

Personal Accident Insurance

for associations and clubs

CERTIFICATE OF INSURANCE

LLOYD'S

NOTICES

Documentation	This document including the Schedule and Schedule of Benefits contained in it and any endorsement(s) attaching to it constitute this Certificate and sets out the terms, conditions and exclusions of this insurance, and should be kept in a safe place.
Understanding this Certificate	This Certificate must be read by the Policyholder in its entirety, as terms, conditions and exclusions apply. If the Policyholder thinks there is a mistake in or changes need to be made to this Certificate , then the Policyholder must immediately inform their Insurance Broker who deals with this insurance; the Insurance Broker's contact details can be found in the Schedule.
Defined Terms	Certain words or phrases in this Certificate have specific meaning as defined under the Definitions section. Wherever these defined words or phrases appear in bold within this Certificate these meanings apply.
How to Make a Complaint	The procedure for making a complaint about the service provided in connection with this Certificate can be found under the Consumer Information section.
How to Make a Claim	Information on how to make a claim under the insurance provided by this Certificate can be found under the Consumer Information section.
Amounts Payable	Benefits payable under this insurance are limited as to amount and, in some cases, the period over which a payment may be made. These limitations can be found in this Certificate .
Cooling Off Period	If, after reading this Certificate , the Policyholder decides this insurance is not suitable, the Policyholder can cancel this Certificate in accordance with the 14 days cooling off period procedure, which is detailed under the Consumer Information section. This cancellation provision does not apply where the Period of Insurance is one month or less.
Accidents Occurring	<p>The Accident that causes the Bodily Injury must occur:</p> <ul style="list-style-type: none">• during the Operative Time which must be during the Period of Insurance, and• within the Geographical Limits as shown in the Schedule. <p>This is detailed in this Certificate and in particular under the definition of Accident / Accidental in the Definitions section.</p>

Contents	
Schedule	5
Schedule of Benefits	6
Insuring Agreement	10
Policy Compliance	11
Disclosure and Accuracy of Information	11
Fraudulent Claims	12
Consumer Information	13
How to make a claim	13
How to make a complaint	14
Compensation	15
Sanctions	15
Insurance Premium Tax	15
Cancellation	16
Cancellation during the first 14 days (Cooling Off Period)	16
Cancellation in other circumstances	16
Data Protection Clause	17
Choice of Law and Jurisdiction	18
Regulators	18
Definitions	19
Conditions	23
Exclusions	24
Cover Provided	28
Core Benefits	28
Additional Benefits.....	30

Schedule

Agreement Reference: B6839A10959BAA		Certificate Reference: CNSAPA/R173441/0332/20	
Date of Issue: 6 April 2020			
Proposal Dated:		This Certificate is a renewal of certificate: CNSAPA/R145750/0332/19	
Period of Insurance: start date 1 April 2020 end date 31 March 2021			
Both days inclusive at Local Standard Time at the address of the Policyholder shown below.			
Policyholder: Avon & Somerset Constabulary Club			
Policyholder's address: Police Headquarters, PO Box 37, Valley Road, Portishead, BS20 8QJ			
Description of the Policyholder's business: Various			
Operative Time:			
a) Playing or officiating for the Policyholder club at home or away fixtures;			
b) Taking part in training organised by the Policyholder ;			
c) Taking part in any social activity organised by the Policyholder ;			
d) Proceeding directly to and returning from the Policyholder's away fixtures as part of an organised party, under the Policyholder's auspices, using private cars, motor coaches or public transport, but excluding aircraft or motor cycles			
Insured Person(s):			
Category A) Members of the Policyholder aged seventy-five (75) years of age to sixty-six (66) years of age;			
Category B) Members of the Policyholder aged sixty-five years of age to fifteen (15) years of age unless undertaking Full Time Education ;			
Category C) Members of the Policyholder aged fifteen (15) years of age or under or undertaking Full Time Education .			
Geographical Limits: Worldwide			
Gross Premium (excluding IPT)		Insurance Premium Tax (IPT)	
GBP 947.00		GBP 113.64	
		Gross Premium Payable (including IPT)	
		GBP 1060.64	
Premium Payment: the premium must be paid within 60 days of the start date shown above under Period of Insurance . Failure to pay within this period means the Insurer may cancel this Certificate in accordance with the cancellation procedure set out under the Consumer Information section.			
The Policyholder's Insurance Broker: Birnbeck Insurance Services 129, High Street, Worle, Weston-Super-Mare, Somerset, BS22 6HQ Telephone number: 01934 522252 E-mail: office@birnbeck.com Broker number: 0332			
The following endorsement(s) are attached to and form part of this Certificate :			
Endorsement Number		Endorsement Type	

