

The complaint

Miss C and Mr L complain Automobile Association Insurance Services Limited (“AA”), their home insurance broker, didn’t do enough to ensure they had the cover they needed.

As Mr L is driving this complaint, for ease of reading I will refer to him throughout this decision.

What happened

In 2020 Mr L took out home insurance online through AA. AA was acting as a broker/insurance intermediary to provide an AA branded home insurance product. A gold necklace was specified with a value of £6,500. The policy then auto-renewed each year.

In 2025 Mr L lost the necklace so he made a claim against the AA branded policy. The insurer accepted the claim but said Mr L was uninsured. It paid him £6,500 – the amount specified. This wasn’t enough to indemnify Mr L for his loss.

Mr L was dissatisfied with the insurer’s decision, which was the subject of a separate complaint with our Service. This complaint is about AA’s actions. Mr L argues, in brief, AA should have done more to ensure he was adequately insured.

The Investigator didn’t recommend the complaint should be upheld because she was satisfied AA had made clear what cover Mr L had and had acted fairly and reasonably. Mr L didn’t agree so the complaint has been passed to me to decide.

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.

Mr L has made many arguments. I’m also aware he would like to discuss his complaint with me. But I will be focusing on what I consider the key issues, so I won’t be addressing all his arguments. I’m also satisfied I understand his arguments, and I’m mindful of the need to remain impartial, so I don’t consider a discussion necessary or appropriate.

Mr L places a great deal of responsibility on AA. For example, he says AA should have noticed the gold weight he assigned to the necklace meant the value would be impacted by the volatile global commodity market; he says AA failed to provide a professional advisory service; and he considers AA documents to be too generic and passive.

But AA’s involvement was limited. It took the information Mr L provided and sourced a policy to suit his needs from a panel of insurers. Then each year when the policy renewed AA sent Mr L documents (which I’m satisfied were sufficiently clear) asking him to check the information was correct and the cover was still adequate, and to get in touch if anything was amiss. That’s what AA was expected to do.

Ultimately the responsibility was on Mr L to check he had the cover he needed and as I understand it, at no point from the 2020 policy inception to the 2024 renewal did he contact AA to make any changes to the cover he had for the necklace (or anything else for that matter), and I'm satisfied from the renewal documents he was notified of the need, and given the ability, to do so.

Mr L initially argued AA's documents were too generic and passive, he now argues he didn't receive the 2024 renewal documents. I'm not persuaded he didn't receive them given the change of focus and AA has shown they were sent. But in any case, Mr L didn't contact AA at previous renewals, so I don't find whether they were sent or not is likely to have materially changed the overall position.

My final decision

I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss C and Mr L to accept or reject my decision before 15 January 2026.

James Langford
Ombudsman