **you** are not fit to work, if **we** ask for it. **We** will only ask for the information and proof **we** need to process **your** claim
- **You** must give **us** relevant evidence for the duration of **your** valid claim if **we** ask for it. **You** must be under the continuing care of a **doctor** throughout **your** claim.
- If **we** need more supporting evidence of **your** entitlement to claim, **you** must provide it at **your** own expense. **You** must also allow **us** to have **you** medically examined at **our** expense if **we** reasonably need to do this to validate a claim.
- If **you** make an **accident** or **sickness** claim, **you** must show **us** confirmation of **gross earnings** (if **you** are **employed**) or confirmation of **taxable income** (if **you** are self-employed)

Please Note

You must continue to make **premium** payments during any claim if **you** wish to be protected by the policy. If **you** do not pay the **premium** when it is due, **your** policy and the protection provided by it will end.

6. General Terms and Conditions

Other Policies

If **you** have other policies that cover **accident** or **sickness** and **we** agree to pay a claim, **we** can reduce the amount **we** pay under this **policy** so that the combined benefit is no more than the **monthly benefit**.

Changes in Personal Circumstances

If **your** personal circumstances change, for example **you** move residence please contact Rhino Trade Insurance on 0116 243 7904 or email info@rhinotradeinsurance.com and **we** will amend **your** policy.

Calls are recorded for training and monitoring purposes, and a record kept for regulatory purposes.

When we Can Make Changes

We can make changes to the **policy** cover, terms and conditions or the premium. Any changes will take effect from **your** next renewal. **We** do not have to offer renewal – if this happens, the **policy** will end.

Transfer

You cannot transfer or sell the rights or benefits under this policy.

Fraudulent Claims or Misleading Information

If any claim made by **you** or anyone acting on **your** behalf under this insurance is fraudulent, deliberately exaggerated or intended to mislead, **we** may:

- not pay **your** claim; and
- recover (from **you**) any payments **we** have already made in respect of that claim; and
- cancel **your** insurance from the time of the fraudulent act; and
- inform the police of the fraudulent act.

If **we** cancel **your** insurance from the time of the fraudulent act, **we** will not pay any claim for any incident which happens after that time and may not return any of the **premium(s)** already paid.

Governing Law

If there is a dispute about or in connection with this **policy**:

- the laws of England and Wales will apply to the dispute.
- only the courts of England can decide the outcome of the dispute.

Financial Services Compensation Scheme

You may be entitled to compensation from the Financial Services Compensation Scheme (FSCS) if AmTrust is unable to meet its obligations to **you** under this contract. Further information can be obtained from FSCS by telephone on 0800 678 1100 or 020 7741 4100, or writing to Financial Services Compensation Scheme, PO Box 300, Mitcheldean, GL17 1DY.

Sanctions

We shall not provide cover and or be liable to pay any claim or provide any benefit under this insurance if doing so would expose **us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

7. Cancellation Rights

You can cancel this policy at any time. If **you** cancel within 30 days of the **commencement date** or the date **you** receive the policy documents if this is later, **we** will refund in full any **premium** that **you** have paid, provided that **you** have not made and do not intend to make a claim.

If **you** cancel after 30 days, **we** will refund any **premium** that **you** have paid for the time between:

- the date the policy is cancelled, and
- the end date shown in the **schedule**

provided that **you** have not made, and do not intend to make, a claim.

If **you** cancel after the initial 30-day period, **you** may have to pay a £35 broker administration fee (this is a transaction fee. If **you** cancel more than one policy at the same time, **you** will only pay the fee once).

To cancel this policy please write to Rhino Protect at Windsor House, Troon Way Business Centre, Humberstone Lane, Thurmaston, Leicestershire, LE4 9HA, or e-mail: info@rhinotradeinsurance.com, or call 0116 243 7904 quoting **your** name and policy number.

We may cancel **your** policy if there is a valid reason for doing so. **We** will give **you** at least 30 days' written notice, sent to the latest

address we have for **you**. **We** will explain the reason for **our** cancellation in **our** letter. Valid reasons may include for example:

1. if **you** do not
 - a. co-operate with **us**, or
 - b. send **us** information or documents **we** ask, andthis affects our ability to process a claim or defend **our** interests, **we** can cancel **your** policy
2. if **we** reasonably suspect fraud.

8. Making a Complaint

If **you** feel that **we** have not given **you** a high level of service, please tell **us** so **we** can try to put things right.

Complaints about the policy

If **you** have a query or complaint about the policy, please contact **us**:

- Post: Rhino Protect Limited, Windsor House, Troon Way Business Centre, Humberstone Lane, Thurmaston, Leicestershire, LE4 9HA
- Email: claims@rhinoprotectinsurance.com
- Phone: 01455 852100

We will contact **you** within five days of receiving **your** complaint to tell **you** what action **we** are taking. **We** will try to resolve the complaint within four weeks. If it will take longer than four weeks, **we** will explain the current position and tell **you** when to expect a response.

