

**MOTOR EXCESS PROTECTION
POLICY DOCUMENT**



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Section 1 - Introduction

Thank **You** for purchasing **Our Motor Excess** Protection Insurance Policy. Questor Insurance have been supplying insurance since the 4th August 2007 issuing more than 3 million policies. The service **We** provide is 'unexpectedly personal' in all respects and **Our** staff will go the extra mile to meet **Your** expectations.

This insurance provides cover for the reimbursement of the motor insurance **Excess** **You** are required to pay following a successful claim under **Your Motor Insurance Policy**. Cover is provided where a claim under **Your Motor Insurance Policy** results from accidental damage, fire, theft, or vandalism of/to **Your Vehicle**, and the value of the claim exceeds the **Excess** payable by **You**.

You can claim under this Policy more than once during any one **Period of Insurance** but the maximum amount payable during the **Period of Insurance** is the limit shown on **Your Certificate of Insurance**. Once this limit is reached, the Policy is automatically cancelled. **You** will have the option to buy a new policy to continue to cover **Your Excess**.

This product is underwritten by Fortegra Europe Insurance Company SE UK Branch, a branch of Fortegra Europe Insurance Company SE (Financial Conduct Authority registration number 805770). For more details about the **Insurer**, please refer to [Section 9 – Legal, Regulatory and Other Information](#).

If **You** need to contact the **Insurer**, please do so through Questor Insurance, trading name for Riverside Underwriting Limited as follows:

Riverside Underwriting Limited
Third Floor Riverside House
Maidstone Kent
United Kingdom
ME14 1JH

Opening Hours: Mon - Fri 9AM - 5PM
Telephone: +44 (0) 330 094 4330
Email: assistance@questor-insurance.co.uk

Questor Insurance also offer a live chat facility which can be accessed via their website (<https://www.questor-insurance.co.uk/>) during the opening hours as stated above.

Questor Insurance do not have a direct or indirect holding in Fortegra Europe Insurance Company SE and neither does Fortegra Europe Insurance Company SE have a direct or indirect holding in Questor Insurance.

Neither Questor Insurance nor Fortegra Europe Insurance Company SE provide advice or a personal recommendation about the suitability of this Policy. It is **Your** responsibility to ensure the Policy meets **Your** needs.

Some words and phrases in this Policy Document and on **Your Certificate of Insurance** will always have the same meaning wherever they appear. To make them easier to recognise when they are being used, they will be shown in **Bold**. They are all listed and explained in the [Definitions](#) section which can be found at the end of this Policy Document.

All insurance documents and all communications with **You** about this Policy will be in English. If **You** have any disability that makes communication difficult, please tell **Us** and **We** will be happy to help.

How to make a Claim

Orchard Administration have been managing **Our** claims since 1st of July 2014. Trustpilot's ^{08/2026} rating of 4.8 is a testament to the 'unexpectedly personal' service they provide. An online, easy to use portal makes submitting and managing **Your** claim as easy as buying the **Policy**.

To make a claim, please complete the online claim form at claimant.orchard-administration.co.uk. **You** will need **Your** login details for **Your** MyQuestor online portal.

You may contact the **Claims Administrator** via the following methods:

Orchard Administration Limited
Third Floor Riverside House
Maidstone Kent
United Kingdom
ME14 1JH

Opening Hours: Mon - Fri 9AM - 5PM
Telephone: +44 (0) 333 323 0095
Email: assistance@orchard-administration.co.uk

The Insurance Contract

This Policy Document and **Your Certificate of Insurance** are **Your** insurance documents and together they make up the contract between **You** and **Us**. It is important that **You** read this Policy Document carefully along with **Your Certificate of Insurance** so **You** can be sure of the cover provided and to check that it meets **Your** needs.

This Policy Document and **Your Certificate of Insurance** are issued to **You** by Riverside Underwriting Limited trading as Questor Insurance. In exchange for **Your** payment of the premium referenced in **Your Certificate of Insurance**, **You** are insured in accordance with the terms and conditions contained in these documents (and any amendments made to them) for the duration of **Your** Policy.



