

Roofoods Limited t/a Deliveroo Group Policy Wording

This document contains the terms and conditions of the Temporary Total Disablement - Sickness Insurance Group Policy

CHUBB[®]

Contact Information

If you need details in Large Print, Braille, or Audio please call us on 0345 841 0056 for details.

If you have a hearing or speech impairment and would like to speak to us and have a textphone available, you can do so by using the Action on Hearing Loss Next Generation Text service. This is available 24 hours a day, seven days a week and allows customers to contact us via a Text Relay Operator who will relay instructions and other requests verbally to us. To use the Next Generation Text service, You must have access to a textphone or a smartphone with a compatible operating system, tablet, laptop or PC with an internet connection. To use the Next Generation Text service, just dial 18001 and then our number - once the call is connected, a Text Relay Operator will join the call to relay the message. Our responses will then appear as text on Your textphone, smartphone, tablet, laptop or PC. For the Next Generation Text service, please call 18001 0345 841 0056.

Calls may be recorded for training and quality purposes.

Customer Services

Phone +44 (0) 345 841 0056

Email cust.servuk@chubb.com

Claims

You can submit claims at: deliveroo.bikmo.com

Complaints

Phone +44 (0) 800 519 8026

Email customerrelations@chubb.com

Website www.chubb.com/uk

Insurer:

Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. Registered address: 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and with deemed variation of permission. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website (FS Register number 820988).

Contents

Insurance Agreement	3
Important Notes	4
Making a Claim	5
The Cover	6
Section 1 - Temporary Total Disablement - Sickness	6
General Exclusions	7
When Cover Starts and Ends	8
Group Policy Conditions	9
Complaints Procedures	11
Policy Definitions	12
Data Protection	16

Insurance Agreement

This Policy is underwritten by Chubb European Group SE.

The Policy pays benefits, in accordance with this Policy wording, in the event that **You** suffer **Sickness**, and has been made available to **You** through the **Group Policyholder** who is Roofoods Limited t/a Deliveroo.

The **Group Policy Schedule** and this Policy constitute the full terms and conditions of the insurance with **Us**.

Important Notes

Providing Information to You

At the beginning of each **Period of Insurance**, the **Group Policyholder** makes a copy of the Insurance Product Information Document (IPID) available to **You**, and will also make the Rider Policy wording and Policy Schedule available too at deliveroo.bikmo.com.

Eligibility

To be covered under this Policy, **You** must:

- be legally permitted to work in the **United Kingdom**; and
- be under the **Maximum Age Limit** at the **Start Date**; and
- have completed at least 30 orders for the **Group Policyholder** during the 8 weeks prior to **Your Temporary Total Disablement**

Scope of Cover

The Policy covers **Sickness**, unless it is the direct result of an **Accident**.

Policy Definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. All Policy definitions are applicable to this Policy as a whole, and are detailed on pages 12 to 14 in this Policy.

Making a Claim

Telling Us about Your Claim

If anything happens that may result in a **Claim** under this Policy, **You** must tell **Us** within 30 days of the **Sickness**, or as soon as reasonably possible after that. If **You** cannot do this, a personal representative can do this for **You**.

Please submit your claims deliveroo.bikmo.com

As an alternative you can contact **Us**:

Deliveroo Insurance Claims Team

Chubb

PO Box 1086,

Belfast, BT1 9ES

Phone +353 1 261 2123

Email deliverooclaims@ie.sedgwick.com

You should notify any **Claim** to **Us** as soon as is reasonably possible. If **You** delay notifying a **Claim** to **Us** and the delay prejudices **Us** in investigating or assessing **Your Claim**, this may impact the **Claim** being paid at all, or the amount of the **Claim** that is paid.

Information We may need about Your Claim

You or the **Group Policyholder** will at their own expense provide **Us** with such certificates, information and evidence as **We** may from time to time reasonably require in the form prescribed by **Us**, in order to action a relevant **Claim**. **We** will need to be sent any medical certificates or other documents, which **We** ask for. **We** will not pay for these.

Fraudulent Claims

We will not pay dishonest **Claims**. If **You** make a dishonest **Claim**, **We** may cancel **Your** cover.

Co-operation in the Claim Process

During and after any period of **Sickness**, **You** should obtain and follow the advice of a **Doctor**. **You** must agree to a medical examination if **We** ask for it. **We** will pay for this.

