DUPI

SMABTP Group

COMPLAINTS HANDLING POLICY

COLOPHON

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Complaints Handling Policy DUPI Group

This Complaints Handling Policy [hereinafter: "Policy"] applies to DUPI Group B.V. and its subsidiaries [hereinafter: "DUPI"] and is applicable to all lines of business and all distribution channels.

The Policy was approved by the DUPI Group Management Team [hereinafter: "MT"].

1. Purpose and Scope

DUPI is committed to delivering high-quality professional services with honesty, integrity, and transparency. This Policy sets out the principles and procedures for receiving, recording, investigating, and resolving complaints. It ensures that complaints are handled fairly, consistently, transparently, and in a timely manner, in accordance with applicable laws and regulations as well as relevant market standards (including the Lloyd's Code for Complaints Handling and jurisdiction-specific requirements).

Definitions, complaint procedures, timelines, reporting obligations, and escalation rights (EDR) may differ by country. DUPI always follows the applicable local rules and—where Lloyd's business is concerned—the Lloyd's requirements and Crystal guidance. Where these differ, local rules take precedence over general rules.

2. Governance[1], Responsibilities & Training

The MT holds overall responsibility for this Policy framework and ensures that DUPI maintains a robust and effective complaints-handling environment.

The Senior Compliance Officer ["hereinafter: "CO"] oversees the end-to-end handling of complaints, including the administration of the Complaints Register, the preparation of management information (MI) reports, and the coordination of regulatory and Lloyd's-related notifications.

All employees are required to report any complaint—whether made orally or in writing—immediately to the CO and to adhere strictly to this Policy.

In line with Article 10 of the Insurance Distribution Directive (IDD), DUPI ensures that relevant staff participate in continuous professional development and awareness programmes, including training on complaint-handling processes and requirements.

[1] Complaints Handling Governance Structure is attached to this Policy as Annex III

3. Definitions & Jurisdictional Variations

3.1 Complaint

A *complaint*[2] is defined as:
"Any oral or written expression of dissatisfaction, whether justified or not, regarding the provision of, or failure to provide, a financial service, alleging financial loss, material distress, or material inconvenience."

Please note that legal definitions may vary by jurisdiction, and the local definition always prevails. For Lloyd's business, the relevant country-specific definitions can be found in Lloyd's Crystal and the accompanying jurisdiction profiles.
https://www.lloyds.com/crystal[3]

3.2 Complainant

The term *complainant* also varies per jurisdiction.
In the Netherlands consumers and small businesses (SMEs) are permitted to submit complaints against financial service providers. No distinction is made between specific legal complainant categories as is the case in the UK (such as micro-enterprises, trusts, or charities). Instead, it applies the following general classifications:

- Consumers (natural persons acting outside their trade or profession)
- Small businesses (SMEs), provided they fall within the scope of the KiFiD regime

For UK-related matters, the FCA uses the classification "eligible complainant", which can include consumers, micro-enterprises, small businesses, certain charities, and specific trusts.

Definitions for other jurisdictions can be found at https://www.loyds.com/crystal .

3.3 Vulnerable Customers

DUPI operates primarily as a business-to-business Managing General Agent (MGA) and distributes insurance products through professional insurance intermediaries. Accordingly, DUPI does not generally have direct dealings with retail customers and considers the risk of interacting with vulnerable customers to be limited.

Notwithstanding the above, DUPI recognises that individuals associated with a complaint, insured risk, or customer relationship may, in certain circumstances, be vulnerable due to personal, health, financial or other

[2] For the Netherlands, any expression of dissatisfaction qualifies as a complaint. The references to financial loss, material distress or material inconvenience are illustrative only and do not constitute a threshold for complaint registration. Where local requirements differ, the local definition shall prevail.

[3] You can find the relevant information by selecting a country and open the sections:

- Complaints/Claims & Complaints
- Regulatory Requirements
- Policyholder Rights

factors that may affect their ability to engage effectively in communications or decision-making.

Where DUPI becomes aware, or reasonably believes, that an individual involved in a complaint may be vulnerable, DUPI will take reasonable steps to ensure that the individual is treated fairly and that communications are clear, appropriate and accessible. Such measures may include:

- providing information in a clear and understandable manner;
- allowing additional time for responses where appropriate;
- accepting assistance from an authorised representative where permitted;
- taking individual circumstances into account when handling communications and complaints.