Complaints about a claim

If **you** want to make a complaint about a claim, please contact **us**:

- Post: Complaints Department, AmTrust Specialty Limited, Market Square House, St James's Street, Nottingham, NG1 6FG
- Email: asl.complaints@amtrustgroup.com
- Phone: 0115 934 9852 (lines are open 9am to 5pm, calls are charged at standard rate)

We will contact **you** within five days of receiving **your** complaint to tell **you** what action **we** are taking. **We** will try to resolve the complaint within four weeks. If it will take longer than four weeks, **we** will explain the current position and tell **you** when to expect a response.

Taking your complaint to the Financial Ombudsman Service (FOS)

If **you**:

- are not happy with the final response to your complaint, or
- you have not received a response within eight weeks of the date you made the complaint,

you may be able to take the complaint to the FOS, but **you** must do this within six months. **You** can find more information at:

www.financial-ombudsman.org.uk

The FOS is there to help resolve complaints when **you** are not happy with the response **you** have received. The service it offers is free and independent. Its contact details are:

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

0800 023 4567 (calls to this number are free on mobile phones and landline) or
0300 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers.)

complaint.info@financial-ombudsman.org.uk

This complaints procedure does not affect **your** legal rights.

9. Meaning of Words and Definitions

The words listed in this table have the following special meanings when they appear in this **policy** in bold text:

Accident	<p>An identifiable event which is not reasonably foreseeable, intended or designed (but excluding sickness). The accident must be certified by a doctor as:</p> <ul style="list-style-type: none"> • preventing you doing your work, or • any work that your experience, education or training may reasonably qualify you to do. <p>If you are self-employed, a condition will only be acceptable as an accident if it stops you from assisting, managing and/or carrying on the running of your business. You must be under the continuing care of a doctor throughout your claim.</p>
Accidental death	<p>Death that happens by way of an accident solely as a result of bodily injury, and independently of any other cause.</p>
Benefit Period	<p>The duration of the period for when the chosen monthly benefit is payable. This period is chosen by you and is shown on the schedule.</p>
Commencement date	<p>The start date of your contract with the insurer, AmTrust Specialty Limited.</p> <p>The commencement date is shown on the schedule.</p>
Deferred period	<p>The period of time that you must wait before any monthly benefit becomes payable. This period is chosen by you and is shown on the schedule.</p>
Doctor	<p>A legally qualified medical practitioner, who is registered as a medical practitioner with the General Medical Council and entitled to practise as such in the United Kingdom, Channel Islands and the Isle of Man.</p> <p>For this policy, you, someone living in your household, a member of your immediate family or your partner cannot be a doctor.</p>
Employed / Employment	<p>In paid employment under a contract of services under which you ordinarily work in the United Kingdom for a minimum of 16 hours a week and pay the appropriate National Insurance contributions.</p>
Gross Earnings	<p>If you are employed, your gross earnings means:</p> <ol style="list-style-type: none"> The average of your last 3 months wage slips received from your employer, before the date you stopped working; or Dividends received from a Limited Company in lieu of wages. <p>You may be asked to provide evidence of your gross earnings to allow us to determine the benefit payable. Please note, we may also request that you provide us with your P60 in the event of a claim.</p>
Incident date	<p>The date at which the accident or sickness occurred.</p>
Monthly Benefit	<p>The amount stated on the schedule, which we will pay if your claim is successful.</p> <p>If you are self-employed</p> <p>The monthly benefit will be no more than 60% of the additional cost to continue your business, up to a maximum of 60% of taxable income. We may pay a proportion of the monthly benefit if:</p> <ul style="list-style-type: none"> • your monthly benefit is more than 60% of your taxable income; or • you receive other income during a claim. For example company loans unless substantiated by a loan agreement, other income protection policies or payment that could be classed as income. <p>If you are employed</p> <p>The monthly benefit will be no more than 60% of your gross earnings. We may pay a proportion of the monthly benefit if you:</p> <ul style="list-style-type: none"> • continue to receive some payment. This can include, for example, company sick pay which is more than Statutory Sick Pay, other income protection policies, or company / director's loans not substantiated by a loan agreement from your employer; or • return to work in another job for a lower salary while still suffering from an accident or sickness; or • return to your previous job on a part time basis. <p>If you are employed or self-employed, the proportion of the monthly benefit will be decided by us, taking all the circumstances into consideration. We may ask you to provide evidence of ongoing income so that we can work out the benefit payable.</p>

