

bikeZaar[®]



bikeZaar
Policy Wording
Geo Underwriting

Welcome to Insurance by bikeZaar

Thank you for choosing Insurance by bikeZaar as the provider for your cycle related Insurances.

Insurance by bikeZaar was established with the sole purpose of designing and creating Insurance Products and Services aimed directly at looking after the Insurance needs of todays' modern cyclists.

We employ an experienced team of cycling professionals whose knowledge and passion is in all things cycling.

Our team are committed to providing you with a first-class level of service whenever you need us.

In designing this policy, we have recognised that cyclists are just as unique as their insurance needs.

We have sought feedback from cyclists who have helped us design the covers provided and we have used that feedback to create this policy in a way that we hope will make everything as clear and as easy to understand as possible.

If we can be of any further assistance to you, or you have any feedback on this policy, please let us know and we will do all we can to help.

We hope that you enjoy being our customer and will continue to insure with us for many years to come.

David Cahoon
Chief Underwriting Officer
Geo Underwriting Services Limited

Insurance by bikeZaar

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Introducing your Insurance by bikeZaar Policy

This policy document provides full details of your cover and together with your policy schedule forms the basis on which your cover is provided.

Your policy will be subject to the terms, conditions and exclusions set out in this policy document and any written notices or endorsements sent to you by us.

Your policy will continue for the period of insurance shown on your policy schedule and covers you for the insured events that occur during that period.

In this policy document, many of the words and phrases used have a particular meaning. We want that meaning to be clear so there are no misunderstandings. The words and phrases which have particular meanings will therefore be highlighted in **bold** print and are defined on pages 5-7.

About Insurance by bikeZaar Policy

Insurance by bikeZaar is arranged and administrated by T&R Direct Limited. Registered Office Address 6 Concept Park, Innovation Close, Poole, Dorset. BH12 4QT. T&R Direct Limited is authorised and regulated by the Financial Conduct Authority. Registered No. 604784

The Policy is provided by Geo Specialty which is a trading name of GEO Underwriting Services Limited. Registered office address 2 Minster Court, Mincing Lane, London, EC3R 7AA. Registered in England and Wales number 04070987.

GEO Underwriting Services Limited is authorised and regulated by the Financial Conduct Authority, FCA Register Number 308400.

About the Underwriter of this Policy

This policy is underwritten by Great American International Insurance (UK) Limited (Registered in England No 02714031) with its registered office at 32 Queen Square, Bristol, BS1 4ND.

Great American International Insurance (UK) Limited is authorised by the Prudential Regulation Authority and regulated by the Prudential Regulation Authority and the Financial Conduct Authority (Financial Services Register No 202874).

General Definitions for this Policy

Throughout this policy the words shown in **bold** type below have the same meaning wherever they appear.

Any other definitions are shown in the specific section to which they apply.

Accessories	Cycle related equipment which is your own property or for which you are legally responsible, including specialist cycling clothing, luggage, footwear and headgear.
Accident	A sudden and unexpected event arising from your use of your cycle during the period of insurance .
Agreed Value	An amount that we have agreed with you in respect of the value of your cycle that we will pay in the event of the total loss of your cycle .
Approved Lock	Any specifically designed cycle , motor scooter or motorcycle lock that has been tested and approved to Sold Secure testing standards where indicated below; Bicycles from £0 to £1000 – A Sold Secure Bronze graded lock or above. Bicycles from £1001 to £3000 – A Sold Secure Silver graded lock or above. Bicycles over £3000 – A Sold Secure Gold graded lock or above. Or; Any other specified lock accepted by us and specified in an endorsement .
Average Weekly Wage	Your average weekly salary (not including payments for overtime, commission or bonuses) before tax and National Insurance for the 13 weeks immediately before the first date you are off work due to the accident or illness.
Bodily Injury	Physical injury (other than when directly or indirectly caused by illness or disease) caused solely and directly by a sudden external unforeseen and identifiable accident event.
Cycle	Any bicycle, tricycle, tandem or trailer cycle powered only by human pedal power or electricity, which is your own property, usually kept at the address shown on the schedule , for which you are legally responsible for and not powered or modified in such a way that it is or becomes subject to the requirements of the Road Traffic Act.
Damage	Sudden and unintentional physical damage that happens unexpectedly
Defence Costs	Any costs that could be incurred with our prior written consent that would be used to investigate, defend or settle any claim made against you .
Deferment Payment	The period at the commencement of a period of temporary total disablement during which no benefit is payable.
Dental Injury	Damage as confirmed by a practicing dentist to your sound and natural teeth and supporting structures including damage to your dentures whilst being worn.
Doctor	A person other than you , a member of your immediate family or an employee of yours , who is licensed to practice medicine or surgery in the country where treatment is given.
Endorsement	Any terms and conditions additional to this policy and specified in the schedule .
Evidence of Ownership	Proof of purchase, showing the name and address of the seller, details of the cycle and/or accessories purchased, the date of sale, price paid or any other evidence that demonstrates your ownership.
Excess	The amount you have to pay in respect of each agreed claim.
Expert Medical Practitioner	A person other than you a member of your immediate family or an employee of yours , who is qualified as a consultant in the branch of medicine to which the bodily injury relates.
Family	Parents, spouse, partner, son, daughter, grandchildren or minors under your legal guardianship or siblings, who permanently live with you .

