

### WHAT ARE YOU REALLY WORRIED ABOUT?

Health and Care Conference May 2015



BRAVE IN A WORLD OF RISK

### **PROPOSITION**



- Cancer is a clear consumer concern
- A fair and affordable cancer product can be made easy to buy
- This is our best chance to engage "middle" Britain with protection...
- ...opening up opportunities to meet wider protection needs

### AGENDA



- Cancer awareness in the UK
- UK case studies
- Lessons from around the world
- What might work in the UK?
- Questions

# CANCER AWARENESS IN THE UK "THE BIG C"



# WE ARE MACMILLAN. CANCER SUPPORT

320

people of working age are diagnosed with cancer every day in the UK<sup>(4,6,8,10)</sup>

700,000

people of working age are living with cancer<sup>(2)</sup>

40%

of all cancer survivors are unaware of the longterm side effects of cancer and its treatment<sup>(51)</sup>

97

people of working age die from cancer every day in the  $\mathsf{UK}^{(5,7,9,11)}$ 

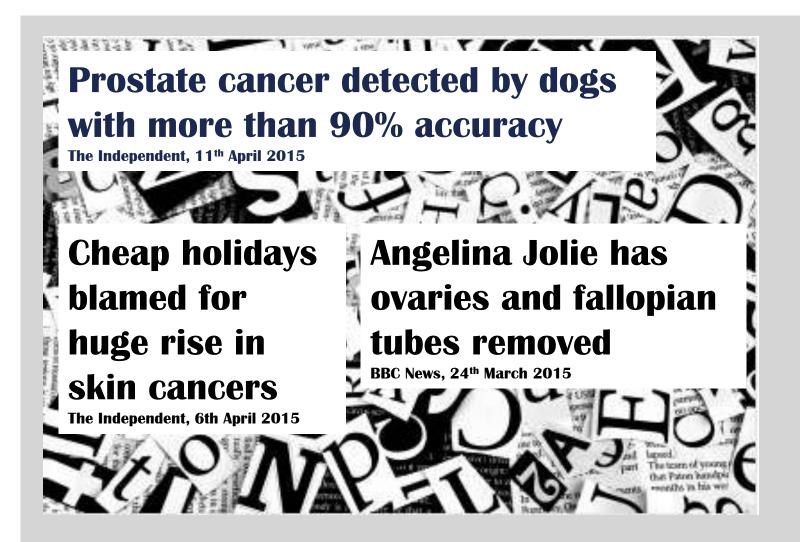
1/5

of those who return to work report deterioration in job satisfaction and career prospects<sup>(52)</sup>



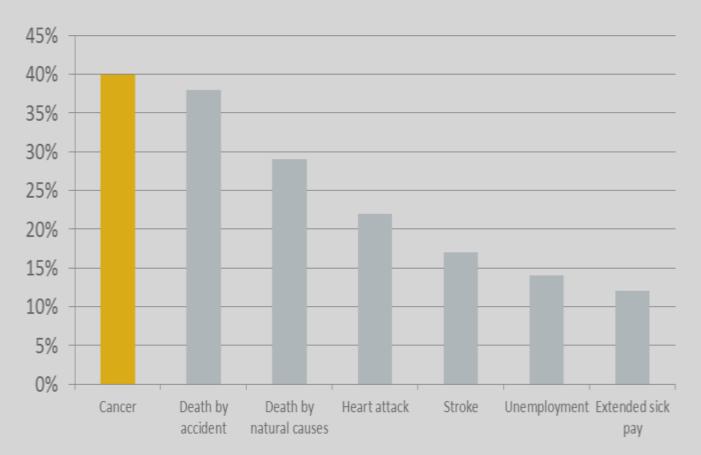
### CANCER AWARENESS IN THE UK







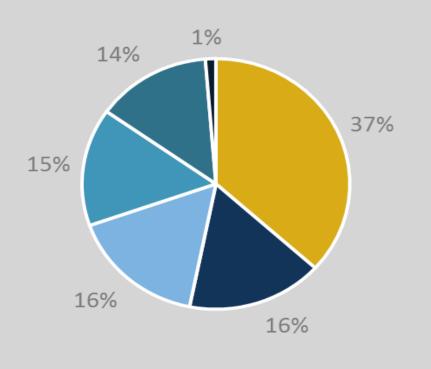
### What would you consider getting insurance for...?



The study was conducted by ICM Research, who interviewed a random sample of 2,000 adults aged 18+ in Great Britain via an online omnibus. Fieldwork took place between 15-17th April 2014 and the results have been weighted to be nationally representative of all adults in Great Britain.



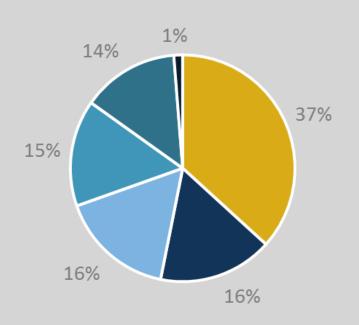
### What is the most common form of cancer?