Schedule of Benefits

This **Certificate** includes only those benefits listed below in this Schedule of Benefits that have an amount entered by them. Any benefits not included under this **Certificate** have the words "Not Covered" by them in this Schedule of Benefits.

Maximum Amounts Payable Any One Accident Involving More Than One Insured Person	
If the maximum amounts payable any one Accident shown immediately below are exceeded then the amount payable to each Insured Person shall be proportionally reduced, the calculation of which can be found under the "Reduced Payments to Insured Persons " condition under the Conditions section of this Certificate .	
Maximum amount payable any one Accident involving more than one Insured Person .	GBP 10,000,000
Maximum amount payable any one Accident which is caused by Terrorism and involves more than one Insured Person , where covered.	GBP 2,500,000
Maximum amount payable any one Accident involving an Aircraft and more than one Insured Person , where those Insured Persons are in or on the Aircraft .	GBP 5,000,000
This maximum amount payable shall apply if such an Accident involving an Aircraft is caused by Terrorism .	GBP 2,500,000

The maximum amounts payable in the table immediately above are subject to the applicable maximum amount(s) payable any one **Insured Person** shown in the table immediately below.

CATEGORY A

Schedule of Benefits Maximum Amounts Payable Any One Insured Person		Limitations	Sum Insured (payable each Insured Person)
Core Benefits			
1	Death		GBP 10,000
2	Permanent total loss of sight in one or both eyes		GBP 10,000
3	Loss of Limb		GBP 10,000
4	Loss of Hearing in one ear		Not covered
5	Loss of Hearing in both ears		Not covered
6	Loss of Speech		Not covered
7	Permanent Total Disablement		Not covered
8	Paraplegia		Not covered
9	Quadriplegia		Not covered
10	*Temporary Total Disablement subject to the following: Waiting Period Benefit Payment Period	days weeks	Not covered
11	*Temporary Partial Disablement subject to the following: Waiting Period Benefit Payment Period	days weeks	Not covered
Additional Benefits			Maximum amounts payable (each Insured Person)
12	Domestic Services Expenses		Not covered
13	Home Adaption Expenses		Not covered
14	Retraining Expenses		Not covered
15	Urgent Expenses Following Accidental Death		Not covered
16	Hospitalisation subject to the following: Benefit Payment Period Amount payable for each complete 24 hour period is GBP50.00 There is no payment for the first 48 continuous hours of Hospitalisation.	200 days	Not covered
17	Rehabilitation subject to the following: Excess This Excess will apply to each Accident each Insured Person irrespective of the number of claims arising from that one Accident.	GBP 20.00	Not covered

* If a payment is made under **Temporary Total Disablement** and/or **Temporary Partial Disablement** and a subsequent payment is made under one of the other **Core Benefits (1 to 9)** above for the same **Insured Person** and the same **Accident**, then the amount paid for the **Temporary Total Disablement** and/or **Temporary Partial Disablement** will be deducted from the amount payable under the applicable **Core Benefit (1 to 9)**.

