

The complaint

Mrs S is unhappy that AWP P&C SA ('AWP') charged her an additional premium.

What happened

Mr and Mrs S had a travel insurance policy underwritten by AWP. Mrs S is unhappy that she was asked to pay an additional premium for a medical condition that had resolved.

Mrs S complained to AWP but it said it had calculated her additional premium correctly.

Unhappy, she referred her complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint but didn't think AWP had unfairly or incorrectly charged an additional premium based on information provided by the underwriter.

Mrs S disagreed and said she didn't want to pay the additional premium and wanted the condition excluded as it wasn't something she still suffered from.

So the case has been passed to me for a final decision.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Having done so, I don't think this complaint should be upheld. I'll explain why.

- The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly and shouldn't unreasonably reject a claim.
- The policy includes no screen medical conditions. Anything listed is automatically covered without an additional premium.
- Mrs S called to discuss her conditions at renewal and found that she had been charged for conditions on the no screen list. AWP refunded the premium that had been paid which was fair and reasonable.
- But AWP charged Mrs S an additional premium in relation to a condition which she told it about as it wasn't on the no screen list. Mrs S doesn't think this is fair as the condition had resolved. AWP has provided information from its underwriter to show that the premium charged is the same that would be charged of anyone in Mrs S' position.
- Mrs S has said that she didn't want to pay the premium and wanted to exclude the condition instead. But there is no option to exclude conditions in this way and anything on the no screen list would need to be declared. If the question asks for details of medical conditions within a specific time period, they need to be declared,

even if they're resolved or no longer a problem. Once declared, AWP would calculate the risk and decide if an additional premium would be payable. This isn't unfair or unreasonable as an insurer can decide the risk it is prepared to take and the way it calculates premiums.

My final decision

For the reasons set out above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr S and Mrs S to accept or reject my decision before 9 November 2023.

Shamaila Hussain
Ombudsman