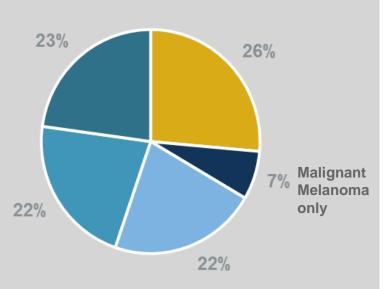
■ Breast ■ Skin ■ Bowel ■ Prostate ■ Liver/lung ■ Cervix



### What is the most common form of cancer?



### Actual top 5\*

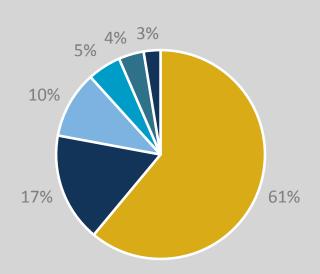


\*Source: Cancer Research UK

■ Breast ■ Skin ■ Bowel ■ Prostate ■ Liver/lung ■ Cervix



### What form of cancer do you think is the most life threatening?

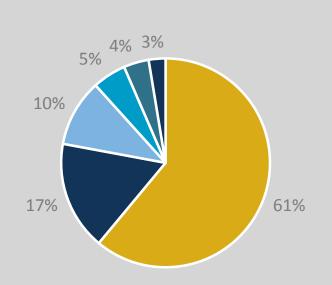


Rank	Responses	
1	Liver/lung	
2	Bowel	
3	Prostate	
4	Cervix	
5	Breast	
6	Skin	





### What form of cancer do you think is the most life threatening?

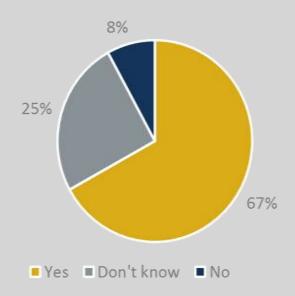


Rank	Responses	Actual*	1 year survival*
1	Liver/lung	$\checkmark$	21%
2	Bowel	$\checkmark$	76%
3	Prostate	Cervix	83%
4	Cervix	Prostate	94%
5	Breast	✓	96%
6	Skin	$\checkmark$	97%

\*Source: Cancer Research UK



Do you think more people are being diagnosed with cancer now than 5 years ago?

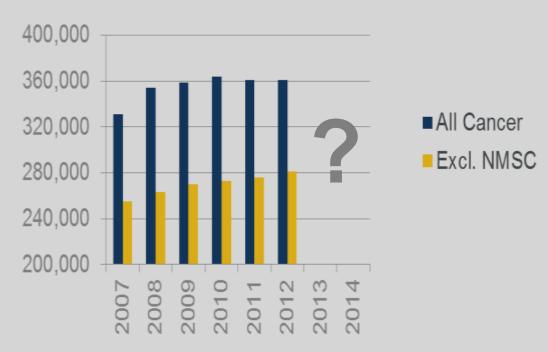




## Do you think more people are being diagnosed with cancer now than 5 years ago?

# 25% 67% Yes Don't know No

### **New Cancer Registrations (England)**



\*Source: ONS incl. & excl. Non Melanoma Skin Cancers

### UK CASE STUDIES



- How has the UK insurance industry met the challenge so far?
  - Critical Illness
  - Income Protection
  - Term Life incl. Terminal Illness
  - Very little else...

# UK CASE STUDY VIRGIN MONEY: CANCER COVER – "THE BIG V"



- Launched January 2006 & wins Your Money award that year
  - For "tackling a taboo area without euphemism or evasion"
- Distributed by Virgin Money underwritten by Scottish Widows
- Non advised online or telephone sales
- Positioned as an affordable alternative to Critical Illness for those without any cover
- Launched during a period when CI premium rates were increasing and some providers were removing guarantees and tightening terms
- Generally hostile provider & broker reception:

"It is like insuring your car against crashing into a wall but not insuring it for driving off a cliff"
Kevin Carr

Adverse market commentary

"The people most likely to want to take out Virgin's cancer cover will be those who have close family members who have suffered from cancer. But unfortunately some of these people are likely to be excluded..."

Richard Verdin

# UK CASE STUDY VIRGIN: CANCER COVER – KEY PRODUCT FEATURES



- Tiered cancer stage benefits:
  - 10% for early stage (1)
  - 25% for intermediate cancer (stage 2 vs. full CI pay-out in most cases)
  - 100% for advanced cancer (stage 3+ i.e. more severe than ABI defn.)
  - Multiple claims possible with balance paid as cancer progresses through stages
  - Death & terminal illness also covered for 100%
- 90 day initial moratorium plus "CI type" underwriting
- 5 year guarantee then reviewable premiums
- Cover from age 18 to 55 to max. expiry age 69
- Some forms of cancer excluded:
  - Non-melanoma skin cancers
  - Early forms of cervical cancer

Not "all cancers"

# UK CASE STUDY AIG: WELLMAN / WELL WOMAN + COMPLETE







WellMan Cancer Cover from £1.99\* per month for £25,000 of cover

\*based on an individual aged 35-39 premier cover Complete Cancer Cover from £11.99\* per month for £25,000 of cover