CATEGORY B

Schedule of Benefits Maximum Amounts Payable Any One Insured Person		Limitations	Sum Insured (payable each Insured Person)
Core Benefits			
1	Death		GBP 10,000
2	Permanent total loss of sight in one or both eyes		GBP 10,000
3	Loss of Limb		GBP 10,000
4	Loss of Hearing in one ear		GBP 25% of Item 7
5	Loss of Hearing in both ears		GBP 10,000
6	Loss of Speech		GBP 10,000
7	Permanent Total Disablement		GBP 10,000
8	Paraplegia		GBP 50,000
9	Quadriplegia		GBP 100,000
10	*Temporary Total Disablement subject to the following: Waiting Period Benefit Payment Period	days weeks	Not covered
11	*Temporary Partial Disablement subject to the following: Waiting Period Benefit Payment Period	days weeks	Not covered
Additional Benefits			Maximum amounts payable (each Insured Person)
12	Domestic Services Expenses		GBP 10,000
13	Home Adaption Expenses		GBP 25,000
14	Retraining Expenses		GBP 15,000
15	Urgent Expenses Following Accidental Death		GBP 1,000
16	Hospitalisation subject to the following: Benefit Payment Period Amount payable for each complete 24 hour period is GBP50.00 There is no payment for the first 48 continuous hours of Hospitalisation.	200 days	GBP 10,000
17	Rehabilitation subject to the following: Excess This Excess will apply to each Accident each Insured Person irrespective of the number of claims arising from that one Accident.	GBP 20.00	GBP 500

* If a payment is made under **Temporary Total Disablement** and/or **Temporary Partial Disablement** and a subsequent payment is made under one of the other **Core Benefits** (1 to 9) above for the same **Insured Person** and the same **Accident**, then the amount paid for the **Temporary Total Disablement** and/or **Temporary Partial Disablement** will be deducted from the amount payable under the applicable **Core Benefit** (1 to 9).

CATEGORY C

Schedule of Benefits Maximum Amounts Payable Any One Insured Person		Limitations	Sum Insured (payable each Insured Person)
Core Benefits			
1	Death		GBP 2,000
2	Permanent total loss of sight in one or both eyes		GBP 10,000
3	Loss of Limb		GBP 10,000
4	Loss of Hearing in one ear		GBP 25% of Item 7
5	Loss of Hearing in both ears		GBP 10,000
6	Loss of Speech		GBP 10,000
7	Permanent Total Disablement (Children)		GBP 10,000
8	Paraplegia		GBP 50,000
9	Quadriplegia		GBP 100,000
10	*Temporary Total Disablement subject to the following: <div style="text-align: right;">Waiting Period Benefit Payment Period</div>	days weeks	Not covered
11	*Temporary Partial Disablement subject to the following: <div style="text-align: right;">Waiting Period Benefit Payment Period</div>	days weeks	Not covered
Additional Benefits			Maximum amounts payable (each Insured Person)
12	Domestic Services Expenses		GBP 10,000
13	Home Adaption Expenses		GBP 25,000
14	Retraining Expenses		GBP 15,000
15	Urgent Expenses Following Accidental Death		GBP 1,000
16	Hospitalisation subject to the following: <div style="text-align: right;">Benefit Payment Period</div> Amount payable for each complete 24 hour period is GBP50.00 There is no payment for the first 48 continuous hours of Hospitalisation.	200 days	GBP 10,000
17	Rehabilitation subject to the following: <div style="text-align: right;">Excess</div> This Excess will apply to each Accident each Insured Person irrespective of the number of claims arising from that one Accident.	GBP 20.00	GBP 500

* If a payment is made under **Temporary Total Disablement** and/or **Temporary Partial Disablement** and a subsequent payment is made under one of the other **Core Benefits (1 to 9)** above for the same **Insured Person** and the same **Accident**, then the amount paid for the **Temporary Total Disablement** and/or **Temporary Partial Disablement** will be deducted from the amount payable under the applicable **Core Benefit (1 to 9)**.