Signed by Andrew Lawrence
Authorised signatory for Questor Insurance
A trading name of Riverside Underwriting Limited.

Section 2 – Important Information

It is important that **You**:

1. Check **Your Certificate of Insurance** to ensure the details are correct and that the cover is as **You** requested.
2. Check that **You** or any **Named Driver(s)** on **Your Motor Insurance Policy** are eligible for this insurance (see [Eligibility](#) below)
3. Check that the information **You** have given **Us** is accurate (see [Disclosure of Important Information](#)).
4. Ensure that the Policy meets **Your** needs
5. Notify the **Administrator** as soon as possible of any inaccuracies on **Your Certificate of Insurance**, or if **You** are not eligible for the insurance.

Conditions

There are conditions which apply to the whole of this insurance and full details of these can be found in the [General Conditions](#) section of this policy document. There are also conditions which relate specifically to making a claim, and these can be found in the [Making a Claim](#) section.

In these sections **You** will find conditions that **You** or any **Named Driver(s)** on **Your Motor Insurance Policy** need to meet. If these conditions are not met, **We** may reject a claim, or in some circumstances, **Your** policy may be cancelled.

Eligibility

When **You** applied for this insurance, **We** asked **You** to confirm that **You** or any **Named Driver(s)** on **Your Motor Insurance Policy** were eligible for cover. The eligibility requirements are as follows:

1. **You** and any **Named Driver(s)** must have a current full and valid UK driving licence or hold a full internationally recognised licence.
2. **Your Vehicle** must be either:
 - a. A **Car**; or
 - o A **Motorcycle**.
3. **You** are the **Registered Keeper** of the **Vehicle**.
4. The **Vehicle** must predominantly be kept at **Your** permanent address in the United Kingdom.
5. If **Your Vehicle** is a **Car**, **You** are at least eighteen (18) years of age.
6. If **Your Vehicle** is a **Motorcycle**, **You** are at least twenty-four (24) years of age.
7. At the time of purchase of this Policy, **You** are a **Permanent Resident** in the United Kingdom (England, Scotland, Wales, and Northern Ireland), Channel Islands, Isle of Man or Gibraltar.

We will not provide any cover if these eligibility requirements are not met at the **Start Date** of **Your** Policy. Please contact assistance@questor-insurance.co.uk as soon as possible if **You** or any **Named Driver(s)** are not eligible for this insurance or if **You** have any queries regarding eligibility for this Policy.

Period of Insurance

The **Period of Insurance** is stated on **Your Certificate of Insurance**. This Motor **Excess** Protection Insurance Policy will remain in effect for the **Period of Insurance** or until the cover limit is exhausted; whichever comes first.

Renewing Your Policy

The **Administrator** will contact **You** one month before **Your Period of Insurance** ends to ask whether **You** wish to renew **Your** Policy unless **You** elect to automatically renew **Your** Policy. The **Administrator** will also tell **You** about any changes to the premium and/or the policy terms and conditions.

If **You** wish to renew **Your** Policy, **You** will be issued with a new **Certificate of Insurance** and policy document.

If any of **Your** personal details have changed, please tell the **Administrator**. Their contact details are shown on page 2 of this policy document.

The **Insurer** reserves the right not to renew or to invite renewal of **Your** policy. If so, the **Administrator** will inform **You** in writing to the most recent address that **We** have for **You**.

Disclosure of Important Information

In deciding to accept **You** for this insurance and in setting the terms and premium, **We** have relied on the information **You** have given **Us**. **You** must take reasonable care to provide complete and accurate answers to the questions **We** ask when **You** take out, make changes to, and renew **Your** Policy. If the information provided by **You** is not complete and accurate, **We**:

- May cancel **Your** Policy and refuse to pay any claim, or
- May not pay any claim in full, or
- May revise the premium and the extent of cover may be affected.

If **You** become aware that any information **You** have given is incomplete or inaccurate, please contact the **Administrator** as soon as possible.