\*based on an individual, non-smoker aged 35-39 premier cover

# WellWoman cancer cover

From £6.99 per month for £25,000 of cover\*

It's good to know it's there

\*based on an individual aged 35-39 WellWoman premier cover Direct distribution

# UK CASE STUDY AIG/BOOTS: KEY PRODUCT FEATURES



Cancers included in the cover (£12,500, £25,000 or £50,000)

### WellWoman

- Breasts
- Ovaries
- Cervix
- Uterus
- Vagina
- Vulva
- Fallopian tubes

### WellMan

- Prostate
- Testes
- Scrotum
- Penis

Gender

targeted

### Complete

- Lung
- Pancreatic
- Bowel etc.
- Carcinoma in Situ (£1,000)
- Hospital benefit (£50 pd)
- Child benefit
- Red Arc Emotional support

- Exclusions:
  - Previous diagnoses, Cancers related to pre existing conditions & 90 day moratorium
- Other Features:
  - Cover from 18 to 70 to max. expiry age 75

Non Smoker definition

Reviewable age banded premiums (2 year Non Smoker definition)

# UK CASE STUDY FRIENDS LIFE: GROUP CANCER COVER





- Schemes with 50+ members (auto-cover)
- £25,000 benefit (14 day survival period + PEC exclusion)
- Support services:
  - Working Towards Wellbeing, Best Doctors & Bupa HealthLine

### LESSONS FROM AROUND THE WORLD



Country	Sales	Medical cost focus	Tiered diagnosis benefits	Trend impact	Key Features
	<b>///</b>	✓	×	✓	Cancer top CoD - bowel & smoking related trend Aflac worksite supplemental medical cost model Emerging second(ary) cancer covers
	<b>/ / /</b>	✓	<b>√</b>	$\checkmark\checkmark\checkmark$	Cancer top CoD – elective thyroid screening issues Market rebuilding following mass withdrawals Emerging older age segment/second(ary) covers
	<b>√</b>	<b>√</b>	×	<b>√</b>	Aflac seeking to "repatriate" Japan model Positive encouragement to screen
* * *	<b>√</b>	×	$\checkmark$	$\checkmark$	Charity/research marketing tie-in "Upsell" to full critical Illness cover
	×	×	$\checkmark$	<b>/</b> /	

# LESSONS FROM AROUND THE WORLD HOW IS THE UK DIFFERENT...



- NHS + established PMI market
- IFA dominance of established CI market
- "Middle Britain" not well serviced by IFA's
- Robust TCF environment
- Cardiovascular disease more significant

# LESSONS FROM AROUND THE WORLD HOW IS THE UK DIFFERENT... AND SO WHAT?



- NHS + established PMI market
- IFA dominance of established CI market
- "Middle Britain" not well serviced by IFA's
- Robust TCF environment
- Cardiovascular disease more significant

- Focus on diagnosis benefits
- Focus on direct distribution:

- Simplify claim triggers
- More affordable "entry level" cover
- Clearly meet expectations on what is/isn't covered i.e. cover all cancers proportionately including 2<sup>nd</sup> diagnoses
- Instant underwriting decisions based on basic criteria
- Scope to widen coverage later:
  - Incl IP & CVR
  - Consider WoL cover

### WHAT MIGHT WORK IN THE UK?



Low (1x cover)	Medium (2x cover)	High (3x cover)
CIS	CIS + organ removal	
	Cancer (Stage 2)	Cancer (Stage 3+)
Prostate	Prostate (T1+removal or T2)	Prostate (T3+)
Melanoma	Melanoma (Breslow 1.5mm+) Melanoma (Clark L3+)	
Leukaemia  Multiple Myeloma	Chronic Lymphocitic (RAI 2) Chronic Myeloid  Mult. Myel. (Durie-Salmon 2)	Chronic Lymphocytic (RAI 3+) Chronic Myeloid + transplant Acute Myeloid Acute Lymphocytic Mult. Myel. (Durie-Salmon 3)
Non Hodgkin's <b>Lymphoma</b> Hodgkin's disease	Non Hodgkin's Lymphoma (Ann Arbor 2) Hodgkin's disease (AA 2)	Non Hodgkin's Lymphoma (Ann Arbor 3+) Hodgkin's disease (AA 3+)

# WHAT MIGHT WORK IN THE UK? Pay all cancers



Low (1x cover)	Medium (2x cover)	High (3x cover)
CIS	CIS + organ removal	
	Cancer (Stage 2)	Cancer (Stage 3+)
Prostate	Prostate (T1+removal or T2)	Prostate (T3+)
Melanoma	Melanoma (Breslow 1.5mm+) Melanoma (Clark L3+)	
Leukaemia	Chronic Lymphocitic (RAI 2) Chronic Myeloid	Chronic Lymphocytic (RAI 3+) Chronic Myeloid + transplant Acute Myeloid Acute Lymphocytic
Multiple Myeloma	Mult. Myel. (Durie-Salmon 2)	Mult. Myel. (Durie-Salmon 3)
Non Hodgkin's <b>Lymphoma</b> Hodgkin's disease	Non Hodgkin's Lymphoma (Ann Arbor 2) Hodgkin's disease (AA 2)	Non Hodgkin's Lymphoma (Ann Arbor 3+) Hodgkin's disease (AA 3+)