Any concerns regarding potential vulnerability should be referred to the Senior Compliance Officer for guidance. Employees involved in complaint handling are expected to exercise appropriate care, judgement and sensitivity in such cases.

The existence of vulnerability does not alter applicable legal, regulatory or contractual requirements but will be taken into consideration when communicating with and assisting the individual concerned.

4. How to make a complaint

Complaints may be submitted in person, by phone, letter, or e-mail. We recommend contacting your DUPI representative or Compliance:

DUPI Group B.V.
Blaak 16, 3011 TA Rotterdam, The Netherlands
Tel: +31 10 790 1555 | E-mail: compliance@dupi.com

Policy (public[4]): https://dupi.com/complaints-handling/

5. DUPI Baseline Complaints Procedure (All Jurisdictions)

- Acknowledgement: DUPI will acknowledge receipt of the complaint within two working days.
- Initial assessment: DUPI aims to resolve the complaint within three working days; if this is not possible, the DUPI Management Team [MT] will be informed.
- Independent Complaint Handler: a suitably senior Complaint Handler, who has not been involved in the matter, will be appointed. The Complaint Handler will operate under the supervision of the Sr Compliance Officer (CO) and the relevant business manager.
- Written update: within five working days of receiving the complaint, DUPI will provide a written update explaining the process and indicating the expected date of the final response. Where a substantive response cannot be provided within two weeks of receipt, for example due to the complexity of the complaint or the need for additional investigation, DUPI will inform the complainant of the reasons for the delay and indicate when a substantive response can be expected.
- Misrouted complaints: if the complaint does not relate to a DUPI service, the complainant will be informed within five working days and, where possible, directed to the appropriate party.
- Investigation: additional information may be requested from the complainant. DUPI will inform the complainant of any delays that may affect the expected resolution timeline.
- Final response: a final response will be provided by the date indicated in the initial acknowledgement. Where a delay is unavoidable, DUPI will issue a written explanation together with a revised deadline. For complaints relating to the Dutch portfolio, a substantive response to a complex complaint will be provided as soon as reasonably possible and no later than twelve weeks after receipt of the complaint. The final response shall be approved by the Senior Compliance Officer, who may consult the relevant business manager where necessary.
- Closure: a complaint will be considered closed when a final response has been issued and either:
  - The complainant has provided written acceptance, or
  - No further response has been received within six weeks following the final response.
- Retention: all complaint-related documentation will be retained for a minimum of three years.
- Register: all complaints will be recorded in the Complaints Log by the CO.

Additional Requirements for the Dutch Portfolio[5]

1. Complaint definition
2. For the Dutch portfolio, any expression of dissatisfaction qualifies as a complaint and must be registered in the Complaints Log. References to financial loss, material distress or material inconvenience are illustrative only and do not constitute a threshold for complaint qualification or registration.
3. Complaints handling timelines
4. Where a substantive response cannot be provided within two weeks following receipt of the complaint, for example due to the complexity of the complaint or the need for additional investigation, DUPI will inform the complainant of the reasons for the delay and

[4] Website version attached to the Policy as Annex I.

[5] As per Code of Conduct for Complaints Handling of the Dutch Association of Insurers, attached to this Policy as Annex IV.

indicate when a substantive response can be expected.

5. A substantive response to a complex complaint will be provided as soon as reasonably possible and no later than twelve weeks after receipt of the complaint.
6. The existence of legal proceedings or the involvement of legal representatives does not automatically suspend the complaints handling process unless legal or regulatory requirements dictate otherwise.
7. The existence of legal proceedings, or the involvement of legal representatives, does not automatically suspend the complaints handling process or the applicable complaint handling timelines. DUPI will continue to investigate and respond to the complaint unless legal or regulatory considerations require a different approach.

Complaint-handling Authority

- If DUPI does not hold complaint-handling authority as specified in the relevant Delegated Authority Agreement (DAA), DUPI will not issue any substantive response to the complainant.
- Instead, DUPI will forward the complaint without delay (no later than two business days) to the appropriate Managing Agent by email, with the CO copied on the communication.

6. Lloyd's Syndicated Business – International Complaints

For Lloyd's business, DUPI follows:

- The Lloyd's Code for Complaints Handling (Y5340) and relevant Market Bulletins.
- Lloyd's International Policyholder Complaints Handling processes.
- Lloyd's Crystal for country-specific rules, EDR rights, and timelines.