Fracture	A break of a bone in the body identified through an X-Ray, computerised tomography (CT) scan or magnetic resonance imaging (MRI) scan and confirmed by a Doctor .
Geographical Areas	<p>The United Kingdom</p> <p>The continent of Europe, including all countries west of the Ural Mountains, islands in the Mediterranean, Madeira, the Azores and Iceland but not including Egypt, Israel, Morocco and Tunisia.</p> <p>Rest of the World in respect of any temporary trip of no more than 45 days and/or no more than 90 days during the period of insurance.</p> <p>Providing that any country or region outside of the United Kingdom is not subject to financial sanctions and or where The Foreign and Commonwealth Office has advised against all travel or all but essential travel. For further details visit gov.uk/foreign-travel-advice</p>
Home Address	The last known address recorded on our system where your cycle is ordinarily kept.
Immovable Object	Any solid object which cannot be removed with or lifted under or over the cycle .
Insured Event	The loss, theft of or damage to any insured item.
Insured Person	The person named in the schedule as the insured.
Insured Location	<p>The location stated in your schedule where your cycle and/or your accessories are usually kept which may include the following:</p> <ul style="list-style-type: none"> a) A brick, concrete or stone building of standard construction with a slate, tiled or multi layered roof b) a lockable shed, outbuilding or garage which is attached to or within the boundaries of your private dwelling and is privately accessed; or c) a self-contained lockable private room or communal hallway inside the halls of residence to which you normally reside; or d) a purpose built cycle storage facility; that is contained within the boundaries of your private dwelling or e) any temporary residence in which you are a resident for a maximum of 28 consecutive days; or f) any other location agreed by us in writing.
Period of Insurance	The period of time for which this policy is in force as shown in the schedule .
Physiotherapy	The recognised treatments performed by a registered physiotherapist in the United Kingdom to improve functional movement.
Policy	This insurance document and the schedule , including any endorsements .
Professional Fees	<p>Legal fees and other costs incurred with our prior written authority, including costs incurred by another party that you have been made legally liable to pay.</p> <p>Costs that you may pay with our consent to assist in pursuit of a civil claim against a third party arising from an insured event.</p>
Schedule	The document showing the details of the insured person , the cover provided and any endorsements that apply.
Sound and Natural Teeth	Non restored teeth that show no sign of being pathologically compromised or adequately and permanently restored teeth with healthy supporting structures or other permanently fitted prostheses.

Sum Insured	The amount as set out on the schedule .
Temporary Total Disablement	Temporary disablement that has been certified by a Doctor as entirely preventing you from engaging in your usual occupation
Terrorism	An act including, but not limited to, the use of force or violence and/or the threat (or perceived threat) thereof of any person or groups of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political, religious, ideological or ethnic purposes, or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
Third Party Property	Physical loss or damage of tangible property not belonging to you or to members of your family or household.
Total Loss	Where the total cost to repair your cycle and/or your accessories is greater than 70% of the current market value.
Unattended	When your cycle and/or your accessories are left in a location that is not your insured location for more than 18 consecutive hours or 24 consecutive hours in any designated transition area awaiting use during an organised competitive cycling event including triathlon and duathlons.
United Kingdom	England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands.
We/Us/Our	Mean any, or all of: Great American International Insurance (UK) Limited (Great American) Geo Specialty trading as Geo Underwriting Services Limited
You/Your	The insured person named in the schedule who has a permanent residential address in the United Kingdom .

How to Contact Us

In any communication with **us**, please remember to quote **your** full name, address and **your policy** number or **your** claims reference number. This will enable **us** to quickly locate **your policy** or claims details.

	Enquiries about your Policy	Claims Enquiries
Address	Insurance by bikeZaar 6 Concept Park Innovation Close Poole Dorset BH12 4QT	Davies Group, Fulwood Park, Caxton Road, Fulwood, Preston, PR2 9NZ
Telephone Number	0330 0529991	0330 018 2337
Email	insurance@bikezaar.com	geocycleclaims@davies-group.com
Opening Hours	Monday to Friday 9am to 6pm Saturday 9am to 12pm Sunday Closed	Monday to Friday 8:30am to 6:00pm Saturday 8:30am to 1:00pm Sunday Closed

Telephone calls may be recorded for joint protection, training and/or monitoring purposes.

Our Agreement with you

Your policy is a legal contract between **you** and **us**.

When **you** first take out, make changes to, or renew **your policy**, **we** will ask **you** questions that are relevant to **us** accepting the risk of insurance, and on what terms.

When **you** answer those questions, **you** are required to take care not to misrepresent any information and to give **us** all of the information **you** are asked for. If **you** give **us** incorrect or incomplete information the wrong terms may be quoted which, in certain circumstances could mean that **your policy** might become invalid and/or **you** might not be entitled to a refund of premium and/or any claim may not be paid. If **you** are unsure of any question **we** ask **you** or any answer **you** provide please ask **us** to clarify.

Your policy documents include:

- information contained from **your** application;
- **your policy schedule**, which confirms the cover **we** are providing, including any **endorsements** (variations in the terms, conditions and/or exclusions of **your policy**); the **period of insurance**; **your** premium; details about **you** and **your** property and any **excesses** that apply to the cover provided;
- this **policy** document, which details the cover **we** provide and the exclusions and conditions which apply;
- any changes to **your policy** contained in written notices sent to **you** by **us**.

You need to keep all of these documents in a safe place, together with receipts, **evidence of ownership** and value of **your** insured property. **We** would also recommend that **you** keep a record of all information supplied to **us** in connection with **your policy** for future reference.

Our provision of insurance under **your policy** is conditional upon **you** observing and fulfilling the terms, provisions, conditions and clauses of the **policy**.

Please examine **your policy** carefully to ensure it meets **your** needs. If **you** do not understand the terms, exclusions or conditions, or if any information is incorrect or incomplete then please contact **us**.

Cancellation of your policy

This **policy** has been designed on the basis that **you** are able to select a **period of insurance** that best reflects **your** needs at time of inception. **Your** premium will therefore have been calculated on the basis that **you** will not need to cancel your **policy**.

You can cancel **your policy** at any time; however **we** will amend the premium **you** have paid to reflect the premium that would have been charged had **you** taken out a **policy** with a reduced **period of insurance**.

In certain circumstances this may mean that a return of premium may not be due to **you** or, **you** may be required to pay **us** additional premium in order to cancel **your policy**.

14 day Statutory Right of Cancellation

You have a statutory right to cancel **your policy** if it does not meet **your** needs or requirements, or for any other reason by sending **us** written notice of **your** intention to cancel **your policy**.

For this to apply, **you** must provide notice of **your** intention to cancel **your policy** within 14 days of the date you received **your policy** documents, or from the purchase date, whichever is later.