We take a robust approach to fraud prevention in order to keep premium rates down so that **You** do not have to pay for other people's dishonesty. If any claim under this insurance is fraudulent, deliberately exaggerated, intended to mislead, or if any deliberately misleading or fraudulent means are used by **You** or anyone acting on **Your** behalf to obtain benefit under this insurance, **Your** right to any benefit under this insurance will end. Consequently, **Your** Policy will be cancelled without any premium refund, and **We** will be entitled to recover any benefit paid and costs incurred as a result of any such fraudulent or deliberately misleading claim. **We** may also inform the police. If **You** are also making a claim with another insurer, **You** must notify **Us** when **You** submit **Your** claim, failure to notify **Us** of this will be deemed as fraudulent activity.

Section 3 – What is Covered

This section provides details of what is covered under this policy.

The cover **You** have purchased is stated on **Your Certificate of Insurance**.

This policy reimburses **You** for the **Excess** amount that **You** have paid following a successful claim under **Your Motor Insurance Policy**. This policy covers both compulsory and voluntary **Excess**.

The **Excess** must relate to accidental damage, fire, theft, or vandalism of/to **Your Vehicle**. The policy only comes into effect when the **Excess** amount stated on **Your Motor Insurance Policy** has been exceeded, and a successful claim payment has been made.

Where **You** or a **Named Driver** were at fault for the incident giving rise to the claim under **Your Motor Insurance Policy**, **Your** claim under this policy will be settled when **We** are in receipt of the settlement letter from **Your** motor insurer.

Where **You** or a **Named Driver** have been deemed either partially at fault or not at fault for the incident giving rise to the claim under **Your Motor Insurance Policy**, **We** will reimburse any **Excess** payment for which **You** have been made liable if **Your Excess** is not recovered from the third party within six (6) months from the date of the incident.

The most **We** will pay under this policy is the cover limit that **You** have purchased and will be stated on **Your Certificate of Insurance**.

Section 4 – What is not covered

We will not pay any claim, or be liable for, any of the following:

1. If **You**, or any **Named Driver(s)** on **Your Motor Insurance Policy** do not meet the [eligibility requirements](#) for this Policy.
2. If the claim under **Your Motor Insurance Policy** is refused or if the **Excess** under **Your Motor Insurance Policy** is not exceeded.
3. Any incident that occurs during the **Waiting Period**.
4. Any claim where the incident occurred prior to the **Start Date** or that **You** were aware was an **Imminent Claim**.
5. Any claim related to the **Vehicle** being used for the motor trade, dispatch, courier, food delivery, taxi, hire and reward or messenger services.
6. Any claim related to the **Vehicle** being used in any competition, trial, performance test, race or trial of speed, including off-road events, whether between motor **Vehicles** or otherwise, and irrespective of whether this takes place on any circuit or track, formed or otherwise, and regardless of any statutory authorisation of any such event.
7. For any amount added to or deducted from the settlement of **Your** claim under **Your Motor Insurance Policy**, other than the agreed **Excess** that **You** are responsible for paying.
8. Where the **Excess** under **Your Motor Insurance Policy** has been waived or reimbursed.
9. Relating to any liability **You** accept by agreement or contract unless **You** would have been liable anyway.
10. If the claim under **Your Motor Insurance Policy** was for glass repair or replacement
11. Where damage to **Your Vehicle** has arisen during any routine servicing or repair of the **Vehicle**.
12. Where damage to **Your Vehicle** has been caused by or arisen from wilful neglect, abuse, wilful damage or malicious damage, including deliberate acts by **You** or any **Named Driver(s)**.
13. **Motorhomes, Vans, Campervans**, trailers or caravans, commercial **Vehicles**, trucks, or **Vehicles** with more than 9 seats.
14. Arising directly or indirectly from: **War** or acts of **Terrorism**, an insured person engaging in active war, or nuclear risks

