

Confirmation of cover letter

The document which forms part of the motor insurance contract alongside which **you** have bought this policy. It contains **your** name and address and details of the **insured vehicle**.

Excess

The amount which **you** are required to pay under the terms and conditions of **your motor insurance policy** following a claim on that policy.

Insured vehicle

A private car or commercial vehicle which **you** are insured to drive under the **motor insurance policy**.

Motor insurance policy

The **motor insurance policy** that has been issued to **you** for the **insured vehicle**.

Period of cover

Cover under this policy will run alongside **your motor insurance policy** for a maximum of 12 months. If **you** arranged this policy after the start date of **your motor insurance policy** cover will be provided from the date **you** bought it and will end on the expiry date of **your motor insurance policy**, as detailed on **your confirmation of cover letter**.

Territorial limits

This policy only provides cover within the **United Kingdom**, unless cover on the **motor insurance policy** has been agreed to extend to Europe by the provider of **your motor insurance policy**.

United Kingdom

England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

We/us/our/insurer

Arc Legal Assistance on behalf of AmTrust Europe Limited.

You/your

The person named as the policy holder and any other named drivers in the **motor insurance policy**.