Insuring Agreement

Effected through:

Self Assured Underwriting Agencies Limited, of:
5 – 6 Kingfisher Court, Northfield Farm Lane, Witney, Oxfordshire OX28 1UF

Self Assured Underwriting Agencies Limited is authorised and regulated by the UK Financial Conduct Authority (FCA), with the following Financial Services Register number: 304373

This insurance has been arranged by Self Assured Underwriting Agencies Limited in accordance with the authorisation granted to it under a contract of delegated authority (the reference of which is shown in the **Schedule** under Agreement Reference) by certain Underwriters at Lloyd's, who are identified below under **Insurer**. Where there is more than one **Insurer**, the subscribing **Insurers'**

obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing **Insurers** are not responsible for the subscription of any co-subscribing **Insurer** who for any reason does not satisfy all or part of its obligations.

This **Certificate** is an insurance contract between:

the **Insurer**, being
Lloyd's Syndicate 4444 (Canopus Managing Agents Limited)

The Society of Lloyd's is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA); with a Financial Services Register number of: 202761

Syndicates 4444 and 1861 are managed by Canopus Managing Agents Limited. Canopus Managing Agents Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered Office: Canopus Managing Agents Limited, Gallery 9, One Lime Street, London EC3M 7HA. Registered in England and Wales No. 01514453

and

the **Policyholder**

Provided the premium has been paid by the **Policyholder** in accordance with the terms, conditions and exclusions of this **Certificate** the **Insurer** shall provide the insurance in accordance with the terms, conditions and exclusions of this **Certificate**.

Only the **Policyholder** and **Insurer** can enforce the terms, conditions and exclusions of this **Certificate**. The Contracts (Right of Third Parties) Act 1999 will not confer any additional rights under this **Certificate** in favour of any third party.

Signed on the date of issue shown in the Schedule by R. W. Garrett:



for and on behalf of: Self Assured Underwriting Agencies Limited.

Policy Compliance

The **Insurer** shall not be liable to pay a claim or claims under this **Certificate** unless the **Policyholder** complies and ensures that **Insured Persons** comply with the terms, conditions and exclusions of this **Certificate**.

Disclosure and Accuracy of Information

The **Policyholder** must take reasonable care to give accurate and complete information relating to the insurance provided by this **Certificate**.

The **Policyholder** is required to disclose to the **Insurer** information including material circumstances that fairly present the risks that are or would be insured under this **Certificate**.

A fair presentation of the risks means that the **Policyholder** must:

1. disclose to the **Insurer** every material circumstance which the **Policyholder** knows or ought to know or, failing that, sufficient information to alert the **Insurer** that the **Insurer** need to make further enquiries; and
1. make such disclosure in a reasonably clear and accessible manner; and
2. ensure that, in such disclosure, any material representation as to:
 - a. a matter of fact is substantially correct; and
 - b. a matter of expectation or belief is made in good faith.

A circumstance or representation is material if it would influence the **Insurer's** judgement (as a prudent underwriter) in determining whether to insure the **Policyholder** and, if so, on what terms. If the **Policyholder** is in any doubt as to the whether a circumstance or representation is material then the **Policyholder** should disclose it.

If the **Policyholder** becomes aware that the information they have given to the **Insurer** is inaccurate or incomplete or the **Policyholder** has any particular concerns about any of the information they have provided or should provide, before or after the start date of this insurance as shown in the **Period of Insurance**, then the **Policyholder** must advise the **Insurer**.

If the information the **Policyholder** have given the **Insurer** in relation to this insurance proves to be inaccurate or incomplete, then the **Insurer** may:

- a. amend the terms of this **Certificate**, which may be applied as if they were already in place prior to any claim where the validity of that claim was impacted by the inaccurate or incomplete information, or
- a. increase the premium/reduce the amount the **Insurer** pays on a claim in the proportion the premium paid bears to the premium the **Insurer** would have charged the **Policyholder** had the information not been inaccurate or incomplete, or
- b. treat this **Certificate** as if it never existed, which means no claims will be paid and the premium paid under it will be returned to the **Policyholder**. This will only be done if this insurance would not have been provided.