We will make a charge equal to the period of cover **you** have had, calculated on the basis of the premium that would have been charged, had **you** taken out a shorter term **policy** with **us** for the duration prior to **policy** cancellation, plus the Insurance Premium Tax.

If **you** have made a claim within this period, the full **policy** premium will be due.

Cancellation after the initial 14 day period

You may cancel **your policy** after the 14 day period by giving **us** notice in writing.

We will make a charge equal to the period of cover **you** have had, calculated on the basis of the premium that would have been charged, had **you** taken out a shorter term **policy** with **us** for the duration prior to **policy** cancellation, plus the Insurance Premium Tax.

We may also charge **you** an administration charge of £25 to reflect **our** costs in processing the **policy** and cancellation.

If **you** have made a claim within this period, the full **policy** premium will be due.

Our Right to Cancel

We reserve the right to cancel this **policy** by giving **you** seven days' notice in writing, which **we** will send by recorded delivery to the most recent Email address and postal address **we** have for **you**. Examples of when **we** might do this include but are not limited to:

- **You** become ineligible for cover.
- **You** fail to meet the terms and conditions of this **policy**.

We reserve the right to cancel this **policy** immediately if **you** intentionally provide us with false information or make a false claim.

We will refund any premium due which applies to the remaining **period of insurance**, less an administration charge of £25 to reflect **our** costs in processing the **policy** and cancellation.

If **you** have made a claim the full **policy** premium will be due.

Complaints Procedure

Our aim is to get things right, first time, every time and **we** hope that **you** will never have to make a complaint about **your policy** or the service **you** have received. However if **you** are unhappy with **us** for any reason, **we** would really like to hear from **you**.

If **you** have a complaint about any aspect of **your policy**, please contact **us** by using any of the following:

Type of Complaint	Policy Complaint	Claims Complaint
Address	Complaints Manager Insurance by bikeZaar 6 Concept Park Innovation Close Poole Dorset BH12 4QT	Davies Group, Fulwood Park, Caxton Road, Fulwood, Preston, PR2 9NZ
Telephone Number	0330 0529991	0330 018 2337
Email	insurance@bikezaar.com	geocycleclaims@davies-group.com
Opening Hours	Monday to Friday 9am to 6pm Saturday 9am to 12pm Sunday Closed	Monday to Friday 8:30am to 6:00pm Saturday 8:30am to 1:00pm Sunday Closed

We will acknowledge **your** complaint within two working days of receiving it.

We will look to:

- Try to resolve **your** complaint as soon as possible.
- Tell **you** the name of the person managing the complaint when **we** send **our** acknowledgement letter.
- Send **you** a complaint summary resolution within three working days. If **we** are unable to do this **we** will write to **you** within five working days to let **you** know when **we** will contact **you** and provide **you** with **our** final response.

Financial Ombudsman Service

If **you** are still not happy with **our** final decision or if **you** have not received **our** final decision within 8 weeks of **us** receiving your complaint, **you** can pass **your** complaint to the Financial Ombudsman Service. In the unlikely event that **we** have not responded to **your** complaint within eight weeks or **you** are not happy with **our** final response **you** have the right to take **your** complaint onto the Financial Ombudsman Service but **you** must do so within six months of the date of the final response. The Financial Ombudsman Service is an independent organisation and will review **your** case.

Their address is:

The Financial Ombudsman Service

Exchange Tower

London

E14 9SR

Phone: 0800 023 4567

You can visit the Financial Ombudsman Service website at www.financial-ombudsman.org.uk

Following the complaints procedure does not affect **your** rights to take legal proceedings.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). Should **we** be unable to meet **our** liabilities **you** may be entitled to compensation from the Financial Services Compensation Scheme. This depends on the type of insurance, the size of **your** business and the circumstances of the claim.

Further information is available from the Financial Services Compensation Scheme. Their telephone number is 0800 678 1100 or 020 77414100. Alternatively, more information can be found at www.fscs.org.uk

General Conditions for this Policy

The following conditions apply to the whole of this **policy**.

- Payment of Premium** **We** will not make any payment under this **policy** unless **you** have paid the premium.
- If **we** can't collect **your** premium on the date it is due, we will assume that **you** do not want to continue with **your policy** unless **you** tell **us** otherwise.
- Misrepresentation** If **we** establish that **you** have intentionally provided **us** with false information **we** reserve the right to treat this insurance as if it never existed and decline all claims. **We** reserve the right to withhold any premium already paid or, recover from **you**, all monies paid in respect of all claims made under this **policy** if **we** establish that **you** have intentionally provided **us** with false information.
- We** will provide **you** with written confirmation of **our** intentions if **we** establish **misrepresentation** has taken place.
- Minimising Loss** **You** must take reasonable steps to prevent loss or **damage** and incidents that may give rise to a claim. **You** must look after any items that **you** have covered under **your policy** and keep them in good condition.
- Claim Notification** **We** will not make any payment under this **policy** unless **you**:
- a) notify **us** of anything which is likely to give rise to a claim under this **policy** within 30 days of the event occurring;
 - b) take reasonable steps to minimise any **damage** and take appropriate measures immediately to reduce any claim;
 - c) provide **us** with all assistance which **we** may require to pursue recovery of any amounts **we** may become liable to pay under this **policy**, in **your** name but at **our** expense;
 - d) provide, at **your** expense, any information which **we** may reasonably require;
 - e) co-operate fully in the investigation or processing of any claim under this **policy**.
- False Claims** If **you** have made a false claim, **we** reserve the right to refuse to pay a claim and invoke **our** cancellation rights in respect of this **policy**.
- Governing Law** This **policy** will be governed by English law, and **you** and **we** agree to submit to the non-exclusive jurisdiction of the courts of England and Wales
- Language** The contractual terms and conditions and other information relating to this contract will be in the English **language**.
- Policy Changes** **You** must tell **us**, as soon as possible, if there are any changes to the information **you** have previously provided to **us**.
- For example, **you** must tell **us** if:
- **You** move house or change the place **you** keep **your cycle**;
 - **Your** name changes (for example, by marriage)
- If **you** do not inform **us** about a change it may affect any claim **you** make or could result in **your** insurance **policy** being invalid.
- This is not a full list. If **you** are not sure whether **you** need to tell **us** about a change in circumstances, please contact **us**.
- When **we** are notified of a change **we** will tell **you** if and how it affects **your policy**.