# WHAT MIGHT WORK IN THE UK? Proportionate benefits



Low (1x cover)	Medium (2x cover)	High (3x cover)
CIS	CIS + organ removal	
	Cancer (Stage 2)	Cancer (Stage 3+)
Prostate	Prostate (T1+removal or T2)	Prostate (T3+)
Melanoma	Melanoma (Breslow 1.5mm+) Melanoma (Clark L3+)	
<b>Leukaemia</b> Multiple Myeloma	Chronic Lymphocitic (RAI 2) Chronic Myeloid  Mult. Myel. (Durie-Salmon 2)	Chronic Lymphocytic (RAI 3+) Chronic Myeloid + transplant Acute Myeloid Acute Lymphocytic Mult. Myel. (Durie-Salmon 3)
Non Hodgkin's  Lymphoma  Hodgkin's disease	Non Hodgkin's Lymphoma (Ann Arbor 2) Hodgkin's disease (AA 2)	Non Hodgkin's Lymphoma (Ann Arbor 3+) Hodgkin's disease (AA 3+)

### WHAT MIGHT WORK IN THE UK?

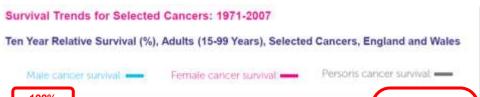


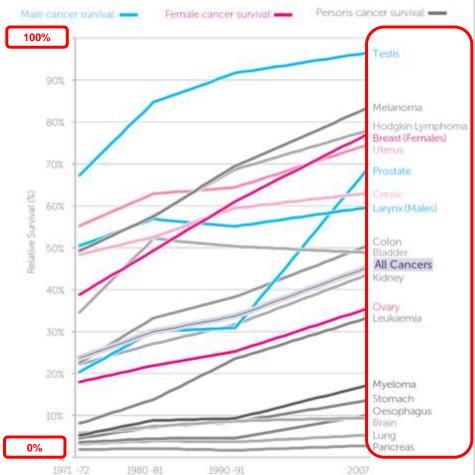
### Proportionate benefits but seek to simplify claim triggers

Low (1x cover)	Medium (2x cover)	High (3x cover)
CIS	CIS + organ removal	
	Cancer (Stage 2)	Cancer (Stage 3+)
Prostate	Prostate (T1+removal or T2)	Prostate (T3+)
Melanoma	Melanoma (Breslow 1.5mm+) Melanoma (Clark L3+)	
Leukaemia	Chronic Lymphocitic (RAI 2) Chronic Myeloid	Chronic Lymphocytic (RAI 3+) Chronic Myeloid + transplant Acute Myeloid Acute Lymphocytic
Multiple Myeloma	Mult. Myel. (Durie-Salmon 2)	Mult. Myel. (Durie-Salmon 3)
Non Hodgkin's <b>Lymphoma</b> Hodgkin's disease	Non Hodgkin's Lymphoma (Ann Arbor 2) Hodgkin's disease (AA 2)	Non Hodgkin's Lymphoma (Ann Arbor 3+) Hodgkin's disease (AA 3+)

### SIMPLIFY CLAIM TRIGGERS







Period of Diagnosis

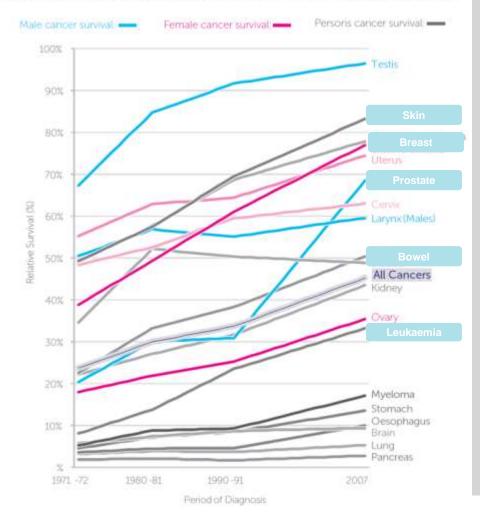
 Survival probabilities vary strongly by type of cancer

### SIMPLIFY CLAIM TRIGGERS



### Survival Trends for Selected Cancers: 1971-2007

Ten Year Relative Survival (%), Adults (15-99 Years), Selected Cancers, England and Wales



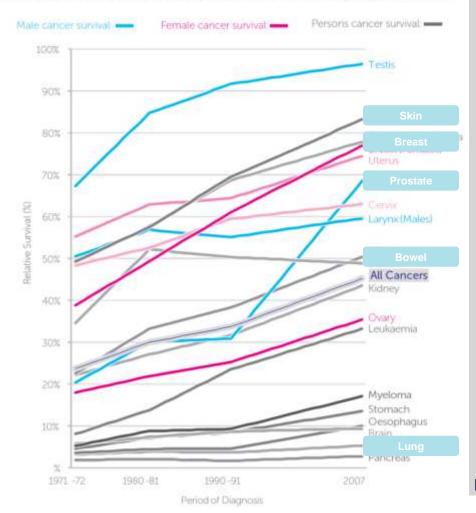
- Survival probabilities vary strongly by type of cancer
- Strong improvements in recent years for some common causes