You may be required to meet with external third parties, approved by **Us**, to substantiate **Your Claim**.

Paying Claims

If **You** have a **Claim**, **We** will deal with it based on the cover details stated in **Group Policy Schedule** which is in force at the time of the **Sickness**.

All benefit payments on valid **Claims** will be paid in **GBP** and will be paid into **Your** bank account, or to the bank account of the payee set out below.

For all benefits **We** will pay the **Benefit Amount** or the assessed percentage to **You** and **Your** receipt will be a full discharge of all liability by **Us** in respect of the **Claim** for such **Benefit Amount** or the assessed percentage. If **You** are under 18 years of age, **We** will pay the **Benefit Amount** to **Your Parent or Legal Guardian**, for **Your** benefit. The **Parent or Legal Guardian's** receipt will be a full discharge of all liability by **Us** in respect of the **Claim** for such **Benefit Amount**.

The Cover

The type of cover and **Benefit Amount** is stated in the **Group Policy Schedule**, which is held by the **Group Policyholder**, and the Insurance Product Information Document (IPID), which is held by **You**. The cover applies during the **Effective Time** stated in the **Group Policy Schedule**.

Section 1 - Temporary Total Disablement - Sickness

If during a **Period of Insurance** and **Effective Time You** suffer a **Sickness** resulting in **Temporary Total Disablement** which lasts longer than the **Waiting Period**, **We** will pay the **Benefit Amount** stated in the **Group Policy Schedule** up to the maximum **Benefit Period**.

Specific Information for Section 1 – Temporary Total Disablement - Sickness

1. **We** will only pay up to two **Claims** per **Insured Person** under this Policy in any 12 month period
2. A **Waiting Period** applies to **Claims** paid under this section. In addition, to receive the **Benefit Amount**, **You** must have a Statement of Fitness to Work ('fit note') issued by a **Doctor**. Once **Your** period of **Sickness** has exceeded the **Waiting Period**, **We** will pay the **Benefit Amount** from the date of **Your** fit note. No **Benefit Amount** will be paid for any period of **Temporary Total Disablement** that is not covered by a fit note.
3. The **Waiting Period** will not apply in respect of a **Recurring Sickness** but the period for which benefit had already been paid for the previous period of disability will be taken into account in calculating the **Benefit Period**.
4. The **Waiting Period** must commence after the **Start Date** of cover.
5. If **You** have received benefit for **Temporary Total Disablement** for the maximum **Benefit Period** under this Policy, and **You** are still disabled and unable to return to work, the benefit for **Temporary Total Disablement** will cease. Cover may be reinstated without further evidence of health after **You** have returned to work for the **Group Policyholder** for a period of two consecutive months
6. The **Temporary Total Disablement** benefit will not be payable in respect of any day of holiday (including statutory Bank Holidays) for which payment is made by the **Group Policyholder** in full or in part. However, days of disability whilst on holiday will count towards the **Waiting Period**.

General Exclusions

We will not be liable for payment of any benefit for Temporary Total Disablement - Sickness, loss or expense due to:

- **War** or any act of **War**;
- suicide, attempted suicide or deliberate self-inflicted injury by **You** regardless of the state of **Your** mental health;
- **You** being a member of any armed forces or reserve armed forces whilst called out for active service;
- **You** engaging in any form of **Air Sports** or taking part in air travel, unless travelling as a fare-paying passenger in an aircraft which is provided and operated by an airline or air charter company which must be licensed for this;
- **Your** illegal acts;
- **Sickness** in any way caused by or resulting from an outbreak of infectious or contagious disease, which has been declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organisation (WHO).

This exclusion shall apply to **Claims** made after the date of any such declaration(s), other than where a relevant diagnosis has been made by a **Doctor** before the date of any such declaration(s). This restriction will continue to apply until the WHO cancels or withdraws any relevant PHEIC.