Key points:

- Local rules prevail definitions, timelines, processes, and EDR options differ per country.
- Notification obligation: international complaints must be reported to Lloyd's via complaintsnotification@lloyds.com using the correct notification template; a copy of the complaint and the response must be sent within 2 business days after sending the reply to the complainant.
- No authority? If the BAA does not grant complaints authority DUPI will immediately (and no later than 2 business days) forward the complaint to the lead Managing Agent; DUPI will not respond substantively to the complainant without instruction.

7. Non-Lloyd's (Non-Syndicate) Complaints

For non-Lloyd's business, DUPI follows local legislation (e.g., within the EEA: the *EIOPA Guidelines* plus the national regulatory framework) and the relevant out-of-court redress rules.

Netherlands (example): consumer complaints may be submitted to KiFiD; timelines and admissibility must follow the KiFiD regime. (See CH11 for current contact details.)

Please note: EDR mechanisms may differ per EEA country.

8. United Kingdom – FCA DISP & FOS (Lloyd's & Non-Lloyd's)

For UK business the following applies:

- Definitions & Scope: UK DISP rules for complaint handling (eligible complainant, fair handling, records, time limits).

• Time limits:
o 8 weeks for most complaints (final response or holding letter); 15/35 business days for PSD/EMD complaints.
o FOS referral: within 6 months of the final response (unless FCA/FOS exceptions apply).

- Lloyd's UK: follow Y5340 and the associated guidance notes (step 1 with the underwriter; step 2 with Lloyd's where applicable).

9. EEA – Lloyd's Europe (LIC)

For EEA policies falling under Lloyd's Europe, DUPI applies the Lloyd's Europe *Operational Guidance – Complaints Handling*, together with local EDR rules and country-specific requirements.

Notifications will be made through the channels/addresses designated by Lloyd's Europe. Consult Lloyd's Europe for the relevant forms, notification procedures, and EDR information for each EEA country.

10. Canada – Lloyd's Complaints (processus spécifique)

Complaints relating to policies underwritten through Lloyd's and covering Canadian business shall be handled in accordance with applicable Canadian consumer protection requirements, the Lloyd's Underwriters' Policyholders' Complaint Protocol and any applicable delegated authority requirements.

DUPI will acknowledge, investigate and handle complaints in accordance with this Complaints Handling Procedure and, where applicable, in cooperation with the relevant Lloyd's underwriter and Lloyd's Canada.

Where a complaint cannot be resolved through DUPI's standard complaints process or where escalation is required under Lloyd's requirements, the complaint shall be referred to the appropriate Lloyd's representative.

Policyholders retain the right to access applicable external dispute resolution mechanisms in Canada.

The detailed Lloyd's Canada complaint escalation process, contact details and information regarding external dispute resolution bodies are set out in Annex VI Lloyd's Canada Policyholders' Complaint Information Notice.

This Annex forms part of this Procedure and shall be reviewed whenever Lloyd's issues updated complaints handling requirements or revised customer communications.

11. Referral Rights

If you remain dissatisfied after receiving DUPI's final response, you may have the right to escalate your complaint to an independent dispute resolution body (EDR). The applicable EDR depends on the country in which you reside and on the type of policy (Lloyd's or non-Lloyd's).

DUPI will always include the relevant EDR details and referral deadlines in the final response.
Because definitions, procedures, timelines, and escalation rights differ per jurisdiction, DUPI will always follow local complaint-handling rules and—where Lloyd's policies are concerned—the Lloyd's Code for Complaints Handling and the requirements set out in Lloyd's Crystal.

11.1 Netherlands – KiFiD (Klachteninstituut Financiële Dienstverlening)

Consumers and certain small businesses may refer their complaint to KiFiD in accordance with Dutch rules.

Contact details:

- Visitor address: Monarch Tower, Prinses Beatrixlaan 5, 2595 AK Den Haag
- Postal address: Postbus 93257, 2509 AG Den Haag
- Telephone: +31 (0)70 – 333 8 999

Website: www.kifid.nl

11.2 United Kingdom – Financial Ombudsman Service (FOS)

For UK-related complaints, "eligible complainants" under FCA DISP may refer their complaint to the Financial Ombudsman Service within the prescribed six-month period.