Contracts (rights of Third Parties)

Act 1999

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

Automatic Renewal

When **your policy** is due for renewal, **we** may offer to renew it for **you** automatically using the payment details **you** have already given, unless **we** or **you** have advised otherwise.

We will write to **you** before **your policy** ends to confirm **your** renewal premium and **policy** terms, and before taking any payment. If **you** do not want to renew **your policy**, **you** must call **us** before **your** renewal date to let **us** know. It is not possible to offer automatic renewal with all payment methods, so please check **your** renewal invite for further details.

If **we** are unable to offer renewal terms, **we** will write to **you** at **your** last known email address and postal address to let **you** know.

Making a claim

You must notify **us** of any claim or any circumstances which may give rise to a claim, which have occurred during the **period of insurance**, within 30 days of the event occurring. Failure to do so could mean that **we** decline to pay a claim.

Within 30 days of notifying **us** of a claim you must supply, at **your** own expense, full details of the claim and all supporting information, including **evidence of ownership**.

You must notify **us** of any claim or any circumstances which may give rise to a claim under the Public Liability Section as soon as possible and forward to **us** any statements of claim, writ or summons as soon as **you** receive it. It is important that **you** do not negotiate, admit liability, or agree to pay any amount in settlement without **our** written authority. **You** must not take any action or make any statement which could prejudice **our** position with regard to the handling or the defence of the claim.

In respect of any claim for theft or attempted theft **you** must report the incident to the Police and provide **us** with a crime reference number.

This document can be made available in other formats on request.

Data Protection Notice

Data Protection Notice

Please read this notice carefully as it contains important information about **our** use of **your** personal information.

Your Personal Information

We (defined in the policy wording as GEO Specialty collect and maintain personal information in order to administer this policy and provide the service detailed within this policy wording. All personal information is safeguarded with appropriate levels of security.

We will only share **your** information in the following circumstances:

- It is with the underwriter of this policy
- It is allowed by law
- It has been authorised by **You**
- It is provided to recovery operators, claims administrators and investigators, credit reference agencies, anti-fraud databases, solicitors, public and regulatory bodies or other suppliers as required to fulfil **our** obligations in this policy wording. **Your** information will be limited to the minimum information ordinarily required.

We will not use **your** data or pass it to any other party for marketing products or services to **you** unless **you** have given consent.

You have the right to ask for a copy of any personal information **we** hold about **you**. **You** also have the right to ask **us** to correct mistakes, change the way **we** use your information, or even delete it. **We** will either do what **you** have asked, or explain why **we** are unable to do so – usually because of a legal or regulatory reason.

In most cases, **we** only keep **your** information for as long as the regulations say **we** have to. **We** typically keep policy and claims records for up to 8 years from the end of **our** relationship with **you**.

Enquiries in relation to data held by Insurance by bikeZaar or for a full copy of our privacy policy please contact: T&R Direct Limited, 6 Concept Park, Innovation Close, Poole, BH12 4QT Email: insurance@bikezaar.com

For more information please contact GEO Specialty for a copy of our full Privacy Policy.

Privacy Notice

As a provider of commercial general insurance, Great American collects data from clients, contractors and third parties to assess, underwrite and administrate insurance contracts. The privacy of the personal data obtained is very important to **us** and **we** are committed to collecting, processing, sharing, storing and destroying all information in accordance with GDPR, UK data protection laws and specific data protection codes of conduct.

You can read **our** full Privacy Notice here: <http://www.greatamericanuk.com/privacy-policy>, which goes into more detail about how **we** collect, use and process personal data, and how, in doing so, **we** comply with **our** legal obligations. It also describes **your** rights as a data subject in respect of personal data.

Your insurance adviser will have their own uses for **your** personal data please ask **your** insurance adviser if **you** would like more information about how they use **your** personal information.

Collecting your information

We collect a variety of information about **you** including personal information such as **your** name, address, contact details, date of birth and IP address (which is a unique number identifying **your** computer). Where relevant, **we** also collect sensitive personal information such as details regarding **your** health, credit history and/or criminal convictions.

We also collect information from a number of different sources for example: publically available sources such as social media and networking sites; third party databases available to the insurance industry; firms, loss adjustors and/or suppliers appointed in the process of handling a claim.

Using your information

The main reason **we** collect **your** personal and/or sensitive information is because **we** need it to provide **you** with the appropriate insurance quotation, policy and price as well as manage **your** policy such as handling a claim or issuing documentation to **you**. **Our** assessment of **your** insurance application may involve an automated decision to determine whether **we** are able to provide **you** with a quotation and/or the price. If **you** object to this being done, then **we** will not be able to provide **you** with insurance.

We will also use **your** information where **we** feel there is a justifiable reason for doing so for example: to prevent and detect fraud and financial crime (which may include processes which profile **you**); collecting information regarding **your** past policies; carrying out research and analysis (including profiling); and recording and monitoring calls.

There may be situations where **we** will only use **your** information if **you** have given **us** permission such as using or collecting sensitive information. If **you** have given **Us** such information about someone else, **You** would have confirmed that **You** have their permission to do so.

Sharing your information

We share **your** information with a number of different organisations which include, but are not limited to: other insurers; regulatory bodies; carefully selected third parties providing a service to **us** or on **our** behalf; fraud prevention and credit reference agencies and other companies, for example, when **we** are trialling their products and services which **we** think may improve **our** service to **you** or **our** business processes.

Unless required to by law, **we** would never share **your** personal data without the appropriate care and necessary safeguards being in place.