Section 5 – General Conditions

1. The maximum recoverable under this Policy which **You** can claim during the **Period of Insurance** is stated on **Your Certificate of Insurance**. Once this cover limit is exhausted, **You** will have the option to buy a new policy to continue to cover **Your Excess**.
2. Unless **You** have **Our** permission in writing, **You** must not admit that **You** or any **Named Driver(s)** are at fault for an incident or give any representations or promises on **Our** behalf which are binding upon **Us**. **We** have the right to conduct, control and settle all proceedings arising out of, or in connection with a claim under this Policy.
3. **Your Motor Insurance Policy** must be maintained, current and valid, throughout the **Period of Insurance**.
4. The **Policyholder** under this Policy must match the name of the individual stated as the main driver on **Your Motor Insurance Policy**.
5. Where there is **Dual Insurance**, please let **Us** know, so that **We** can pay (“contribute”) **Our** proportion of the claim.
6. If **You** do not adhere to the terms and conditions of **Your Motor Insurance Policy**, **We** reserve the right to decline **Your** claim. **You** will be responsible for proving **You** did not breach the terms and conditions of **Your Motor Insurance Policy** if a dispute arises.
7. **We** have the right to approach any third party in relation to **Your** claim.
8. Should any payment be due to **You** following a successful claim, **We** will only reimburse the **Policyholder**.

Section 6 – Making a Claim

Who to Contact?

To register **Your** claim please log into **Your** Questor Customer Portal. A link will have been sent for **You** to create the account when **You** purchased **Your** Policy. If **You** require any assistance with **Your** login then please contact Questor directly.

You may also contact the **Claim Administrator** via the following methods:

Orchard Administration Limited
Third Floor Riverside House
40-46 High Street
Maidstone Kent
United Kingdom
ME14 1JH

Opening Hours: Mon - Fri 9AM - 5PM
Telephone: +44 (0) 333 323 0095
Email: admin@orchard-administration.co.uk

Things you Must Do

You must comply with the following conditions. If **You** fail to do so and this prevents the **Claims Administrator** from fully assessing **Your** claim or minimising **Our** losses, **We** may not pay **Your** claim, or any payment could be reduced:

1. All claims must be reported to the **Claims Administrator** as soon as possible but in any event, within thirty (30) days of **You** becoming aware of an incident.
2. **You** must complete a claim form (in full) and provide at **Your** own expense, any information and assistance which the **Claims Administrator** requires in establishing the amount of any payment under this insurance. Failure to do so may result in a delay of **Your** claim assessment.

The **Claims Administrator** will request the following supporting documents:

1. A copy of **Your Motor Insurance Policy** schedule, showing the **Excess** applicable and any **Named Driver(s)**.
2. A copy of **Your** settlement letter from **Your** motor insurer, which must state the amount settled and the **Excess** deducted.
3. A copy of the driving licence of the **Policyholder** and the person in control of the **Vehicle** at the time of the incident giving rise to a claim (front and reverse).
4. A credit/debit card statement showing that **Excess** has been paid in full by **You**..

Claims Handling and our Right of Recovery

We are entitled to take over, defend or settle any claim under this Policy in the name of **You** or any other person covered by this Policy and **We** are entitled to take legal action in any such name to recover any payments **We** make.

Section 7 – Cancellation of the Policy

Your Cancellation Rights

If **You** find that this cover does not meet **Your** needs, **You** can cancel this Policy at any time during the **Period of Insurance**. If **You** cancel this Policy before the **Start Date**, or within fourteen (14) days of purchase subject to no claims being made, **You** will receive a full refund of the premium paid. If **You** cancel at any other time, **We** will not refund any premium paid.

Please contact the **Administrator** if **You** wish to cancel **Your** Policy.

If **You** wish to cancel **Your** Policy before the **Start Date**, please log onto **Your** MyQuestor portal. **You** can also email **Us** at assistance@questor-insurance.co.uk.

If **You** email **Us** outside of **Our** opening hours, **Your** request will be taken from the date **Your** email is sent.

The Insurers' Cancellation Rights

We reserve the right to cancel this Policy immediately if **You** commit fraud and there will be no refund of the premium **You** have paid. If **We** cancel **Your** Policy, the **Administrator** will do so in writing to the most recent address **We** have for **You**.

Section 8 – How to make a Complaint

We are committed to providing **You** with the best possible service and customer care. However, **We** understand there may be times where **We** fail to meet these standards.

