

keyfacts<sup>®</sup>



## Key Features Document

# YOUR PHARMACIST PROTECTION PLAN

Administered by (MIAB) The Medical Insurance Advisory Bureau



For further information call NPA Insurance Ltd

**0800 496 0426**

[www.npainsurance.co.uk](http://www.npainsurance.co.uk)

## Welcome

This Key Features Document gives you a guide to the main points of your Pharmacy Protection Plan.  
This document has been written on the basis that the policyholder and the insured person is the same person.

The full terms, conditions and exclusions can be found in the policy booklet, a copy of which is available on request from NPA Insurance Ltd.

## The cover we provide

### Pre-requirement for cover to apply

The **insured person** must:

1. be a Pharmacy Owner, Responsible Pharmacist or Pharmacy Manager.
2. be under the age of **70** years.
3. be **permanently resident** in the **United Kingdom**; and
4. not be serving full-time in the armed forces of any country or international organisation.
5. not be **absent** on the **commencement date**. Where an **insured person** is **absent** on the **commencement date**:
  - a) due to **bodily injury** or **sickness**, no cover will apply in respect of such **insured person** for the continuance of that specific **bodily injury** or **sickness** until they have returned to their **usual occupation** for 60 days; or
  - b) due to any other **insured event**, no cover will apply in respect of such **insured person** for continuance of such **insured event** until they have returned to their **usual occupation**.

### When and where cover applies

The cover applies 24 hours a day anywhere in the world. **Weekly benefit amounts** will cease to be payable on expiry of the **benefit period** shown on your **policy schedule**.

### Absence due to Injury or Sickness

If an **insured person** is **absent** as a result of **bodily injury** or **sickness** and their **absence** continues beyond the **excess period** we will pay **you** the **weekly benefit amount** for each further **working week** of their **absence** until:

1. the **insured person** is no longer **absent**; or
2. the **benefit period** has expired; or
3. the expiry of the **period of insurance** during which the **insured person** reaches the age of **70** years; or
4. the **insured person** is no longer employed by **you**; or
5. the policy is cancelled as described in the section headed **Ending or Changing your Cover**
6. **You** have exhausted your **benefit period** as noted on your **policy schedule**.

## The cover we provide (Continued)

### Recurring Bodily Injury or Sickness

If an **insured person** is **absent** due to the recurrence of **bodily injury** or **sickness** within 60 consecutive working days of the previous **absence**, this will all be treated as one claim, no further **excess period** will be applied and the claim will be subject to one **benefit period**.

### Absence due to Jury Service

If an **insured person** is **absent** as a result of them being required to attend **jury service**, we will pay **you** up to the **weekly benefit amount** for up to eight **working weeks** in any one **period of insurance** up to a maximum **benefit amount** of £8,000.

## Personal Accident Benefits

If an **insured person** sustains **bodily injury** which, independently of any other cause, within 24 months from the date of the accident results in death or disablement, we will pay the **benefit amount** as specified in your full policy wording and schedule.

## Significant Exclusions

### What we do not cover

For a full list of exclusions, refer to the policy document.

1. **We** will not pay any claim which is caused by or results from:
  - illegal acts of the **insured person**;
  - the **insured person** driving any kind of vehicle while the alcohol level in his/her blood is higher than the legal limit of the country where the **accident** occurs;
  - the **insured person** taking a drug unless it is properly prescribed and was not taken for the treatment of drug addiction;
  - an **illness** contracted outside of the United Kingdom, Europe, Russia (west of the Ural Mountains), United States of America, Canada, Republic of South Africa, Australia or New Zealand;
  - any physical defect, infirmity, medical, mental or emotional condition for which medical advice or treatment has been received in the twenty four month period prior to the **insured person's effective date** and which led to the **insured person** being continually **absent** for more than two **working weeks** within the twenty four month period prior to the **insured person's effective date**. The exclusion will remain in force until the **Insured Person** enjoys a continuous period of twelve months symptom free;
  - treatment or surgery which is **not medically necessary** to sustain or maintain the insured person's quality of life and which is undertaken solely at the **insured person's** request;
  - the **insured person** being **absent** for any event which has been planned or for which an **insured person** has consulted a **qualified medical practitioner** prior to their **effective date**;
  - Sexually transmissible disease, Human Immunodeficiency Virus (HIV) or other forms of the virus, Acquired Immune Deficiency Syndrome (AIDS) and AIDS-Related Complex (ARC) other than if contracted as a result of:-
    - a) a blood transfusion given to the **insured person** by a **qualified medical practitioner** after the **insured person's effective date**; or
    - b) infection by a needle stick/sharp injury or by exposure to mucus, blood or blood stained fluid occurring after the Commencement Date provided that:
      - i. the **insured person** sustaining **bodily injury** underwent a blood test within 5 days of the **accident** which indicated the absence of HIV or antibodies to such a virus and
      - ii. the **accident** follow-up included a further blood test within 12 months of the **accident** which indicated the presence of HIV or antibodies to such a virus.

and neither HIV or antibodies to such a virus were present in the **insured person's** bloodstream prior to the **insured person's effective date**

2. **We** will not pay any **weekly benefit amount** in respect of holiday periods (including statutory bank holidays).
3. **We** will not pay any **weekly benefit amount** for an **insured person's absence** caused solely by investigative treatment.