Keeping your information

We will only keep **your** information for as long as is necessary in providing **our** products and services to **you** and/or to fulfil **our** legal and regulatory obligations. Please refer to **our** full Privacy Policy for more information.

Use and storage of your information overseas

Your information may be transferred to, stored and processed outside the European Economic Area (EEA). **We** will not transfer **your** information outside the EEA unless it is to a country which is considered to have equivalent data protection laws or **we** have taken all reasonable steps to ensure the firm has suitable standards in place to protect **your** information.

Your rights

You have a number of rights in relation to the information **we** hold about **you**, these rights include but are not limited to: the right to a copy of **your** personal information **we** hold; object to the use of **your** personal information; withdraw any permission **you** have previously provided and complain to the Information Commissioner's Office at any time if **you** are not satisfied with **our** use of **your** information. For a full list of **your** rights please refer to the full Privacy Policy.

Please note that there are times when **we** will not be able to delete **your** information. This may be as a result of fulfilling **our** legal and regulatory obligations or where there is a minimum, statutory, period of time for which **we** have to keep **your** information. If **we** are unable to fulfil a request **we** will always let **you** know **our** reasons

General Exclusions for this Policy

The following exclusions apply to the whole of this **policy**. Any other exclusions are shown in the section to which they apply.

a) Cyber loss

1. Notwithstanding any provision to the contrary within this contract, this **policy** excludes any Cyber Loss.

2. Cyber Loss means any loss, **damage**, liability, expense, fines or penalties or any other amount directly or indirectly caused by:

2.1 the use or operation of any Computer System or Computer Network;

2.2 the reduction in or loss of ability to use or operate any Computer System, Computer Network or Data;

2.3 access to, processing, transmission, storage or use of any Data;

2.4 inability to access, process, transmit, store or use any Data;

2.5 any threat of or any hoax relating to 2.1 to 2.4 above;

2.6 any error or omission or accident in respect of any Computer System, Computer Network or Data; or

2.7 any activity of third party(s) causing disruption or damage to any Computer System or Computer Network.

3. For the avoidance of doubt, the definition of Cyber Loss, as contained in section 2 above, does not exclude accidental material damage cover for any insured loss sustained regarding an insured Computer System or Computer Network (where the damage thereto did not result from Cyber Loss).

4. Computer System means any computer, hardware, software, application, process, code, programme, information technology, communications system or electronic device owned or operated by the Insured or any other party. This includes any similar system and any associated input, output or data storage device or system, networking equipment or back up facility.

5. Computer Network means a group of Computer Systems and other electronic devices or network facilities connected via a form of communications technology, including the internet, intranet and virtual private networks (VPN), allowing the networked computing devices to exchange Data.

6. Data means information used, accessed, processed, transmitted or stored by a Computer System.

7. When this clause forms part of a reinsurance contract, Insured shall be amended to read (or refer to) Original Insured.

8. The Definitions contained in this Clause apply to this clause only. They shall not apply to the other provisions of this Policy.

In addition, this **policy** does not provide cover for any incident arising through or as a consequence of:

- b) Any act of fraud or dishonesty by **you** or anyone acting on **your** behalf.
- c) Ionising radiation or contamination by radioactivity from any nuclear fuel, or from any nuclear waste from burning nuclear fuel.
- d) Any claim for reduction in value.
- e) Radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- f) Any pre-existing **damage** that happened before **your policy** started.
- g) Pressure waves from aircraft or other aerial devices travelling at supersonic speeds;.
- h) Solvent use, being under the influence of drugs or alcohol, except those prescribed by a registered **doctor**, or drugs which have been prescribed by a registered doctor and not those prescribed for drug addiction.
- i) Any claim where **evidence of ownership** cannot be provided.
- j) Epidemic or pandemic.
- k) Pollution or threat of pollutant release.
- l) Any claim where **your cycle** was being used for hire, reward, trade or business purposes, including courier services but excluding commuting purposes.
- m) The **excess**.
- n) Any claim where the **cycle** or **accessories** are being used by anyone other than **you**.

Section 1

Cycle Cover - Theft

What is Covered

Loss of or **damage** to **your cycle** anywhere in the **geographical areas**, as a result of theft or attempted theft occurring during the **period of insurance**.

We will also pay up to 10% of the **sum insured** shown in the **schedule** for the hire of a replacement **cycle** from a recognised reputable **cycle** dealer, following theft of, or **damage** to **your cycle** as a result of attempted theft, which renders **your cycle** unusable.

What is not Covered

We will not make any payment under this section of cover in respect of:

- a) The **Excess** as stated in **your** Schedule subject to a minimum of the following
 - a. The first £50 for **your cycle** valued up to and including £500
 - b. The first £100 for **your cycle** valued over £500
 - c. The first 20% of the value of **your cycle** or the **Excess** whichever is greater due to any **loss** or **damage** arising from Theft whilst your bike is stored in
 - a) a self-contained lockable private room or communal hallway inside the halls of residence to which **you** normally reside; or
 - b) a purpose built **cycle** storage facility; that is contained within the boundaries of your private dwelling or
 - g) any temporary residence in which **you** are a resident for a maximum of 28 consecutive days
- b) loss or **damage** resulting from theft or attempted theft at **your insured location** unless, at the time of loss or **damage**:
 - a. **your cycle** was contained within **your insured location** and normal security provisions were fully operative and in force and there is evidence of forcible and/or violent entry to the **insured location**; or
 - b. **your cycle** was secured through the frame by an **approved lock** to an **immovable object**.
- c) loss or **damage** resulting from theft or attempted theft away from **your insured location** unless, at the time of loss or **damage**:
 - a. **your cycle** was secured through the frame by an **approved lock** to an **immovable object**; or
 - b. **your cycle** was stolen from an organised event in which **you** were participating; or
 - c. **your cycle** was in the custody and control of an airport, railway or seaport operator and/or their agents; or
 - d. **your cycle** was stolen from within or on a motor vehicle as a direct result of forcible action.
- d) any claim where **you** have failed to obtain a crime reference number;
- e) loss or **damage** where **your cycle** was left **unattended** unless in a secure area during an organised event;
- f) loss or **damage** where **your cycle** was being used by anyone other than **you**;
- g) anything contained in the General Exclusions of this **policy**.

