

Art and Private Client – Endorsement

IMPORTANT NOTICE: CHANGES TO YOUR POLICY DUE TO BREXIT

As a result of the likely departure of the United Kingdom from the European Union (Brexit), **we** have had to make some changes to how **our** policies are underwritten from 1st January 2019.

Please note that the changes referred to in this notice do not affect the cover provided under the policy.

Previously **our** policies were underwritten by Hiscox Underwriting Ltd (HUL) as an intermediary on behalf of the insurers shown in the schedule. Most sections of the policies were insured by Hiscox Insurance Company Limited (HIC), although some sections were insured by other insurers, as detailed on the schedule.

As a result of Brexit, sections of **our** policies that were previously insured by HIC are now insured by Hiscox SA (HSA) directly. HUL will no longer act as intermediary. HSA is an insurance company in the Hiscox group, domiciled and regulated in Luxembourg.

As a result of the change of insurer from HIC to HSA, **we** have had to make a number of changes to the way in which **our** policies are administered, including how complaints are dealt with.

In order to reflect these changes, the following amendments are made to **your policy**, including the schedule:

	Amended to read:
References to Hiscox Insurance Company Limited:	Hiscox SA
Address:	Hiscox SA registered head office: Avenue John F. Kennedy 35F 1855 Luxembourg LUXEMBOURG Local branch office: Hiscox SA (Irish branch) The Observatory 7-11 Sir John Rogerson's Quay Dublin 2 D02 VC42 REPUBLIC OF IRELAND Website: https://Hiscox.ie
Company number:	Hiscox SA: Registered in Luxembourg with Trade and Company Register Luxembourg (RCS Luxembourg): registration number B217018 Hiscox SA (Irish branch): Registered in Republic of Ireland with Companies Registration Office: company number 908764
Regulator:	Hiscox SA is subject to the supervision of the Commissariat aux Assurances Local branch regulator: Central Bank of Ireland
Signatory:	Richard O'Dwyer Managing Director, Hiscox SA (Irish branch)
Contact number and email address for Customer Relations	<u>Customer relations:</u> customerrelations.ireland@hiscox.com +353 1 238 1810
Contact numbers and email addresses for Claims	<u>Private Client claims</u> privateclientclaims.ireland@hiscox.com +353 1 238 1814
Complaints:	Customer Relations Hiscox SA (Irish branch) The Observatory

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	<p>7-11 Sir John Rogerson's Quay Dublin 2 D02 VC42 REPUBLIC OF IRELAND</p> <p>or by telephone on +353 1 238 1810 or +353 1800 901 903 (free toll number), or by email at customerrelations.ireland@hiscox.com.</p>
Complaints (regulator):	<p>If you remain dissatisfied after the internal dispute resolution process, you may have the right to refer your complaint to the Financial Services and Pensions Ombudsman.</p> <p>The Financial Services and Pensions Ombudsman (FSPO) is an independent, impartial, fair and free service that helps resolves complaints with pensions providers and regulated financial services providers.</p> <p>Contact details: Financial Services and Pensions Ombudsman Lincoln House Lincoln Place Dublin DO2 VH29</p> <p>Phone: +353 1 567 7000 Email: info@fspoi.ie Web: www.fspoi.ie</p> <p>If you have purchased your policy online you can also make a complaint via the EU's online dispute resolution (ODR) platform. The website for the ODR platform is: http://ec.europa.eu/odr.</p> <p>Alternatively, you can also contact:</p> <p>Commissariat aux Assurances 7, boulevard Joseph II L-1840 Luxembourg LUXEMBOURG e-mail: caa@caa.lu</p> <p>Insurance Ombudsman ACA, 12, rue Erasme, L - 1468 Luxembourg LUXEMBOURG Phone: +352 44 21 44 1 Fax: +352 44-02-89 e-mail: mediateur@aca.lu</p>
In addition, any references to Hiscox Underwriting Ltd in your policy are removed.	



Medical declaration

About your medical declaration

As with all insurance, failure to tell the insurer of any circumstance, which might reasonably give rise to a claim, can cause your insurance policy to become void.

Any ongoing medical conditions at the time you buy your insurance or go on your trip will not be covered unless the company specifically agrees otherwise, prior to the beginning of your insurance policy or the beginning of your trip.

You will not be covered if:

1. you are aware of any medical condition or set of circumstances, which could reasonably have been expected to give rise to a claim;
2. you are receiving in-patient treatment in a hospital or nursing home;
3. you are on a waiting list for in-patient treatment in a hospital or nursing home;
4. you have received a terminal prognosis;
5. you are travelling against the advice of a medical practitioner;
6. you have during the past 12 months suffered from any serious, chronic or recurring medical condition that has necessitated consultation or treatment, unless declared to and accepted by the company.

If any of the above apply to you, **the completion of this medical declaration gives the company the chance to consider extending the policy to cover you.** This will prevent any problems in the event of a claim.

Patient's name:

Date of birth:

Occupation:

Address:

Dates of trip: From: To:

Countries to be visited:

Please provide details and dates of any previous medical or cancellation claims:

Medical declaration

To be completed by the proposer's usual medical attendant.

The proposer will meet all costs of producing of this information.

Are you this patient's usual doctor? Yes No

How long have you been the patient's doctor?

Full details of condition(s) suffered by your patient:

Has the patient suffered from this condition before? Yes No

When was the condition first diagnosed?

What stage is the condition at now?

Is any ongoing treatment or medication necessary or envisaged? Yes No

If Yes, please give full details below, along with daily doses prescribed: (please use capital letters)

Is the patient pregnant? Yes No

Expected delivery date:

Please give details of any complications, either ongoing or foreseen:

Recent blood pressure reading:

Date reading was taken:

Prior to this visit, when did the patient last consult you?

For what reason were you consulted?



Medical declaration

I have examined the patient and/or referred to his/her medical records and I declare that in my considered opinion my patient is fit to travel on any trip by all conventional means.

Name

Signature

Date

This form should be completed in full and returned to the patient who at their discretion may disclose the information to insurers in application for annual or short period travel insurance.