### SIMPLIFY CLAIM TRIGGERS



### Survival Trends for Selected Cancers: 1971-2007

Ten Year Relative Survival (%), Adults (15-99 Years), Selected Cancers, England and Wales



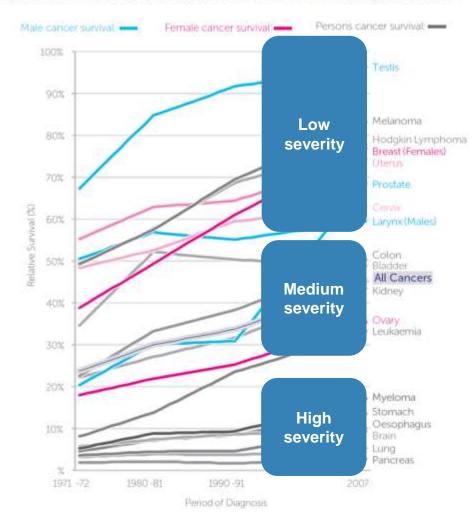
- Survival probabilities vary strongly by type of cancer
- Strong improvements in recent years for some common causes
- Consumers have a fair understanding of the relative severity of common cancers

### PAY PROPORTIONATE BENEFITS



### Survival Trends for Selected Cancers: 1971-2007

Ten Year Relative Survival (%), Adults (15-99 Years), Selected Cancers, England and Wales



- Survival probabilities vary strongly by type of cancer
- Strong improvements in recent years for some common causes
- Consumers have a fair understanding of the relative severity of common cancers
- "Site" is a crude proxy for severity

### **ALL CANCERS**



Pre cancer

Low severity

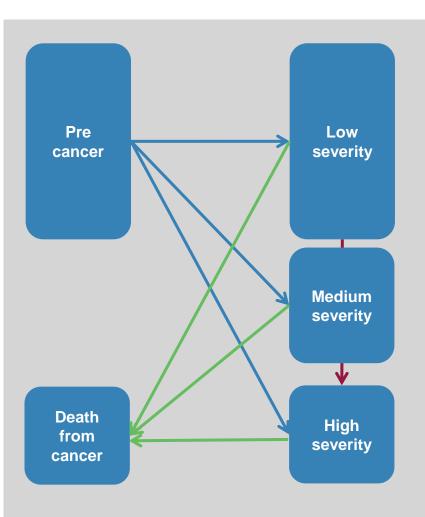
Medium severity

High severity

- Proportionately cover all cancers
- Including those often excluded under ABI Critical Illness severity criteria
- Pre cancer screening beneficial

### ALL CANCERS



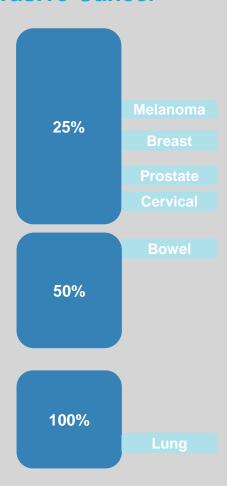


- Proportionately cover all cancers
- Including those often excluded under ABI Critical Illness severity criteria
- Pre cancer screening beneficial
- Consumers expect cover to persist & to provide multiple payments

### AFFORDABLE COVER



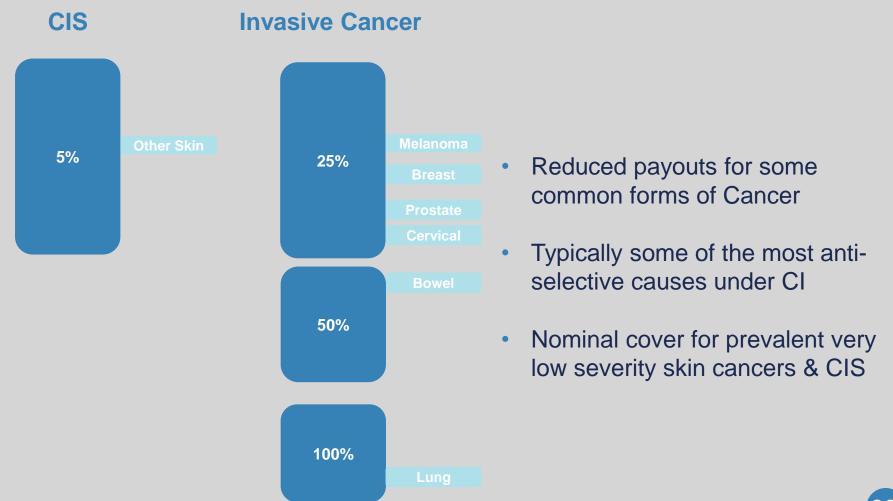
### **Invasive Cancer**



- Reduced payouts for some common forms of Cancer
- Typically some of the most antiselective causes under CI