How we will deal with your claim

We will either:

- a) pay **you** the amount of **your** claim up to the **sum insured** or
- b) repair or replace the **cycle** up to the **sum Insured**

At no point will **we** pay more than the **sum insured** shown in the **schedule**.

Cycle less than 3 years old - **We** will, at **our** option, repair, replace or pay for any **cycle** on a new for old basis.

Cycle more than 3 years old - **We** will, at **our** option, repair, replace or pay for any **cycle** on an equivalent type or specification basis.

Agreed Value – Where **we** have made an **endorsement** to the **policy** in respect of an **agreed value**, **we** will pay the stated amount in the event of the unrecovered theft of **your cycle** or where **damage** renders **your cycle** a **total loss**.

Upon settlement of a claim for loss or **damage** where the **cycle** is deemed a total loss **we** have the right to take and keep possession of any part or the entire **cycle** and deal with the salvage in a reasonable manner.

Section 2

Cycle Cover – Damage

What is Covered

Damage to your cycle anywhere in the **geographical areas** occurring during the **period of insurance**.

We will also pay, up to 10% of the **sum insured** shown in the **schedule** for the hire of a replacement **cycle** from a recognised reputable **cycle** dealer, following **damage** to **your cycle** which renders **your cycle** unusable.

What is not Covered

We will not make any payment under this section of cover in respect of:

- a) The Excess
- b) theft, loss or disappearance of **your cycle**;
- c) any claim arising out of general wear and tear, gradually operating causes, such as, but not limited to insects, frost, rust, corrosion, dust, contamination or poor maintenance;
- d) any mechanical or electrical breakdown;
- e) Any **damage** when the **cycle** is left **unattended** in a location, other than the **insured location** for more than 18 consecutive hours or 24 consecutive hours in any designated transition area awaiting use during an organised competitive cycling event including triathlon and duathlons at any one time.
- f) Anything contained in the General Exclusions of this **policy**.

How we will deal with your claim

We will either:

- a) pay **you** the amount of **your** claim up to the **sum insured**;
- b) repair or replace the **cycle** up to the **sum Insured**

At no point will **we** pay more than the **sum insured** shown in the **schedule**.

Cycle less than 3 years old - **We** will, at **our** option, repair, replace or pay for any **cycle** on a new for old basis.

Cycle more than 3 years old - **We** will, at **our** option, repair, replace or pay for any **cycle** on an equivalent type or specification basis.

Agreed Value – Where **we** have made an **endorsement** to the **policy** in respect of an **agreed value**, **we** will pay the stated amount in the event of the unrecovered theft of **your cycle** or where **damage** renders **your cycle** a **total loss**.

Upon settlement of a claim for loss or **damage** where the **cycle** is deemed a total loss **we** have the right to take and keep possession of any part or the entire **cycle** and deal with the salvage in a reasonable manner.

Section 3

Accessories Cover – Theft

What is Covered

We will pay up to 20% of the **sum insured** for loss of or **damage** to **your accessories** anywhere in the **geographical areas** as a result of theft or attempted theft occurring during the **period of insurance**.

What is not Covered

We will not make any payment under this section of cover in respect of:

- h) The **Excess** as stated in **your** Schedule subject to a minimum of the following
 - a. The first 20% of the value of **your** accessories or the **Excess** whichever is greater due to any loss or **damage** arising from Theft whilst your bike is stored in
 - c) a self-contained lockable private room or communal hallway inside the halls of residence to which **you** normally reside; or
 - d) a purpose built **cycle** storage facility; that is contained within the boundaries of your private dwelling or
 - h) any temporary residence in which **you** are a resident for a maximum of 28 consecutive days
 - a) loss or **damage** resulting from theft or attempted theft at **your insured location** unless the **accessories** were contained within **your insured location** and normal security provisions were fully operative and in force and there is evidence of forcible and/or violent entry to the **insured location**;
 - b) theft away from **your insured location** unless;
 - a. **your accessories** were stolen from an organised event in which **you** were participating; or
 - b. **your accessories** were stored out of sight within a motor vehicle and the motor vehicle was fully locked with all security protections in force and the theft was a direct result of forcible entry to the motor vehicle.
 - c) any claim where **you** have failed to obtain a crime reference number;
 - d) loss or **damage** where **your accessories** have been left **unattended**;
 - e) loss or **damage** where **your accessories** are being used by anyone other than **you**;
 - f) any claim where the **your accessories** are being used for trade or business purposes, excluding commuting purposes;
 - g) Any amount over 20% of **your sum insured**.

How we will deal with your claim

We will either:

- a) pay **you** the amount of **your** claim up to 20% of the **sum insured**; or
- b) repair or replace the **accessories** up to 20% of the **sum insured**.

At no point will we pay more than 20% of the **sum insured** shown in the **schedule** (less any **excess**).

Accessories less than 3 years old - we will, at our option, repair, replace or pay for any **accessories** on a new for old basis.

Accessories more than 3 years old - we will, at our option, repair, replace or pay for any **accessories** on an equivalent type or specification basis.

Upon settlement of a claim for loss or **damage** where the **accessories** are deemed a **total loss** we have the right to take and keep possession of any part or the entire **accessories** and deal with the salvage in a

reasonable manner.

If any stolen **accessories** that have been subject to a claim payment under this section are subsequently recovered **we** shall become entitled to that property.

Section 4

Accessories Cover – Damage

What is Covered

We will pay up to 20% of the **sum insured** to cover **damage** to **your accessories** occurring anywhere in the **geographical areas** during the **period of insurance**.