To register a complaint please contact **Us** at:

Customer Resolution Team
Riverside Underwriting Limited
Third Floor Riverside House
Maidstone Kent
United Kingdom
ME14 1JH

Opening Hours: Mon - Fri 9AM - 5PM
Telephone: +44 (0) 333 323 0093
Email Us: crt@riverside-underwriting.co.uk

The easiest way to register a complaint is via email.

Your complaint will be acknowledged in writing promptly once made. The **Administrator** will aim to resolve **Your** complaint within eight (8) weeks from first notification of **Your** complaint. If the **Administrator** cannot resolve **Your** complaint within eight (8) weeks, the **Administrator** will notify **You** in writing to confirm the reasons why and **Your** rights to refer **Your** complaint to The Financial Ombudsman Service.

- by submitting **Your** complaint online – please see financial-ombudsman.org.uk; or
- by email at complaint.info@financial-ombudsman.org.uk; or
- by telephone on 0207 964 1000; or
- by writing to the Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, Isle of Dogs, London, E14 9SR.

IMPORTANT: The Financial Ombudsman Service will expect **You** to have followed the above procedure before they accept **Your** case.

The complaints handling arrangements above are without prejudice to **Your** right to commence a legal action in accordance with **Your** contractual rights.

Section 9 – Legal, Regulatory and Other Information

Financial Services Compensation Scheme

You may be entitled to compensation from the Financial Services Compensation Scheme (FSCS) in the UK if, in the unlikely event, Fortegra Europe Insurance Company SE cannot meet its liabilities under this Policy. The level and extent of compensation provided will depend on the location of the risk, the type of insurance and on the circumstances of the claim.

Further information about the Financial Services Compensation Scheme is available from the FSCS website www.fscs.org.uk.

The FSCS can be contacted:

- by completing the form on the FSCS website www.fscs.org.uk/contact-us/ or
- by calling 0800 678 1100; or
- by writing to Financial Services Compensation Scheme, PO Box 300, Mitcheldean, GL17 1DY; or
- by live chat via the FSCS website www.fscs.org.uk/contact-us/

Data Protection Notice

Data Protection

Fortegra Europe Insurance Company SE (the Data Controller) is committed to protecting and respecting **Your** privacy in accordance with the current Data Protection Legislation ("Legislation"). Below is a summary of the main ways in which **We** process **Your** personal data.

How We Use Your Personal Data

We may use the personal data **We** hold about **You** for the purposes of performing **Your** contract of insurance, this includes providing cover that **You** request of **Us** and administering the same; including handling claims and any other related purposes, underwriting (which may include underwriting decisions made via automated means), and for **Our** legitimate interest including for offering renewal terms, pricing or statistical purposes. **We** may collect and use special categories of data from **You** for the purpose of identifying vulnerable customer based on substantial public interest in accordance with Article 9(g) of the General Data Protection Regulations (GDPR) (Regulation (EU) 2016/679). **We** may also use **Your** data to safeguard against fraud and money laundering and to meet **Our** general legal and regulatory obligations.

Types of Personal Data we hold

We retain all the information that **You** provide to **Us** as well as information that **We** receive from third parties mentioned below.

Disclosure of Your Personal Data

We may disclose **Your** personal data to third parties involved in providing products or services to **Us**, or to service providers who perform services on **Our** behalf. These include **Our** group companies, affinity partners, brokers, agents, third party **Administrators**, other insurers, reinsurers, other insurance intermediaries, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external accountants and auditors, regulatory authorities, and as may be required by law.

International Transfers of Data

We may transfer **Your** personal data to destinations outside of the UK or the EEA (European Economic Area). Where **We** transfer **Your** personal data outside of the UK or the EEA, **We** will ensure that it is treated securely and in accordance with the Legislation.

Your Rights

You have the right to ask **Us** not to process **Your** data for marketing purposes, to see a copy of the personal information **We** hold about **You**, to have **Your** data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to restrict the processing of **Your** data, to ask **Us** to provide a copy of **Your** data to any controller and to lodge a complaint with the local data protection authority.

Retention

Your data will not be retained for longer than is necessary and will be managed in accordance with **Our** data retention policy. The retention period will be for a period of ten (10) years following the expiration of the cover or **Our** business relationship with **You**, unless **We** are required to retain the data for a longer period due to business, legal or regulatory requirements.

