

The complaint

Miss S complains because Legal and General Assurance Society Limited ('L&G') declined her application for a life insurance policy.

What happened

Miss S applied for a life insurance policy with L&G. L&G said it couldn't offer her cover because she had agoraphobia and had previously been advised to reduce her alcohol consumption.

Unhappy, Miss S complained to L&G before bringing the matter to the attention of our service.

One of our Investigators looked into what had happened and said he didn't think L&G had acted unfairly or unreasonably in the circumstances. Miss S didn't agree with our Investigator's opinion, so the complaint has been referred to me to make a decision as the final stage in our process.

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.

The Financial Ombudsman Service is independent and impartial. We make decisions based on the information which both parties have provided to us and not based on any assumptions. My role is to decide whether I think L&G acted fairly and reasonably when it turned down Miss S's policy application, based on the medical evidence available to it.

When making this final decision, I've taken into account relevant considerations such as the law (including the Equality Act 2010) as well as industry rules and guidance, including Consumer Duty principles, and what I consider to be good industry practice. While these are relevant considerations under the rules that govern our Service, my overriding remit is to decide what I think is fair and reasonable in all the circumstances.

As our Investigator explained, although L&G mentioned agoraphobia when communicating with Miss S, agoraphobia wasn't the reason this policy application was declined. So, I don't think it's necessary for me to make any findings about this aspect of Miss S's complaint.

Miss S's policy application was declined because her medical records contain numerous references to alcohol abuse, alcohol dependence syndrome, drinking to excess and being referred to an alcohol advice service/alcohol abuse team.

L&G reviewed Miss S's medical records when considering her policy application. I don't think it needed to request any further information or clarification from either Miss S or from her doctor before making its decision about whether to offer the policy over and above the medical evidence it already had.

L&G is entitled to decide what level of risk it is prepared to accept in return for the payment

of a premium, so long as it treats customers in the same situation in the same way. L&G has provided confidential underwriting evidence to our Service which I'm satisfied demonstrates that it wouldn't have sold this insurance policy to anyone who has ever been advised to reduce their alcohol intake (with one exception which I'm satisfied doesn't apply here) or has ever been referred to an alcohol specialist or an alcohol support group.

I accept Miss S doesn't drink alcohol now and this isn't in dispute, but her medical records clearly show referrals to an alcohol advice service/alcohol abuse team in the past, so I don't think L&G acted unfairly or unreasonably by turning down her application for a policy.

I understand Miss S disputes the content of her medical records relating to alcohol. That's something she'd need to raise with her GP. If Miss S has evidence that the content of her medical records is in some way incorrect then she'd need to present this evidence to L&G for it to look into in the first instance before our service would have the power to consider the matter.

It's not the role of our Service to say whether L&G acted unlawfully or breached the Equality Act 2010. That's a matter for the Courts. My role is to decide whether I think L&G acted unfairly or unreasonably in the circumstances by turning down Miss S's application for a policy. I don't think it did, so I won't be directing L&G to do anything further.

My final decision

My final decision is that I don't uphold Miss S's complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss S to accept or reject my decision before 11 September 2025.

Leah Nagle
Ombudsman