- **Sickness** directly or indirectly caused by or contributed to by or arising from:
 - a) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 - b) the radioactive toxic explosive or other hazardous properties of any nuclear assembly or nuclear component thereof;
- Any physical defect, infirmity or medical condition for which medical advice or treatment has been received, or should have been received, within the twelve months prior to **Your** start date of cover;
- **We** will not pay any **Claims** which would result in **Us** being in breach of United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America. **You** should contact **Our** Customer Services Team on 0345 841 0056 for clarification of Policy cover for travel to countries which may be subject to United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America. Applicable to US Persons only : Policy cover for a journey involving travel to/from/through Cuba will only be effective if the US Person's travel has been authorised by a general or specific licence from OFAC (US Treasury's Office of Foreign Asset Control). For any **Claim** from a US Person relating to Cuba travel, **We** will require verification from the US Person of such OFAC licence to be submitted with the **Claim**. US Persons will be deemed to include any individual wherever located who is a citizen or ordinarily resident in the United States (including Green Card Holders) as well as any corporation, partnership, association, or other organisation, wherever organised or doing business, that is owned or controlled by such persons.
- **We** will not be liable to make any payment under this Policy where **You** do not meet the Eligibility Criteria detailed on page 4 of this Policy.

When Cover Starts and Ends

Cover will begin on the **Start Date** or the date a person is included in this insurance through the **Insurance Arrangement**, whichever is the later.

A person's insurance cover will cease at midnight on the day that one of the following events occur:

- they no longer meet the description of **Insured Persons** contained in the **Group Policy Schedule**; or
- the end of the **Period of Insurance** in which they reach the **Maximum Age Limit**; or
- they choose to opt-out of cover under this Policy; or
- they die; or
- **We** terminate this Policy following the agreed notice period; or
- this Policy expires

whichever happens first.

Group Policy Conditions

Assignment

Subject to the Policy Condition headed 'Paying Claims', the benefits under this Policy may not be assigned or transferred by **You** or the **Group Policyholder** unless agreed by **Us** in writing.

Bank Charges

We will not be liable for any charges applied by the receiving bank for any transactions made in relation to a **Claim**.

Cancellation

If for any reason, **You** do not wish to continue with the cover under this Policy, **You** should contact the **Group Policyholder**.

We may cancel:-

- a) this Policy by giving 90 days written notice to the **Group Policyholder**. In the event of cancellation by **Us**, the **Group Policyholder** must notify **You** of such cancellation.
- b) **Your** cover, if **You** have knowingly provided incomplete, false or misleading information that **We** have asked for during the policy application process, at any time during the **Period of Insurance**, or in respect of a **Claim**. If this happens, **We** will give **You** 30 days written notice, via the **Group Policyholder**.

Changing Cover

The **Group Policyholder** may, during the **Period of Insurance**, add or delete **Insured Persons** from the Policy through **Declarations**. The **Group Policyholder** may not make any other changes to this Policy except where specifically agreed in writing by **Us**.

We reserve the right to make changes, add to the Policy terms and/or to change the total amount payable for this insurance for legal, regulatory or taxation reasons. If this happens, **We** will write to the **Group Policyholder** with details of the changes at least 30 days before **We** make them. It is the **Group Policyholder's** responsibility to inform **You** of such changes. Any changes **We** make will be the same for all **Insured Persons** under the Policy. **We** will not make changes that only apply to a particular **Insured Person**, other than as stated in part b) of Cancellation above.

Choice of Law

This Policy, and any non-contractual obligation arising out of or in connection with it, will be governed by and construed in accordance with the laws of England and Wales and the English Courts alone will have jurisdiction in any dispute. All communication in connection with this Policy will be in English.

Compliance with Policy Requirements

The **Group Policyholder** (and where relevant the **Group Policyholder's** representatives) and **You**, will comply with all applicable terms and conditions specified in this Policy. If they or **You** do not comply, **We** reserve the right not to pay a **Claim**.

Contracts (Rights of Third Parties) Act

The Contracts (Rights of Third Parties) Act 1999, or any amendment to it will not apply to this Policy. Only **We** and the **Group Policyholder** can enforce the terms of this Policy. No other party may benefit from this contract as of right. This Policy may be varied or cancelled without the consent of any third party.

Misrepresentation and Non-Disclosure

The **Group Policyholder** and, where applicable, **You** must ensure that all of the information provided to **Us** in the Application Form, on the **Declaration**, by correspondence, over the telephone, on claim forms and in other documents is true, complete and accurate. Please note that providing incomplete, false or misleading information could affect the validity of this Policy and may mean that all or part of a **Claim** may not be paid. The **Group Policyholder** acknowledges that **We** have offered the Policy and calculated the premium using the information which **We** have asked for and the **Group Policyholder** has provided, and that any change to the responses provided may result in a change in the terms and conditions of the Policy and/or a change in the premium.