Contact details:

- Address: Financial Ombudsman Service, Exchange Tower, London E14 9SR, United Kingdom
- Phone (UK): 0800 023 4567
- Phone (outside UK): +44 20 7964 0500
- Email: complaint.info@financial-ombudsman.org.uk
- Website: www.financial-ombudsman.org.uk

11.3 Canada – GIO / AMF (for Lloyd's Policyholders)

For complaints relating to Lloyd's policies in Canada, customers may be eligible for escalation through one of the following bodies:

General Insurance OmbudService (GIO)
Provides independent dispute resolution for insurance customers throughout Canada.

- Telephone: 1-877-225-0446
- Website: www.giocanada.org

Autorité des marchés financiers (AMF) – Québec For customers residing in Québec, complaints may be escalated to the AMF in accordance with provincial law.
Toll Free: +1 877 525 0337
Québec: +1 418 525 0337
Montréal: +1 514 395 0311
Website: www.lautorite.qc.ca

11.4 EEA (European Economic Area) – Lloyd's Europe

For EEA policyholders whose policies fall under Lloyd's Insurance Company S.A. (Lloyd's Europe), complaints may be escalated in accordance with the country-specific rules published by Lloyd's Europe. These include local EDR bodies for each EEA member state.

Details for all EEA countries, including complaint procedures and EDR contacts, are provided by Lloyd's Europe.
Relevant documentation is available through Lloyd's Europe's complaints handling resources.
[commission.europa.eu]

11.5 Other Jurisdictions – Lloyd's Crystal

For all other countries, the applicable EDR body depends on the local regulatory framework.

Lloyd's provides official country-by-country information—including:

- local definitions of a complaint,
- eligibility criteria for complainants,
- timelines and procedural requirements,
- EDR contact details,
- and mandatory disclosures—

through Lloyd's Crystal, the authoritative source for international Lloyd's regulatory requirements. Lloyd's Crystal: https://www.lloyds.com/crystal

DUPI will follow the rules specified in the relevant Crystal profile and inform the complainant accordingly.

11.6 Important Note on Complaint Authority (Delegated Authority)

Where DUPI does not have complaint-handling authority under the applicable Delegated Authority Agreement, DUPI will refrain from issuing a substantive response. In such cases, the complaint will be forwarded without delay, and no later than two business days, to the appropriate Managing Agent, with the Compliance Officer copied.

12. Data Protection

DUPI processes personal data for the purpose of handling complaints in accordance with the GDPR and applicable national privacy legislation. Only the minimum necessary data is collected, strictly for the intended purpose, and subject to appropriate retention periods and security measures.

13. Access to Complaint Files

Upon request, the complainant may inspect the contents of their complaint file. This right forms part of DUPI's complaint handling process and is separate from any rights the complainant may have under applicable data protection legislation. Access may be limited where necessary to protect confidential information, legally privileged material, or the rights of third parties.

14. Record Retention

Complaint files and related communications are retained for a minimum of three years, or longer where required by local legislation or prescribed by Lloyd's or the relevant supervisory authority.

15. Review

This Policy is reviewed annually by the CO (or earlier if legislation or Lloyd's requirements change) and submitted to the MT for approval.

ANNEX I

Complaints Handling Policy DUPI [website version]

Complaints at DUPI – We're Here to Help

At DUPI, we aim to deliver excellent and transparent service. If something has not met your expectations, please let us know — we are committed to putting things right quickly and fairly.

How to Contact Us

You can submit your complaint in the way that suits you best:
Email: compliance@dupi.com
Phone: +31 10 790 1555
Address: Blaak 16, 3011 TA Rotterdam, The Netherlands
We will confirm receipt within 2 working days and keep you informed throughout the process.

If You're Not Satisfied with Our Final Response

Depending on where you live or where your policy is placed, you may escalate your complaint to an independent dispute resolution body (EDR).

Netherlands – KiFiD

Monarch Tower, Prinses Beatrixlaan 5, 2595 AK The Hague
Tel: +31 (0)70 – 333 8 999
www.kifid.nl

United Kingdom – Financial Ombudsman Service (FOS)

Exchange Tower, London E14 9SR
Tel UK: 0800 023 4567
Tel international: +44 20 7964 0500
complaint.info@financial-ombudsman.org.uk
www.financial-ombudsman.org.uk

Canada – General Insurance OmbudService (GIO)

Toll-free: 1-877-225-0446
www.giocanada.org
(For Québec residents, escalation may be possible through the AMF.)