What is not Covered

We will not make any payment under this section of cover in respect of:

- a) the **Excess**
- b) theft, loss or disappearance of **your accessories**;
- c) Any **damage** when the accessories are left **unattended** in a location, other than the **insured location** for more than 18 consecutive hours or 24 consecutive hours in any designated transition area awaiting use during an organised competitive cycling event including triathlon and duathlons at any one time;
- d) any claim where, at the time of **damage your accessories** were being used for trade or business purposes, excluding commuting purposes;
- e) any claim arising out of general wear and tear, gradually operating causes, such as, but not limited to insects, frost, rust, corrosion, dust, contamination or poor maintenance;
- f) any mechanical or electrical breakdown;
- g) Any amount over 20% of the **sum insured**.

How we will deal with your claim

We will either:

- a) pay **you** the amount of **your** claim up to 20% of the **sum insured**; or
- b) repair or replace the **accessories** up to 20% of the **sum insured**.

At no point will **we** pay more than 20% of the **sum insured** shown in the **schedule** (less any **excess**).

Accessories less than 3 years old - we will, at **our** option, repair, replace or pay for any **accessories** on a new for old basis.

Accessories more than 3 years old - we will, at **our** option, repair, replace or pay for any **accessories** on an equivalent type or specification basis.

Upon settlement of a claim for loss or **damage** where the **accessories** are deemed a **total loss** we have the right to take and keep possession of any part or the entire **accessories** and deal with the salvage in a reasonable manner.

If any stolen **accessories** that have been subject to a claim payment under this section are subsequently recovered **we** shall become entitled to that property.

Section 5

Organised Event Fees and Expenses

What is Covered

We will pay up to £500 for the non-refundable and/or non-transferrable fee that has already been paid by **you** in respect of **you** participating in an organised event if **you** are no longer able to participate due to circumstances that are unexpected and entirely beyond **your** control.

In addition to this **we** will pay up to £250 towards **your** non-refundable and/or non-transferable travel and/or accommodation costs that have already been paid by **you** to participate in an organised event if **you** are no longer able to participate due to circumstances that are unexpected and entirely beyond **your** control.

In the event that **your cycle** is stolen or suffers **damage** that renders it unusable up to 7 working days prior to the start of an organised event **you** have paid to attend, **we** will pay up to £250 towards the reasonable costs for **you** to hire an alternative cycle in order for **you** to participate in that organised event.

What is not Covered

We will not make any payment under this section of cover in respect of any claim:

- a) where **you** are unable to provide proof of any non-refundable and/or non-transferable costs;
- b) that is made as a result of a pre-existing or self-inflicted illness and/or injury or any medical treatment which is not medically necessary;
- c) that is made in respect of an illness or injury to **you** that has not been diagnosed by **your doctor** within 72 hours prior to the start of the event and where **your doctor** has not advised **you** not to participate in the event;
- d) that is made directly or indirectly due to adverse weather;
- e) for more than one organised event in any one **period of insurance**;
- f) for sums of money greater than the amounts outlined above;
- g) in respect of lost and/or stolen entry tickets;
- h) not notified to **us** within 30 days from the date of loss.

How we will deal with your claim

The type of information and evidence **we** may need will depend on the circumstances of the claim.

In all cases **we** will only ask for information which is relevant to the claim.

Where a claim is made in respect of non-participation due to a medical matter **we** will ask **you** to sign a form of consent to enable **us**, where applicable, to contact **your doctor** to confirm they believe **you** are not medically fit to participate in or attend the event.

We may ask **you** to supply further information or evidence to help **us** assess and/or validate **your** claim and **you** must supply and pay for all information or evidence that **we** may reasonably request.

Section 6

Personal Accident

What is Covered

We will pay the amounts detailed below if **you** suffer **bodily injury** as a result of an **accident** during the **period of insurance**.

If **you** suffer an **accident** which directly results in one of the injuries specified below, **we** will pay the benefit shown in the table of benefits below:

Accidental bodily injury which results in:	Bronze Cover	Silver Cover	Gold Cover
Loss of sight in both eyes	£10,000	£15,000	£20,000
Loss of Limbs (two or more)	£10,000	£15,000	£20,000
Loss of hearing (in both ears)	£10,000	£15,000	£20,000
Loss of speech	£10,000	£15,000	£20,000
Loss of sight in one eye	£5,000	£7,500	£10,000
Loss of Limb (one limb)	£5,000	£7,500	£10,000
Loss of hearing (in one ear)	£2,500	£3,500	£5,000
Loss of use of shoulder, elbow, wrist, knee, hip or ankle	£2,500	£5,000	£7,500
Loss/Loss use of one thumb	£2,500	£5,000	£7,500
Loss/Loss use of one forefinger	£1,500	£3,000	£5,000
Loss/Loss use of any other finger	£750	£1,500	£2,500
Loss/Loss use of any one big toe	£750	£1,500	£2,500
Loss/Loss use of any other toe	£100	£250	£500
Permanent Total Disablement	£10,000	£15,000	£20,000
Death	£5,000	£7,500	£12,500
Death under the age of 18 years	£3,500	£5,000	£7,500
Hospitalisation	£7.50 per day	£15 per day	£25 per day
Dental Treatment	£nil	£250	£500
Physiotherapy Cover	£nil	£250	£500
Broken Bones	£nil	£250	£500
Additional Weekly Benefit	£nil	Up to £250 per week	Up to £500 per week

Loss of Limb(s)

We will pay the amount shown in the table of benefits if **you** suffer an **accident** which directly results in amputation of:

- An arm at or above the wrist; or
- A leg at or above the ankle

We will cover amputation whether this occurs

- At the time of the accident; or
- within 12 months of the date of the accident,

We will only cover amputation where it is medically necessary as a direct result of an **accident** and that in the opinion of an **expert medical practitioner** will not be recovered.

Loss of sight

We will pay the amount shown in the table of benefits if **you** suffer an **accident** which directly results in the permanent and total loss of sight that will be considered as having:

- occurred in both eyes if your name is added to the Register of Blind Persons; or
- in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

In all cases the loss of use must occur within 12 months of the date of the **accident**.

Loss of hearing

We will pay the amount shown in the table of benefits if **you** suffer an **accident** which directly results in the total loss of hearing in one or both ears to the extent that the hearing loss in one or both ears is greater than 95 decibels across all frequencies using a pure tone audiogram that in the opinion of an **expert medical practitioner** will not be recovered.