If **You** require more information or have any questions concerning **Our** use of **Your** personal data, **Our** full Privacy Policy can be found at <https://www.fortegra.eu/privacy-policy>. Alternatively, please contact The Data Protection Officer, Fortegra Europe Insurance Company SE, Office 13, SOHO Office The Strand, Fawwara Building, Triq I-Imsida, Gzira, GZR 1401, Malta or via email at dpofficer@fortegramalta.com.

Rights of Third Parties

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

For **Your** information, the Contracts (Rights of Third Parties) Act 1999 allows a person who is not a party to a contract to be able to enforce that contract if the contract expressly allows him to or if the contract confers a benefit upon him. However, the Act will not be applied if the parties make it clear in the contract that the third party does not have the right to enforce it. For further guidance please see www.legislation.gov.uk or contact the Citizens Advice Bureau.

Safeguarding Your Premium and Claim Payments

All premium payments from **You** and due to **Us** for this Policy will be held by the **Administrator** on **Our** behalf. The **Administrator** will also hold any premium refund that is due to **You** from **Us**. Any claim payments that are due to **You** from **Us** will be paid to **You** by the **Claim Administrator**.

In these capacities, the **Administrator** is acting as **Our** agent. This means that once a premium is paid to the **Administrator** it is deemed to have been received by **Us** and that all claim payments and premium refunds are not deemed to have been paid until **You** have received them.

Law and Jurisdiction

Unless specifically agreed to the contrary, this policy shall be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England.

Sanctions

We shall not provide any benefit under this contract of insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

Regulatory Details

Fortegra Europe Insurance Company SE has its registered office and principal place of business at Office 13, SOHO Office The Strand, Fawwara Building, Triq I-Imsida, Gzira, GZR 1401, Malta (Malta Company registration number SE 17), is authorised under the Insurance Business Act 1998 of the laws of Malta to carry out general business of insurance, and is regulated by the Malta Financial Services Authority of Triq I-Imdina, Zone 1, Central Business District, Birkirkara, CBD 1010, Malta.

Fortegra Europe Insurance Company SE has a registered branch in the UK with its registered address at Fifth Floor, 20 Fenchurch Street, London, United Kingdom, EC3M 3BY (UK Branch registration number BR021916). Together with its UK Branch, Fortegra Europe Insurance Company SE is authorised by the Prudential Regulation Authority, is subject to regulation by the Financial Conduct Authority, and limited regulation by the Prudential Regulation Authority. **Our** firm reference number is 805770.

Details about the extent of **Our** regulation by the Prudential Regulation Authority are available from **Us** on request. Annual reports on **Our** solvency and financial position can be found at <https://www.fortegra.eu/solvency-and-financial-condition-report/fortegra-europe-insurance-company-se>. The **Administrator**, Riverside Underwriting Limited, is

authorised and regulated by the Financial Conduct Authority under firm reference number: 466942. These registration details can be checked on the UK's Financial Conduct Authority's Financial Services Register.

Section 10 – Definitions

Whenever the following words or expressions appear in **bold** in this Policy Document, they have the meaning given below.

“Administrator” - The company who administers this insurance. This is Riverside Underwriting Limited, Third Floor, Riverside House, 40-46 High Street, Maidstone, ME14 1JH United Kingdom. Riverside Underwriting Limited is a company registered in England & Wales (06201617) and is authorised and regulated by the Financial Conduct Authority (FRN 466942).

“Car” – A motor **Vehicle** with no more than nine (9) seats which is designed for the carriage of passengers and their belongings. This does not include **Vehicles** which have been converted to include cooking or sleeping facilities.

“Certificate of Insurance” - The document that names **You** as the **Policyholder** and sets out what this Policy covers **You** for. **Your** Certificate of Insurance will be updated and replaced whenever **You** make any changes to the Policy.

“Claims Administrator” - The company who will handle any claims on **Our** behalf. This is Orchard Administration Limited, Third Floor, Riverside House, 40-46 High Street, Maidstone, ME14 1JH United Kingdom. Orchard Administration red is a company registered in England & Wales (09028636).