Policies Underwritten by Lloyd's

For Lloyd's policies, complaint rules differ by country.
Lloyd's provides up-to-date guidance and local EDR details here:
Lloyd's Crystal: https://www.lloyds.com/crystal

If DUPI is not authorised to handle your complaint under the Delegated Authority Agreement, we will forward it to the correct Lloyd's Managing Agent and inform you immediately.

Your Privacy

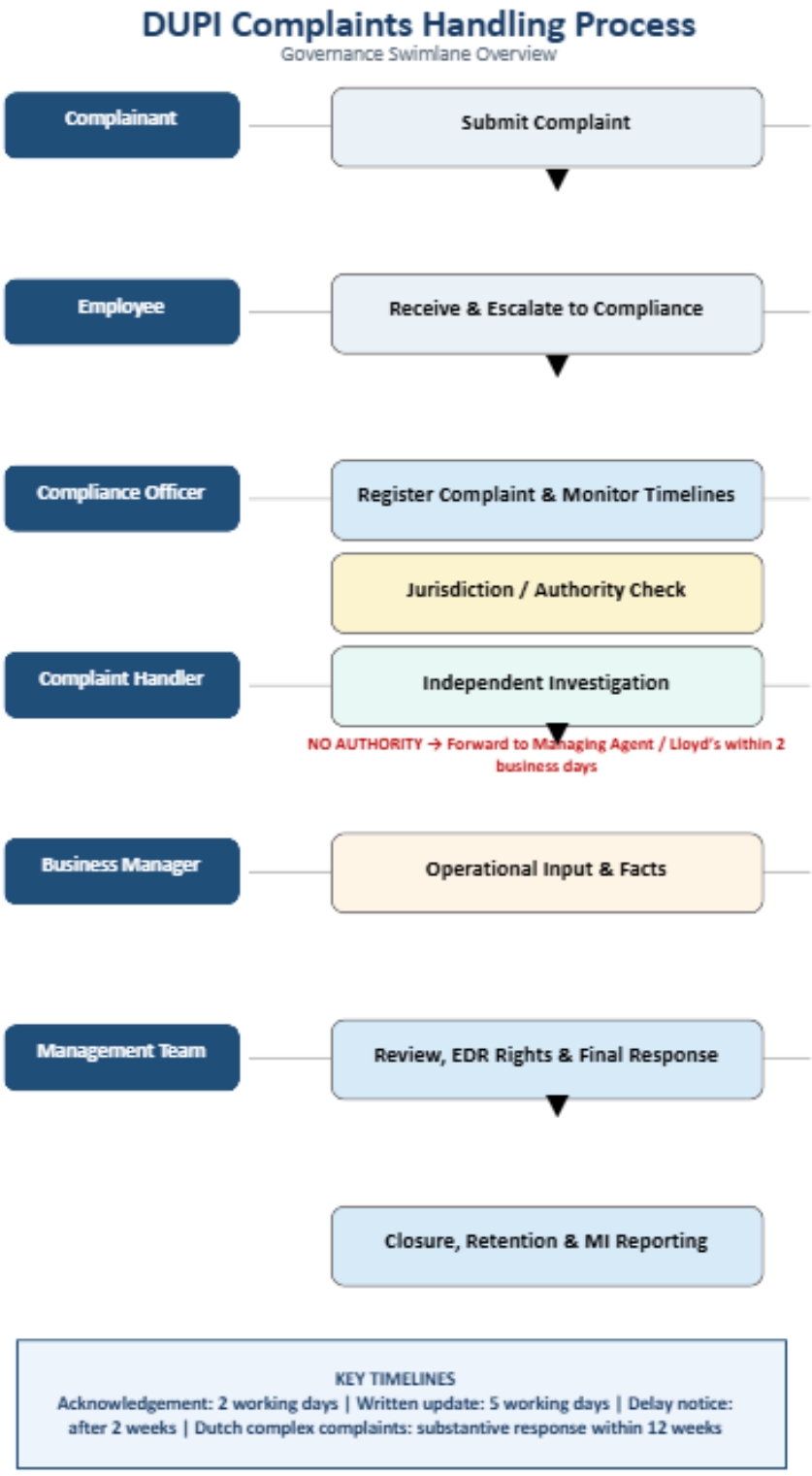
We handle all personal information securely and in line with GDPR and local privacy regulations.