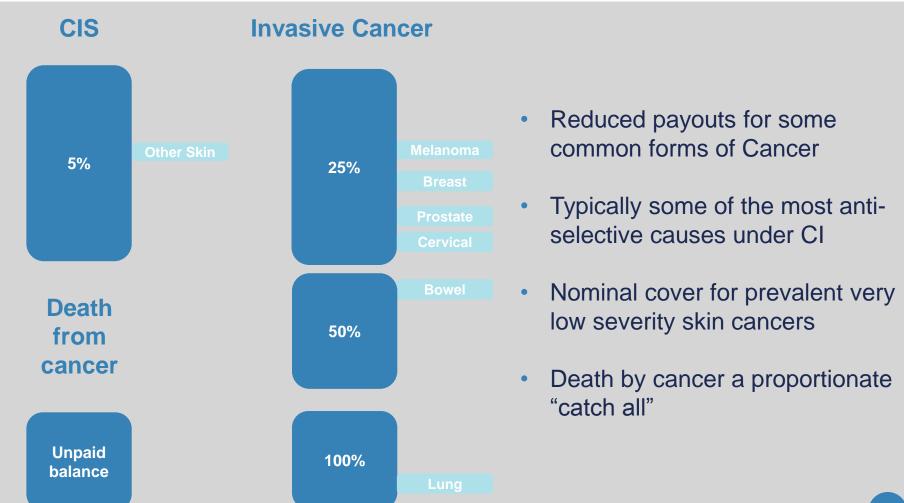
### AFFORDABLE COVER





### AFFORDABLE COVER





### INSTANT UNDERWRITING



- Q Scope for anti-selection surely drives need for full u/w?
- Cancer only claim causes vs. wider range for CI/mortality covers
- Key criteria:
  - Prior diagnoses
  - Incipient conditions
  - Family History
  - Lifestyle
- A Not necessarily!

- Question (CIS/Cancer)
- **Short moratorium** or "lumps/bumps" question
- Reduced payouts for low severity/CIS
  - BRCA Breast/Ovarian young age onset question
  - **Smoking question** (NS more restrictive?)
- Other factors to potentially sharpen prices

### PRICING NIGHTMARE?



### Claim assumptions:

- Leverage CI experience it is more cancer than anything else…but:
  - Impact of other CI conditions "hiding" cancer incidence
  - Impact of severity definition & condition exclusions ABI+ starting to shed light here
- Leverage population data Cancer registrations + medical studies UK & US SEER
  - NB asymptomatic low severity forms and some skin cancers
  - Multiple claims "Longitudinal" ideal but elusive less of a concern than you may think!
- Shorter underwriting inherently less anti-selective benefit design + reinsurer input
- Cancer trends
  - Sensitivity to site/type of cancer vs wider more benign CI trend
  - Benefit amount weighted
  - Screening

### PRICING NIGHTMARE?



- Other "stuff":
  - Persistency impact of partial claims & distribution
  - Appropriateness capital more uncertainty
  - Premium shape & guarantee appetite durable cover at a predictable price
  - Gender mix (if unisex) or offer gender targeted product?
  - Other/ancillary benefits

### CONCLUSION



- Cancer is a clear consumer concern
- A fair and affordable cancer product can be made easy to buy
- This is our best chance to engage "middle" Britain with protection...
- ...opening up opportunities to meet wider protection needs