Interest

No sum payable by **Us** under this Policy will carry interest unless payment has been unreasonably delayed by **Us** following receipt of all the required certificates, information and evidence necessary to support the **Claim**. Where interest becomes payable by **Us**, it will be calculated only from the date of final receipt of such certificates, information or evidence.

Other Taxes and Costs

We are required to notify **You** and the **Group Policyholder** that other taxes or costs may exist which are not imposed or charged by **Us**.

Complaints Procedures

We are committed to providing a high quality service and want to maintain this at all times.

If **You** have a complaint about the sale or provision of this insurance please contact the **Group Policyholder** or the intermediary that arranged the policy on behalf of the **Group Policyholder**.

If **You** or the **Group Policyholder** are not happy with **Our** claims service, or any other service that **We** have provided, please contact **Us**, quoting the Policy details, so that **We** can deal with the complaint as soon as possible. **Our** contact details are:

The Customer Relations Manager,
Chubb
PO Box 682,
Winchester, SO23 5AG

Phone +44 (0) 800 519 8026
Email customerrelations@chubb.com

You may be able to approach the Financial Ombudsman Service for assistance if there is dissatisfaction with **Our** final response or after eight weeks from making the complaint if not resolved satisfactorily. Any approach to the Financial Ombudsman Service must be made within six months of **Our** final response.

Contact details are given below. A leaflet explaining the procedure is available on request.

The Financial Ombudsman Service,
Exchange Tower, Harbour Exchange Square,
London, E14 9SR

Phone +44 (0) 800 023 4 567 (Monday to Friday – 8am to 8pm, Saturday – 9am to 1pm) Calls are free from a UK landline or mobile.
Phone +44 (0) 300 123 9 123 Calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs.
Email complaint.info@financial-ombudsman.co.uk
Website www.financial-ombudsman.org.uk

Following this complaints procedure does not affect **Your** statutory rights relating to this Policy. For more information about statutory rights, **You** should contact Citizens Advice.

Policy Definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. Plural forms of the defined words have the same meanings as the singular form. The following definitions apply to this Policy as a whole.

Accident and Accidental

A sudden identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

Air Sports

Airborne leisure activities, for example:

- ballooning;
- bungee-jumping;
- gliding;
- hang-gliding;
- micro lighting;
- parachuting;
- paragliding; or
- parascending.

Benefit Amount

The maximum amount **We** will pay stated in the **Group Policy Schedule**.

Benefit Period

The maximum consecutive period for which a **Benefit Amount** is payable as stated in the **Group Policy Schedule**. The **Benefit Period** commences once the **Waiting Period** has been exceeded.

Claim

A single occurrence of **Sickness** insured by this Policy.

Declarations

The information supplied to **Us** by the **Group Policyholder** confirming **Your** up to date details and the premium due to **Us**.

Doctor

A doctor or specialist registered or licensed to practice medicine under the laws of the country in which they practice who is neither:

- **You**; or
- one of **Your** relatives unless approved by **Us**.

Effective Time

When and where the insurance provided by this Policy applies as specified in the **Group Policy Schedule**.

GBP/£

United Kingdom pounds sterling.

Group Policy Schedule

The document issued to the **Group Policyholder** by **Us**, detailing **Your** cover and other important information.

Group Policyholder

The person, firm, company or organisation named in the **Group Policy Schedule**.

Insurance Arrangement

The process by which an **Insured Person** has been added to this insurance operated by the **Group Policyholder**.

Insured Person

Any person or category of persons shown in the **Group Policy Schedule** and who is also specified in the **Declarations** as appropriate.

Maximum Age Limit

The age stated in the description of **Insured Persons** in the **Group Policy Schedule** when cover for an **Insured Person** will cease.

Parent or Legal Guardian

A parent or a legal guardian with parental responsibility, or a legal guardian, both being in accordance with the Children Act 1989 and any statutory amendment modification or re-enactment of it.