ANNEX II: Managing Agent Referral (No Complaint Authority in DAA)

If the Binding Authority Agreement stipulates that DUPI does not have complaints-handling authority, the following procedure applies:

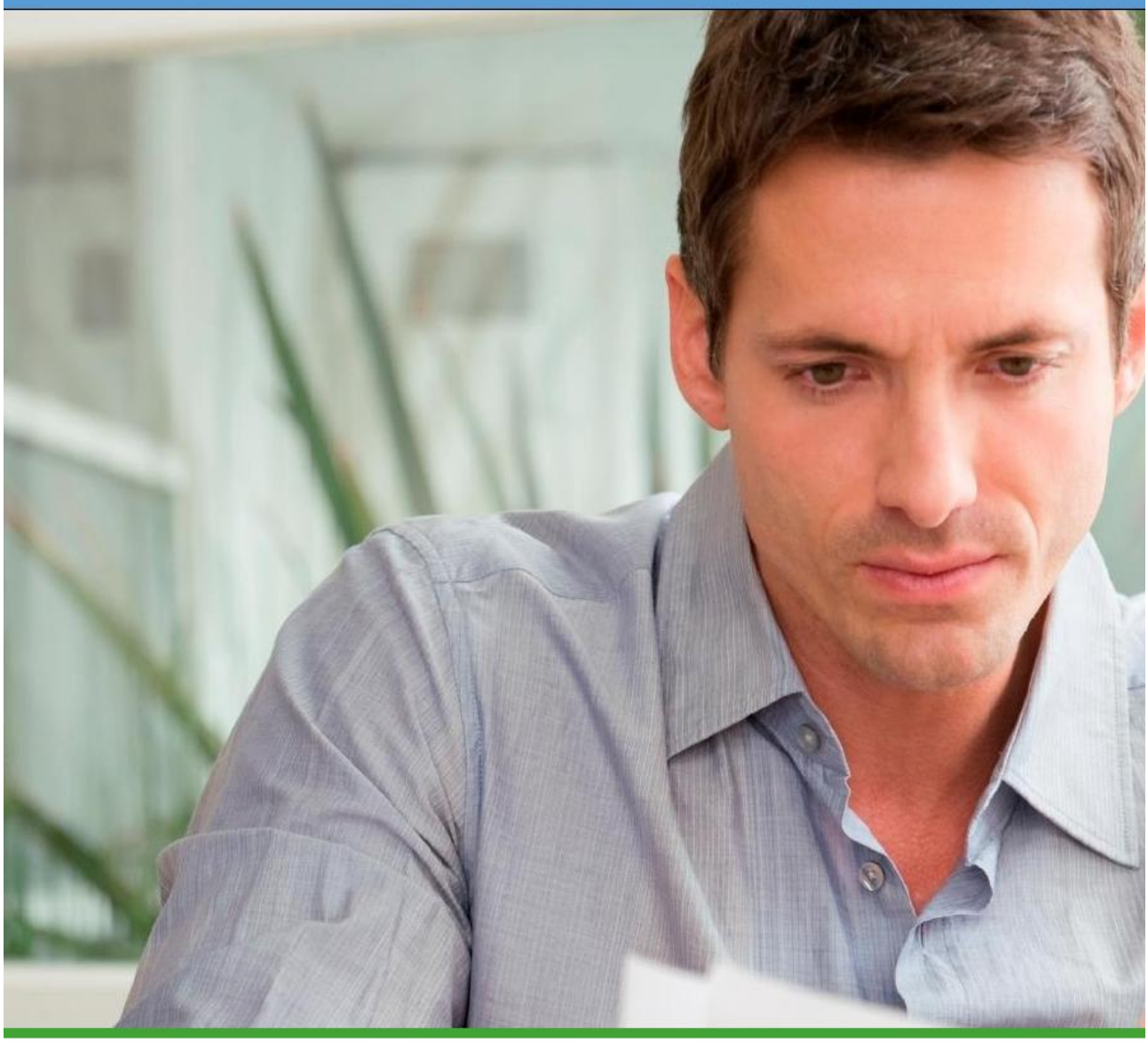
- The matter must be reported internally to the Senior Compliance Officer within one business day, including the case reference number.
- Within two business days, the complaint and all related documentation must be forwarded by email to the Lead Managing Agent, with the Senior Compliance Officer copied in.
- DUPI will not engage in any substantive correspondence with the complainant unless explicitly instructed to do so by the Managing Agent.
- For Lloyd's business, a simultaneous notification must be made in accordance with Lloyd's requirements (see §6).