## APPENDIX

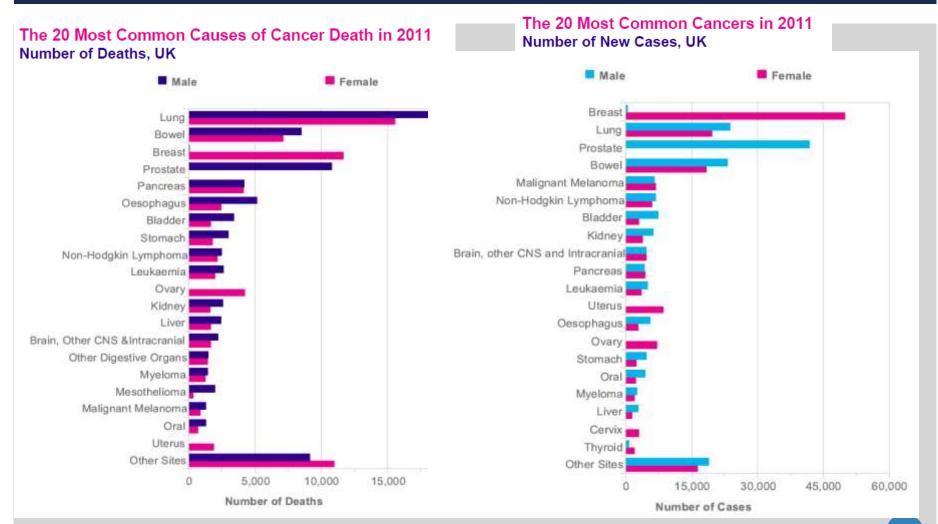




GO TO SLIDE MASTER TO EDIT / DELETE FOOTER

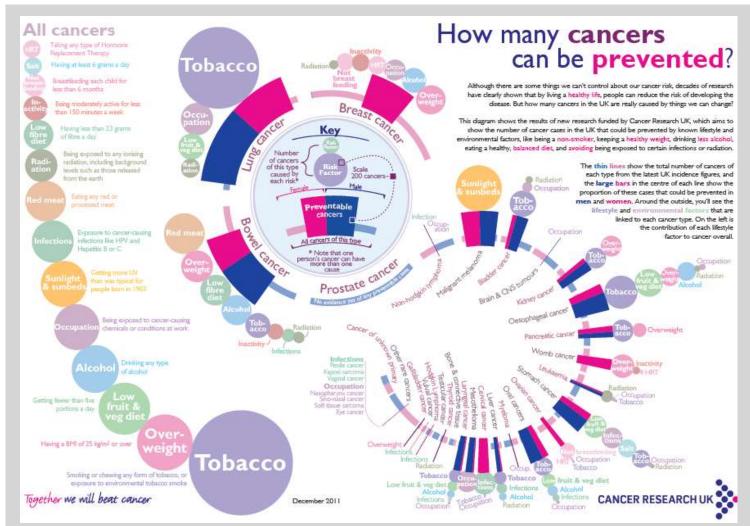
# APPENDIX 1 THE CANCER LANDSCAPE





# APPENDIX 2 THE CANCER LANDSCAPE





### APPENDIX 3 LESSONS FROM AROUND THE WORLD



Case study detail













Aflac are still the dominant cancer insurance provider



- 50%\* market share (99% in 1981 & 13 million policyholders at peak in 2001)
- 10 other significant providers entered since 2001
- Roots in supplemental medical insurance in US (American Family) but Japan now dominates and cancer insurance is the key driver
- Cancer remains the top cause of death in Japan and has been since 1981 following a strong increasing trend since 1950
  - Colorectal & smoking related cancer in particular
- Substantial demand for worksite marketed insurance of supplemental medical costs
- Japan has until very recently treated cancer as a taboo topic
  - Initial barrier to sales but also caused a lack of initial competition
  - additional regulatory barriers for domestic insurers pre 2001



## JAPAN RECENT DEVELOPMENTS





- Typical cancer products include diagnosis based benefits but have more of a hospital cash/"major medex" structure:
  - Daily Hospital Cash
  - Daily Outpatient Cash
  - Defined Surgical Cash et al.
  - Diagnosis benefit typically 100x daily Hospital Cash amount



- Usually sold on the basis of a medical questionnaire no pre existing cancer eligibility criterion
- Recent trend towards offering further payouts on second or third diagnoses subject to a "separation period" e.g. 2 years
- Some providers will cover those with prior cancer diagnoses at outset subject to sufficient elapsed time e.g. 5 years and a rating

## KOREA A RECOVERY UNDER WAY?





Korea cancer insurance new business trends:

No of new	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
policies (000's)	1.547	1,404	1,041	1,039	800	650	520	520	600	700*	800*

- Due to poor profitability the number of providers reduced from 16 in 2003 to 6 in 2009 but some now re-entering:
  - e.g. Kyobo Life, Samsung
- Key success factors in Korea:
  - Cancer incidence rate is steadily increasing (esp. thyroid detection)
  - Public awareness of cancer has been enhanced
  - Regulators encourage insurers to develop cancer products
  - Recent focus on older age sector





## KOREA SILVER CANCER INSURANCE





- Basic tiered cover for cancer diagnoses (max. KRW 20m\*):
  - 20% for prostate cancer
  - 40% for "minor" cancers: incl. breast, cervix, endometrial, bladder
  - 100% for other cancers
- Optional additional covers:
  - 10% for "pre cancer": CIS, thyroid & intramucosal colo-rectal cancer & "other" skin (non melanoma)
  - +50% for specified types: stomach, liver, lung
  - +100% for "high cost" cancers incl. pancreas, bone, brain & leukaemia
  - 100% for death by cancer\* (up to age 80)
- 10 year renewable: entry age 61 to 75 to max. expiry age 100
- Face to face agency distribution



Older age market emerging

### US PREMIER CANCER CARE





### AFLAC CANCER CARE

SPECIFIED-DISEASE INSURANCE

Policy NY78400



### Added Protection for You and Your Family

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them-physically, emotionally, and financially. That's why we've developed the Aflac Cancer Care insurance policy. The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills-the choice is yours.

And while you can't always predict the future, here at Aflac we believe it's good to be prepared. The Aflac Cancer Care plan is here to help you and your family better cope financially-and emotionally-if a positive diagnosis of cancer ever occurs. That way you can worry less about what may be ahead.



#### **HOW IT WORKS**



Policyholder suffers from frequent infections & high fevers.

Physician visit & bone marrow biopsy reveals diagnosis of leukemia.

AFLAC CANCER CARE -PREMIER insurance policy provides the following:

\$40,925 TOTAL BENEFITS





Copper Welliams Directly \$100 per year, per Ossesso Person

#### Cancer Diagrania Bereitte:

more (Soniae \$8,000 Dispersion) Onto \$12,000 payable manyer Council Penan Irelan Dagruma Bonolii Medical Integring With Dispressio Servett \$200 had proposed to previous previous for Control Persons, no literature was REV Contraction Committees, Court \$1,000 payable only own per Covered Person.