“Dual Insurance” – is when someone is covered for the same risk more than once by different insurance policies.

“Excess” - The amount **You** pay towards a claim under **Your Motor Insurance Policy**, consisting of a compulsory amount set by **Your** motor insurer and a voluntary amount chosen by **You**.

“Imminent Claim” – An incident that could give rise to a claim under this Policy that **You** are aware or were aware of prior to the **Start Date** of this Policy that was to be, or had just been, reported under **Your Motor Insurance Policy**.

“Insurer” – Fortegra Europe Insurance Company SE has its registered office and principal place of business at Office 13, SOHO Office The Strand, Fawwara Building, Triq I-Imdsida, Gzira, GZR 1401, Malta (Malta Company registration number SE 17), is authorised under the Insurance Business Act 1998 of the laws of Malta to carry out general business of insurance, and is regulated by the Malta Financial Services Authority of Triq I-Imdina, Zone 1, Central Business District, Birkirkara, CBD 1010, Malta.

Fortegra Europe Insurance Company SE has a registered branch in the UK with its registered address at Fifth Floor, 20 Fenchurch Street, London, EC3M 3BY, (UK Brach registration number BR021916)

Together with its UK Branch, Fortegra Europe Insurance Company SE is authorised by the Prudential Regulation Authority, is subject to regulation by the Financial Conduct Authority, and limited regulation by the Prudential Regulation Authority. **Our** firm reference number is 805770.

Details about the extent of **Our** regulation by the Prudential Regulation Authority are available from **Us** on request. Annual reports on **Our** solvency and financial position can be found at <https://www.fortegra.eu/solvency-and-financial-condition-report/fortegra-europe-insurance-company-se>

“Motorcycle”- A two wheeled **Vehicle** powered by an electric or petrol engine designed to carry no more than two persons.

“Motorhome/Campervan” – A **Vehicle** up to 7.5T which includes fixed sleeping or cooking facilities.

“Motor Insurance Policy” – The insurance policy issued by an authorised and regulated UK motor insurer to **You** in respect of **Your Vehicle**.

“Named Driver(s)” Any driver(s) in addition to **You** who are permitted to drive **Your Vehicle** under the terms of **Your Motor Insurance Policy**.

“Period of Insurance” - The period for which this insurance is valid as stated in **Your Certificate of Insurance**.

“Permanent Resident” – The country where **You** are ordinarily resident for more than 6 months of the year and intend to remain, and where **You** pay tax and utilities.

“Policyholder” – The person named on the **Certificate of Insurance**.

“Registered Keeper” – The registered keeper is the person who is named on the V5C logbook who is responsible for the day-to-day upkeep, road tax, insurance and MOT of the **Vehicle**.

“Start Date” - The date that this insurance cover commences, as shown on **Your Certificate of Insurance**.

“Terrorism” - An act including, but not limited to, the use or threat of force and/or violence of any person or group(s) 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 similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Van” – A **Vehicle** with no more than three (3) seats, weighing up to 7.5T which is specifically designed to carry goods and not passengers (excluding trucks). This does not include **Vehicles** which have been converted to include cooking or sleeping facilities.

“Vehicle” – Means the motor vehicle insured under **Your Motor Insurance Policy** which **You** own or which **You** are authorised to drive.

“Waiting Period” – The first 14 days of the Policy. **You** cannot make a claim for any incident that occurs during this time. Claims cover begins after the waiting period has ended, provided all other Policy terms and conditions are met. The waiting period will not apply if the Policy is a renewal of an existing **Motor Excess Insurance** policy with Questor Insurance.

“War” – Means:

- a) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion assuming the proportions of, or amounting to, an uprising, military or usurped power, or
- b) Any act of **Terrorism**, or
- c) Any act of war or **Terrorism** involving the use of, or release of a threat to use, any nuclear weapon or device or chemical or biological agent.

“We, Us, Our” – The **Insurer** acting through the **Administrator**.

“You, Your” - The individual specified on the **Certificate of Insurance**.