Period of Insurance

As set out in the “Period of Insurance” section on the **Group Policy Schedule** commencing at 00.01 hours on the earliest date stated and expiring at midnight on the latest date stated.

Recurring Sickness

A **Sickness** for which You claim the Temporary Total Disablement - Sickness benefit for a period after which **You** return to work but within sixty days are temporarily disabled again from the same or a related illness.

Sickness

A **Sickness** or **Recurring Sickness** diagnosed and treated by a **Doctor** which first manifests itself or is contracted during the **Period of Insurance** and which solely and independently of any other cause within twelve calendar months of manifesting itself or being contracted results directly in **Your** Temporary Total Disablement – Sickness.

Start Date

The date specified in the **Group Policy Schedule** showing when the insurance will start for the **Group Policyholder**.

Temporary Total Disablement

Temporary disablement due to a **Sickness** which completely prevents **You** from undertaking each and every function of **Your** usual occupation with the **Group Policyholder**.

United Kingdom

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

Waiting Period

The period stated in the **Group Policy Schedule** at the beginning of **Temporary Total Disablement** during which benefits are not payable until the period has been exceeded. Thereafter, benefits will be payable back to the first day of **Your** **Temporary Total Disablement**, or the date of **Your** Statement of Fitness to Work (‘fit note’), whichever is the later.

War

Armed conflict between nations, invasion, act of foreign enemy, civil war, or taking power by organised military force.

We, Our, Us

Chubb European Group SE.

You, Your

The **Insured Person**.

Our Regulators

Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. Registered address: 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and with deemed variation of permission. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website (FS Register number 820988).

Financial Services Compensation Scheme

In the unlikely event of **Us** being unable to meet our liabilities, **Insured Persons** who are located in the UK, Channel Islands, Isle of Man or Gibraltar (or who have risks located in these jurisdictions) may be entitled to compensation under the Financial Services Compensation Scheme.

Further information can be obtained from the Chubb European Group SE or from the Financial Services Compensation Scheme at the following address:

Financial Services Compensation Scheme
PO Box 300
Mitcheldean
GL 17 1DY

Phone 0800 678 1100 or 020 7741 4100

On-Line Form <https://claims.fscs.org.uk/>

Website www.fscs.org.uk

Data Protection

The Personal Information You provide

We use personal information which the **Group Policyholder** supplies to **Us** or, where applicable, the **Group Policyholder's** insurance broker, in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as **Your** name, address, and policy number, but may also include more detailed information about **You** (for example, your age, health, details of assets, claims history) where this is relevant to the risk **We** are insuring, services **We** are providing or to a claim the **Group Policyholder** or **You** are reporting.

We are part of a global group, and **Your** personal information may be shared with its group companies in other countries as required to provide coverage under this policy or to store **Your** information. **We** also use a number of trusted service providers, who will also have access to **Your** personal information subject to **Our** instructions and control.

You have a number of rights in relation to their personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how we use personal information. For more information, **We** strongly recommend the **Group Policyholder** and **You** read its user-friendly Master Privacy Policy, available here: <https://www2.chubb.com/uk-en/footer/privacy-policy.aspx>. The **Group Policyholder** and **You** can ask us for a paper copy of the Privacy Policy at any time, by contacting **Us** at dataprotectionoffice.europe@chubb.com.

Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. Registered address: 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and with deemed variation of permission. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website (FS Register number 820988).

Contact Us

Chubb

UK Business address:
100 Leadenhall Street
EC3A 3BP
London
Phone +44 20 7173 7000
Website www.chubb.com/uk

About Chubb

Chubb is the world's largest publicly traded P&C insurance company and the largest commercial insurer in the U.S. With operations in 54 countries and territories, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. We combine the precision of craftsmanship with decades of experience to conceive, craft and deliver the very best insurance coverage and service to individuals and families, and businesses of all sizes.

Chubb is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. The company serves multinational corporations, mid-size and small businesses with property and casualty insurance and risk engineering services; affluent and high net worth individuals with substantial assets to protect; individuals purchasing life, personal accident, supplemental health, homeowners, automobile and specialty personal insurance coverage; companies and affinity groups providing or offering accident and health insurance programs and life insurance to their employees or members; and insurers managing exposures with reinsurance coverage.

Chubb Limited, the parent company of Chubb, is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index.

Chubb. Insured.SM