In all cases the loss of use must occur within 12 months of the date of the **accident**.

Loss of use of arms and/or legs

If **you** suffer an **accident** which directly results in the permanent loss of use of arms and/or legs of more than 20%, **we** will pay a percentage of the amount shown in the table of benefits depending on the extent of loss of use that an **expert medical practitioner** confirms **you** have suffered.

- Where the loss of use is less than 20% **we** will not pay any amount.
- Where the loss of use is 20% or more and under 70% **we** will pay a percentage of the full amount shown in the table of benefits equal to the percentage of loss that an **expert medical practitioner** confirms **you** have suffered.
- Where the loss of use is 70% or more, the full amount shown in the table of benefits will be paid.

Depending on the percentage of loss, for multiple injuries sustained during the same **accident** **we** will calculate the amount payable, for partial loss of use for each arm or leg separately.

In all cases the loss of use must occur within 12 months of the date of the **accident**.

Permanent Total Disablement

We will pay the amount shown in the table of benefits if **you** suffer an **accident** which directly results in permanent total disablement, caused other than by death, loss of limb(s), loss of use of arms and/or legs, loss of sight or loss of hearing, that has lasted for 52 consecutive **weeks** and will, in the opinion of an **expert medical practitioner** prevent **you** from ever engaging in any occupation of any kind.

Hospitalisation Cover

If **you** suffer an **accident** which directly results in **bodily injury** and **you** are admitted to hospital as an inpatient for medical surgery or other remedial attention treatment or diagnosis by a **Doctor** for a period in excess of 24 hours from the time of original admission **we** will pay the amount shown in the table of benefits for a maximum of 30 days.

Emergency Dental Treatment

If **you** suffer an **accident** which directly results in a **dental injury** **we** will pay up to the maximum amount shown in the table of benefits for any emergency treatment carried out in accordance with the acceptance and established dental practice in the **United Kingdom** to restore your **sound and natural teeth**.

Physiotherapy Cover

If **you** require **physiotherapy** as recommended by a **Doctor** for the treatment and recovery of a **fracture**, following a valid claim under this **policy**, **we** will pay **you** up to the maximum amount shown in the table of benefits.

Fracture

If **you** suffer a **fracture** as a direct result of **bodily injury** following an **accident** **we** will pay **you** up to the maximum amount shown in the table of benefits:

- Arm (Humerus, Radius, Ulna)
- Wrist (Carpals)
- Leg (Femur, Tibia, Fibula)
- Ankle (Tarsals)
- Kneecap (Patella)
- Collarbone (Clavicle)
- Shoulder Blade (Scapula)

Additional Weekly Benefit

If **you** suffer an **accident** which directly results in **temporary total disablement** **we** will pay the weekly benefit amount shown in the table of benefits for up to 12 weeks from the date of the **accident**. The weekly benefit amount commences at the end of the 7 day **deferment** period.

We will not pay **you** for **temporary total disablement** due to **bodily injury** as the result of an **accident** if at the time you suffer **bodily injury** you are:

- under the age of 16 years.
- over the age of 65 years.
- not in gainful employment.

What is not Covered

We will not make any payment in respect of any temporary, partial or permanent **bodily injury** caused by:

- a) Illness or disease
- b) known side effects where medicines are taken correctly under medical supervision or guidance
- c) medicines taken incorrectly;
- d) medicines for treating drug addiction;
- e) known risks associated with a medical or surgical procedure;
- f) a gradual loss of use or function which is not as a direct result of an accident;
- g) Muscular or skeletal condition or injury unless cause directly by external, sudden violent and visible means and not aggravated by an previous muscular or skeletal injury;
- h) Any physical or or psychological defect, infirmity or condition which existed or for which medical advice or treatment had been given prior to the time that **your** cover first commenced;
- i) Weekly benefits which are more than 65% of **your average weekly wage** for temporary total disablement.

We will not pay any claim resulting from **your**:

- a) suicide or deliberate self-inflicted injury;
- b) reckless and deliberate exposure to known danger (except in an attempt to save human life);
- c) use of drugs;
- d) consumption of alcohol to an extent **you** suffer mental or physical impairment which causes the **accident**;
- e) participating in or acting as an accessory to any crime or attempted crime;
- f) participation in, practice or training for any sport as a professional sportsperson unless **we** have agreed that in writing;
- g) participation in active service in any armed forces, the Territorial Army and other reserve services, whether war be declared or not;
- h) **your** participating or conspiring in any act of **terrorism** not involving the use or release or the threat of any nuclear weapon or any chemical or biological agents;
- i) **your** participating in any act of terrorism which involves the use or release or the threat thereof, of any nuclear weapon or any chemical or biological agents;
- j) **your** participation in any act of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not, civil war, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power);
- k) **your** pregnancy or giving birth.

No cover is provided by this section if:

- a) **you** are 65 years of age or above;
- b) **your** main **permanent** residence is no longer in the **United Kingdom**.

If **we** make a payment for loss of sight in one eye or hearing in one ear, all cover for that eye or ear will end. If **you** make multiple claims for any one arm or leg **we** will only pay up to the maximum amount shown in the table of benefits, regardless of the number or type of claims made for that arm or leg. If payment is applicable under more than one of the benefits as a result of a single **accident** the total benefit **we** will pay will not exceed the amount payable as shown in the table of benefits for **permanent total disablement**.

How we will deal with your claim

We will ask **you** to sign a form of consent to enable **us**, where applicable, to contact **your doctor** and the hospital which is treating **you**.

As well as approaching healthcare and/or other professionals at **our** own cost we may ask **you** to supply further information or evidence to help **us** assess and/or validate **your** claim. **You** must supply and pay for all information or evidence that **we** may reasonably request.

The type of information and evidence **we** may need will depend on the circumstances of the claim. In all cases **we** will only ask for information which is relevant to the claim and the treatment received or previous medical history.



Contact us

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