ANNEX III: Complaints Handling Governance Structure



ANNEX IV: Code of Conduct for Complaints Handling [Dutch Association of Insurers]

Code of Conduct for Complaints Handling 2024



VERBOND VAN VERZEKERAARS

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Introduction

As a trade association representing non-life, income and life insurers, the Dutch Association of Insurers promotes customer-focused service provision by insurers. To this end, the Dutch Association of Insurers draws up, amongst other things, codes of conduct and guidelines. The code of conduct before you encourages a customer-focused approach to handling complaints. It sets out the minimum you can expect from your insurer once you have lodged a complaint.

About this code of conduct

1. The official name of this scheme is: Code of Conduct for Complaints Handling.

2. The scheme came into force on 1 July 2020, with a term of 12 months. Amendments were made to it on 1 July 2024, with effect from 1 July 2024. At the end of this period, we will automatically renew the scheme for the same period, unless we agree otherwise.

1 Article 1: What does ... mean?

1.1 Insurer

The insurer is the company that offers the insurance policies and arranges the payments made under them.

1.2 Customer

In this code of conduct, we use the term 'customer' to refer to the policyholder, the insured person, the beneficiary and/or the surviving relative. This is the person who is entitled to a benefit or compensation from the insurer. In this code, we refer to the customer as 'you'.

1.3 Complaint

A complaint is defined as any expression of dissatisfaction between the customer (you) and your insurer.

1.4 Complaints handler

The complaints handler is someone who works for or on behalf of the insurer and who handles your complaint on that insurer's behalf.

1.5 Complaints file

The complaint file is the (digital) folder in which your complaints handler collects information about your complaint. This file contains the information needed to handle your complaint. Article 7 sets out the minimum information that must be included in your complaint file.

1.6 Complaints procedure

The complaints procedure is the process by which the insurer handles your complaint. The complaints procedure sets out, step by step, what your insurer must do with your complaint. The complaints procedure is available on the insurer's website.

2 Article 2 What is the purpose of this code of conduct?

The aim of this code of conduct is to encourage a customer-focused approach to handling complaints. The code clarifies what you can expect from your insurer when you lodge a complaint.

3 Article 3 To whom does this code of conduct apply?

This code of conduct applies to members of the Dutch Association of Insurers. Is your insurer a member? If so, we expect them to comply with the rules on complaint handling set out in this code of conduct. This concerns the handling of complaints from consumers, but also from business parties with the same level of knowledge about insurance as consumers, should they wish to take out insurance based on standard terms and conditions. In addition, your insurer must ensure that its complaints handlers are familiar with the contents of this code of conduct.

4 Article 4 How can you lodge a complaint?

Your insurer sets out the complaints procedure on its website. This will always include:

- how to lodge a complaint;
- the manner in which your complaint will be handled, as set out in Article 6 of this code of conduct;
- the timeframe within which your complaint will be dealt with and a response provided, as set out in Article 6 of this code of conduct. If your insurer's response time is shorter than that specified in Article 6, it must state the shorter timeframe on its website;
- what you can do if you are not satisfied with the way your complaint has been handled, as set out in Article 8 of this Code of Conduct.

Your insurer's policy terms and conditions must also state that you can lodge a complaint and how to do so. Your insurer will make it easy for you to lodge a complaint.

5 Article 5 Who handles your complaint?

Every insurer has one or more complaints handlers. They will deal with your complaint. The complaints handler has not been involved in the matter you are complaining about.

Has your complaint already been dealt with? If so, the complaints handler does not need to deal with it again. The same applies if your complaint relates to a dispute that is being or has been dealt with by the Financial Services Complaints Institute (Kifid) or another dispute resolution body, or by a civil court. You will receive a notification from your insurer if they do not handle your complaint for one of these reasons.