#### Concer Treatment Bereitte

Hadred Chartesterson Swedt \$500 per the limited to the countries has made on their man On Chemmens Berett BKDC per marray to \$1,000 may per month for Draff logical Benefit. Total Constressy limit \$700 per pressiption, we recent up to \$1,000 year per month to Oral Tomas Benefit Hackston Thiragy Henelit \$335 per day limited to one comment per week; no thinks may Experiental Treament Hereili BSSD per work reduction of a citrical trial BSSS per work as part of a circum may no their re-man

Ethnodoney-Small \$500 arran per month; \$7,000 Metine max per Cowered Person Articulary Genetic \$500 per reports no financia mass

Stern Cell Transportation Develop \$10,000 Holina may \$10,000 per Downell Person There Mercus Yaznantumanor Benum \$10,000; \$10,000 Holme max per Commol Planes; \$1,000 to storer

Most and Harry Breefs Resident \$150 tomas the number of days post order the Phospist Continuous Bereit, Outpoints.

\$100-\$0.000 shooth mad, additional 20% of Surgical Treatility transmiss data benefit not to secure \$0.000, no their ways of number of apolitions. Surjective stress front

\$10-\$000 to Malma max or number of operations The Cance Supply Benefit Additional Surgeon Epimore Benefit \$200 per sing on Hebra was

#### Hospitalization Benefits:

Asserted Continuous Results SSC on the military was

Commissed Househall Sharperal Filteren Stevenski EXX bayelie in settler to Surgical Assertance Service, no Notice may an exercise of spendiens

#### Continuing Cure Benefitio

Extended-Care Facility Benefit \$150 a mg fromd to 30 days per year per Drawed Person Home Health Clare Streets BITS pair that that man of 100 days per Covered Person

House Ges Sents \$1,000 for the fall title; \$10 per size thereafter; \$12,000 floring that per Depart Person Natura Services Securit \$150 per stay, no timesee a sun

Support Promote Benefit \$5,000, Name your \$6,000 per Covered Person. Nemurpos/Prochasti Bereft \$200 per socurrous; Notice than \$200 per Greenal Pietral

Heumathican Surjey, Small \$200-\$1,000 (Aventures 25%-of Recommenter Surgery Denufit; no literary rese \$1,500 to have countrie entracted, \$500 for energy, \$2,000 Motive rises per Column Person

#### Figure transmission and Disnage Chypermerumory Benefit

#### Ambutance, Tramportation, Lodging, and Other Benefits.

\$250 ground or \$2,000 sir, no Matrice may Paragraphic Baselin \$100 per refer tops \$1,000 per report tips to libeity man Lodging Hereille 800 per stac limited to 80 stays per year.

None Marrie Divisi Surering Genetic \$40, Smiller by o've benefit per Coursed Pleason, per Helicon

## US PREMIER CANCER CARE





Medical cost focus

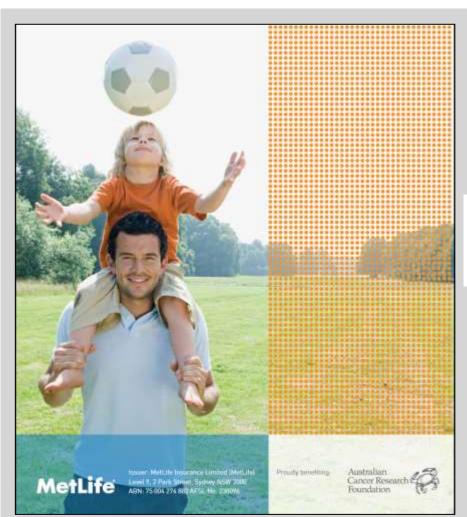
- Cancer Wellness
  - Up to \$100 pa for various screening interventions
- Cancer Diagnosis
  - \$6,000 lump sum for Internal Cancer or Associated Cancerous Condition
  - \$200 imaging diagnosis & \$1,000 NCI evaluation/consultation benefits
- Cancer Treatment
  - \$150 pm to £10,000 range of periodic treatment specific payments
- Hospitalisation
  - \$300 pd inpatient/outpatient benefit
- Continuing Care benefits
  - \$75 pd to £12,000 range of periodic care & rehab specific payments
- Ambulance, Transportation, Lodging & Other benefits
  - \$0.50 per mile etc.



## AUSTRALIA CANCER CARE











Benefiting the Australian Cancer Research Foundation

# AUSTRALIA CANCER CARE ADDITIONAL BENEFITS ETC.



- 4 levels of cover:
  - AUD 25,000, 50,000, 75,000 & 100,000
- Cancer Care Plus:
  - Coverage (1x cover) for 22 additional non cancer "CI" conditions
- 10% of each premium donated to ACRF
- Automatic inflation linked cover (max CPI, 5% with opt out)
- Premiums:
  - Gender, & age specific with 3 year Non Smoker definition
  - Reviewable YRT premiums (cover non cancellable)
- Cover from age 18 to 55 to max. expiry age 65
- Exclusions include;
  - Other skin cancers, initial 90 day moratorium & sudden deaths







### FOR MORE INFORMATION PLEASE CONTACT:

### JAMES TAIT

Head of Protection Marketing Pacific Life Re | Europe

T: 0207 709 1814

E: james.tait@pacificlifere.com

www.pacificlifere.com

The views contained in this document are confidential, do not constitute advice and are not intended to be relied upon as such. While this information has been prepared in good faith, no representation or warranty, express or implied, is or will be made and no responsibility or liability is or will be accepted in relation to the accuracy or completeness of the information contained herein and any such liability is expressly disclaimed.