Normal daily activities	Dressing and undressing; washing and bathing; eating and drinking; preparing and cooking food; general household duties such as cleaning and laundering clothes; climbing stairs; shopping; and driving.
Normal pregnancy / childbirth-related conditions	<ul style="list-style-type: none"> • Symptoms which normally accompany a pregnancy and/or childbirth (including those related to multiple pregnancy) and which are generally of a minor and/ or temporary nature not representing an unusual or significant hazard to mother or baby. • Childbirth, including delivery by caesarean section or any other medically or surgically assisted delivery which does not cause medical complications.
Original commencement date	The start date of the initial contract (that is to say, not a renewal) with us
Premium	The amount shown on the schedule , which is payable by you in respect of this policy.
Pre-existing medical condition	<p>A condition or related condition either:</p> <ul style="list-style-type: none"> • for which you received treatment in the 24 months up to and including the original commencement date, or • which you were aware of, or in our opinion you should have been aware of, during the 24 months up to and including the original commencement date. <p>Unless you have been symptom free and not consulted a doctor or received treatment in the 24 months before the incident date.</p>
Resident / residency	Living in the United Kingdom for 40 out of 52 weeks a year.
Schedule	Your schedule of insurance, detailing your chosen monthly benefit , benefit period and the deferred period .
Self-employed / self-employment	Being in a profession or business, alone or in association with others, paying class 2 National Insurance contributions.
Sickness	<p>A medical condition or disease that:</p> <ul style="list-style-type: none"> • your doctor confirms, and • happens while you are in work, and • stops you doing your work or any work that your experience, education or training may reasonably qualify you to do. <p>If you are self-employed A condition will only be acceptable as sickness if it stops you from assisting, managing and/or carrying on the running of your business.</p>
Taxable income	If you are self-employed and registered with HMRC, taxable income means the monthly average of your income for the 6 months immediately before the relevant claim start, and if your earnings have been declared to HMRC. We can ask you to provide evidence of your taxable income to allow us to determine the benefit payable.
We, us or our	The administrator Rhino Trade Insurance on behalf of AmTrust Specialty Limited , the insurer for this policy.
Work / working	Permanent gainful employment or self-employment ; paying the correct National Insurance contributions.
You or your	Any person who has been accepted for cover and is named in the schedule .

10. Data Privacy

AmTrust Specialty Limited (AmTrust) will keep **your** personal information safe and private. AmTrust follows all laws that protect **your** privacy. Under the laws, AmTrust is responsible for handling **your** personal information as Data Controller. Here is a simple explanation of how and why it does this. For more details visit the website at www.amtrustinternational.com/dpn

What AmTrust does with your personal information

There are different reasons for using **your** information. AmTrust will need it to:

- give **you** this **policy**.
- contact **you** to ask if **you** want to continue with the **policy**.
- protect both **you** and AmTrust against fraud and money laundering.
- follow the law and any regulations that apply.

AmTrust might need **your** information:

- to run through its computer systems to see if it can offer **you** this **policy**.
- to help **you** if **you** have any queries or want to make a claim.
- to give you information, products, or services that **you** ask for.
- for research or statistics.

Some personal information is very private or sensitive. For example, information about **your** health or any criminal convictions **you** might have. AmTrust might need this kind of information to decide if it can offer **you** this **policy**, or to help **you** with a claim. It will only use this type of information for these specific reasons and will follow any rules that it has to.

AmTrust might need to share **your** information with companies and people who provide a service to it, or to **you** on its behalf. It will only do this if the law allows it to. This includes, for example:

- companies in the AmTrust group and people it works with.
- reinsurers, insurance brokers, insurance reference bureaus and agents.
- credit and fraud agencies.
- medical professionals.
- regulators, and anyone it might need to share the information with by law.

AmTrust might send **your** information outside the UK and European Economic Area for processing and storage. This can include to the USA and Israel. It makes sure that **your** information is stored safely and processed in line with the law and this notice.

You can ask AmTrust to:

- provide **you** with the information it has about **you**.
- restrict or stop processing **your** information in certain occasions.
- correct any mistakes or updates.
- delete **your** information (although there are some things it cannot delete).
- give **your** information to someone else involved in **your policy**.
- not use **your** information for marketing.

If **you** think AmTrust has done something wrong with **your** information, **you** should speak to the local data protection authority.

AmTrust will:

- not keep **your** information longer than it needs to. This is usually up to 10 years after **your policy** ends.
- only keep **your** information longer than 10 years if there is a business or regulatory reason for doing so.

If **you** have questions about how AmTrust uses **your** information, contact its Data Protection Officer. The contact details are on the website - www.amtrustinternational.com/dpn

The Insurer and the Administrator

AmTrust Specialty Limited is the insurer for this policy. It is:

- authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Its financial services register number is 202189.
- registered in England & Wales under company number 01229676.

Its registered office is at:

Exchequer Court
33 St Mary Axe
London
EC3A 8AA

Rhino Trade Insurance arranges and is the administrator for this policy. Rhino Trade Insurance is a trading name of Rhino Protect Limited who are authorised and regulated by the Financial Conduct Authority, firm registration number 772055.

You can check this by visiting the FCA website at www.fca.org.uk/register.