

MASTER/GROUP POLICY EVIDENCE OF INSURANCE

Evidence No: [insert if there is one]

THIS DOCUMENT (EVIDENCE OF INSURANCE) IS ISSUED FOR INFORMATION ONLY. IT DOES NOT CONSTITUTE A LEGAL CONTRACT OF INSURANCE. THIS EVIDENCE IS FURNISHED IN ACCORDANCE WITH, AND IN ALL RESPECTS IS SUBJECT TO, THE TERMS OF THE MASTER/GROUP POLICY. THIS EVIDENCE REPLACES ANY OTHER EVIDENCE PREVIOUSLY ISSUED COVERING THE INSURANCE DESCRIBED HEREIN.

This document is to notify the person(s) named below (the "Covered Party") that the following insurance has been effected with [*Lloyd's Underwriters or insert as applicable*] (the "Underwriters") under a Master/Group Policy (the "Master Policy") issued to the Master/Group Policyholder (the "Master Policyholder") bearing the Master Policy Unique Market Reference shown below.

The original Master Policy document may be inspected at the offices of the Master Policyholder and a copy is available on request to the Master Policyholder. The respective names of and proportions underwritten by the Underwriters can be ascertained from the office of the Master Policyholder.

The relevant terms of coverage provided under the Master Policy are set out in the attached document.

1. Covered Party:

Address:

Membership No (if applicable):

2. a) Name and address of Master Policyholder:

Tel:

Email:

b) Name and address of Administrator (if applicable):

Tel:

Email:

3. Master Policy Unique Market Reference:

4. Period of Cover: Effective Date:                      Expiry Date:  
[please show 'both days inclusive' or alternative]

5. Limit of Liability/Sum Insured:

6. Excess:

7. Premium:  
Tax (if applicable):

Total Premium plus Tax:

8. Master Policyholder Commissions/Remuneration  
(if applicable and where permissible under local law): [Delete if not required]

9. Who to contact in the event you wish to notify a claim:

In the event of a claim or any circumstances likely to give rise to a claim, you must give notice within [insert number of days] days to:

[Insert name, address and contact details for the entity handling claims]

10. Who to contact in the event you wish to make a complaint:

If you wish to make a complaint you should contact:

[Insert name, address and contact details for the entity handling complaints]

11. Who to contact in the event you have any other enquiries:

[Insert name, address and contact details for the entity handling any other enquiries]

12. Cancellation: [If applicable, detail any cancellation or 'cooling off' period requirements and the number of days' notice] [Delete if not applicable]

Date of issuance:

LMA3135

19 October 2015