6 Article 6 How will your complaints handler deal with your complaint?

Has your insurer received your complaint? If so, your complaints handler will deal with it carefully. In doing so, we expect the following:

- The complaints handler takes you seriously and discusses with you how you can resolve the complaint. In doing so, they will ask, amongst other things, what solution you would like.
- The complaints handler will clearly explain the steps they will take to handle your complaint. You will have been informed, either verbally or in writing, of what these steps are.
- The complaints handler will explain why they are upholding or rejecting your complaint. They will support this with clear arguments.
- The complaints handler aims to respond to your complaint within two weeks of receiving it. If they are unable to provide a definitive answer after two weeks – for example, because the complaint is complex – you will receive a message from your insurer letting you know when you can expect a

substantive response. In the case of a complex complaint, your insurer must respond within 12 weeks of receiving your complaint at the latest.

- The complaints handler rectifies any errors that may have been made. Where possible, they take steps to prevent the same errors from occurring again.
- If you wish, you may view the contents of your complaint file. Details of how to do this are set out in our Code of Conduct on the Processing of Personal Data by Insurers.
- The complaints handler will answer any questions you may have about the complaints-handling process.

7 Article 7 What information must your complaint file contain as a minimum?

Your insurer will include at least the following details in your complaint file:

- your name, address and place of residence (personal details);
- the date on which they received your complaint;
- what your complaint is about (description of the complaint).

Has your insurer formed an opinion on your complaint? If so, it will include the following in your file:

- its position;
- the information and correspondence on which they have based their position;
- the date on which they concluded the handling of your complaint.

8 Article 8: What can you do if you are not satisfied with the insurer's position?

Does your insurer have an appeals procedure? If so, your insurer will inform you of this in the letter setting out its position. You can then lodge an appeal against this position. If you do so, another complaints handler will take on your complaint.

Does your insurer not have an appeals procedure? Or has it, after you lodged an appeal, adopted a position on your appeal? In that case, it will indicate whether you may have the dispute assessed by the complaints body Kifid and/or the court. You must submit your case to Kifid within three months of receiving the position (on the appeal).

Annex V Lloyd's Canada Policyholders' Complaint Information Notice.

1. Purpose
This Notice provides information to policyholders regarding the handling of complaints relating to policies underwritten through Lloyd's and covering Canadian business.
Lloyd's is committed to ensuring that complaints are handled fairly, transparently and without undue delay. Complaints will be investigated and responded to by the appropriate Lloyd's representative.

2. How to Make a Complaint
If a policyholder is dissatisfied with a product, service or claim handling experience, the policyholder should first contact the broker through whom the insurance was arranged, providing the broker with an opportunity to resolve the matter.
If the broker is unable to resolve the concern, the policyholder should submit the complaint in writing and include, where possible:

- A description of the complaint;
- The policyholder's name and contact details;
- The name of the broker;
- The policy number; and
- Any relevant supporting documentation.

3. Lloyd's Complaint Handling Process
Upon receipt of a complaint, Lloyd's will:

- Acknowledge receipt of the complaint, generally within two (2) business days;
- Review and investigate the matters raised;
- Keep the complainant informed of the progress of the investigation, where appropriate; and
- Provide a substantive response as soon as reasonably practicable.

Where necessary, Lloyd's Policyholder and Market Assistance Department in London, United Kingdom, may become involved in the handling of the complaint and may issue a final response.

4. Lloyd's Canada Contact Details
Complaints may be submitted to:
Lloyd's Underwriters
Attention: Complaints Officer
Royal Bank Plaza South Tower
200 Bay Street, Suite 2930, P.O. Box 51
Toronto, Ontario M5J 2J2
Canada
Telephone: +1 877 455 6937
E-mail: info@lloyds.ca

5. External Dispute Resolution
If the complainant remains dissatisfied following the final response, the complaint may be referred to an appropriate external dispute resolution body.
General Insurance OmbudService (GIO)
The General Insurance OmbudService (GIO) assists in the resolution of disputes between insurance consumers and insurers.
Telephone: +1 877 225 0446
Website: www.giocanada.org

6. Québec Policyholders
Policyholders resident in Québec may also contact:
Autorité des marchés financiers (AMF)
Toll Free: +1 877 525 0337
Québec: +1 418 525 0337
Montréal: +1 514 395 0311
Website: www.lautorite.qc.ca

7. Financial Consumer Agency of Canada (FCAC)
The Financial Consumer Agency of Canada (FCAC) supervises federally regulated financial institutions for compliance with federal consumer protection requirements, including complaint-handling obligations.
The FCAC does not investigate or resolve individual complaints and does not provide compensation to complainants.