## Ending or Changing your Cover

### Your right to return this Policy

If, for any reason, **you** are not satisfied with this Policy **you** may return it to **NPA Insurance Ltd** (at the address below) within fourteen days of **your** receipt of this documentation and it will be cancelled. If this happens, as long as you have not made a claim **we** will refund any premiums **you** have paid minus a cancellation charge of £25 as explained in our NPAI terms of business booklet..

NPA Insurance Ltd., ISC, Mallinson House, 38-42 St Peters Street, St Albans, Herts, AL1 3NP

### If you want to cancel

If you want to cancel the Policy, after the first 14 days you may do so by giving 30 days notice in writing to NPA Insurance Ltd., ISC, Mallinson House, 38-42 St Peters Street, St Albans, Herts, AL1 3NP. Provided that no claims have been made or are pending during the current **period of insurance** you will be entitled to a pro rata return of premium for the unexpired portion of the period of **insurance**, subject to a £50 cancellation charge. If any claims have been made during the current **period of insurance** any return of premium will be made solely at **our** discretion. **We** will not pay any claim continuing after cancellation of **your** policy.

## Making a claim

### How to claim

If a claim needs to be made, you must notify Roger Rich & Co. within 30 days of the absence or as soon as possible after that.

Contact details for claims are:

Roger Rich & Co.  
Essex House  
Cromwell Park  
Chipping Norton  
Oxon  
OX7 5SR

Telephone: 01608 641 351

Fax: 01608 641 176

E-mail: [enquiries@rogerrich.co.uk](mailto:enquiries@rogerrich.co.uk)

Roger Rich & Co. will issue a claim form for completion to register **your** claim. **You** will need to return the claim form, along with any medical certificates or other documents which **we** ask for. **We** will not pay for these.

**You** must agree to a medical examination if we ask for it. **We** will pay for this.

**We** may insist on a post-mortem examination if the law allows **us** to ask for one. **We** will pay for this.



## Complaints procedures

**NPA Insurance Ltd, MIAB and Prosight Specialty Underwriters Ltd** are dedicated to providing a high quality service and want to maintain this at all times. If **you** are not satisfied with the service, or the administration of the contract please contact **NPA Insurance** quoting **your** Policy details, so that your complaint can be dealt with as soon as possible.

NPA Insurance Ltd  
Mallinson House  
38-42 St Peters Street  
At Albans  
AL1 3NP  
Telephone: **0800 496 0426**  
E-mail: [insuranceservice@npa.co.uk](mailto:insuranceservice@npa.co.uk)

If **you** are not satisfied with **our** claims service or the policy wording please contact **us** quoting **your** Policy details, so that **your** complaint can be dealt with as soon as possible.

Prosight Specialty Underwriters Ltd  
London Underwriting Centre  
Level 73 Minster Court Mincing Lane  
London  
EC3R 7DD  
Telephone: **020 7337 7777**

In the event **you** remain dissatisfied and wish to make a complaint **you** may refer that matter to the Policyholder & Market Assistance at Lloyd's. Their address is:

Policyholder & Market Assistance  
Lloyd's Market Services  
One Lime Street  
London EC3M 7HA  
Telephone: **020 7327 5693**  
Fax No **020 7327 5225**  
E-mail: [complaints@lloyds.com](mailto:complaints@lloyds.com)

In the event that the Policyholder & Market Assistance team is unable to resolve your complaint, you may refer it to the Financial Ombudsman Service (FOS). Following the complaints procedure with the FOS does not affect your rights to take legal action.

Further details will be provided at the appropriate stage of the complaints process.

The Financial Ombudsman Service  
Exchange Tower  
London E14 9SR  
Tel: **0800 023 567**  
Email: [enquiries@financial-ombudsman.org.uk](mailto:enquiries@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

## Financial Services Compensation Scheme

Lloyd's insurers are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme if a Lloyd's insurer is unable to meet its obligations under this contract. If **you** were entitled to compensation under the scheme, the level and extent of the compensation would depend on the nature of this contract. Further information about the scheme is available from the Financial Services Compensation Scheme at the below address or on their website: [www.fscs.org.uk](http://www.fscs.org.uk)

10th Floor  
Beaufort House  
15 St Botolph Street  
London EC3A 7QU  
Tel: 0800 678 1100

## Statutory Status

### **NPA Insurance Ltd**

Registered in England and Wales no. 64269. Registered office Mallinson House, 38-42 St. Peters Street, St Albans, Herts, AL1 3NP. NPA Insurance Ltd is authorised by the Prudential Regulation Authority (202069) and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

### **MIAB**

The Medical Insurance Advisory Bureau Ltd is registered in England and Wales no. 7217140. Registered Office: 38/39 Bucklersbury, Hitchin, SG5 1BG.  
MIAB is a trading style of The Medical Insurance Advisory Bureau Ltd which is authorised and regulated by the Financial Conduct Authority (586374).

### **ProSight**

ProSight Specialty Insurance is authorised and regulated by the Financial Conduct Authority (FCA). Registration number 312636.

Full details can be found on the FCA's Register by visiting <http://www.fsa.gov.uk/register> or by contacting the FCA on 0800 111 6768