If the **Insurer** establishes that the **Policyholder** deliberately or recklessly provided false or misleading information in relation to the insurance provided under this **Certificate**, the **Insurer** will treat this insurance as if it never existed, which means no claims will be paid and the **Insurer** will not return the premium. If this happens the **Insurer** will advise the **Policyholder**.

If the **Policyholder** has any particular concerns or becomes aware of new information, before or after the start date of this insurance (as shown in the **Period of Insurance**), that may suggest consideration should be given to the adequacy of the cover provided by this **Certificate**, then the **Policyholder** must advise immediately or as soon as reasonably possible the **Insurer**.

Fraudulent Claims

If the **Insurer** establishes that the **Policyholder** makes a claim under this **Certificate** through concealment, misstatement or by deliberately providing false information, then the **Insurer** will:

- not pay that claim and, if applicable, recover any claim already paid that was subject to the concealment, misstatement or deliberately providing false information, and
- not pay any claim arising under this **Certificate** after the date the fraud was committed, and
- cancel this **Certificate** with immediate effect from the date the fraud was committed, in writing to the **Policyholder** at the **Policyholder's** address shown in the Schedule, and
- keep any premium paid to the **Insurer**.

In the event of concealment, misstatement or the deliberate provision of false information by an **Insured Person** the above provisions shall only apply in respect of such **Insured Person**.

If this **Certificate** provides cover for any person who is not a party to the contract (an **Insured Person**), and a fraudulent claim is made under the **Certificate** by or on behalf of an **Insured Person** the **Insurer** may exercise the rights set out above as if there were an individual insurance certificate between the **Insurer** and the **Insured Person**. However, the exercise of any of those rights shall not affect the cover provided under this **Certificate** for any other person.

Consumer Information

How to make a claim

In the event of a claim or potential claim or **Accident**, incident or circumstance likely to give rise to a claim, the **Policyholder** shall:

- give notice immediately or as soon as reasonably practicable to:

Cega, of:

Cega Claims Service, PO Box 127, Chichester, West Sussex PO18 8WQ

telephone: +44 (0) 1243 218417

e-mail: claims@cegagroup.com:

Cega has been authorised by the **Insurer** to handle claims under this **Certificate** on its behalf.

- provide Cega with:
 - a) all the assistance requested by Cega, including:
 - (i) access to the applicable **Insured Person's** medical records and/or any confidential records that are relevant to a claim under this **Certificate**,
 - (ii) allowing an adviser acting on behalf of the **Insurer** and/or independent qualified physician to examine (including a post-mortem) and/or interview an **Insured Person** in any respects that are relevant to a claim under this **Certificate**;
 - b) all applicable materials (paper, electronic or otherwise) required by Cega and/or the **Insurer** and/or its authorised representative including but not limited to: all records, receipts, correspondence, statements, reports, police reports and post mortem reports, immediately or as soon as reasonably practicable.
 - c) a signed undertaking that a full refund will be made to the **Insurer** if a payment is made in respect of the **Disappearance** cover provided by this **Certificate** and the applicable **Insured Person** is subsequently found to be living.

There are further obligations in respect of claims and mitigation of loss provisions imposed under this **Certificate**, these can found in this **Certificate**.

How to make a complaint

- If the **Policyholder** has any questions or concerns about this **Certificate** or the handling of a claim under it, they should, in the first instance, contact:

Self Assured Underwriting Agencies Limited

address:

5 – 6 Kingfisher Court, Northfield Farm Lane, Witney, Oxfordshire OX28 1UF

telephone: 01993 777850

fax: 01993 708377

e-mail: contactus@saua.co.uk

and state the nature of the enquiry along with the reference of this **Certificate** and, if applicable, claim(s) reference(s).

- In the event that the **Policyholder** still remains dissatisfied and wishes to make a complaint, they can do so in writing or verbally at any time using the contact details below:

address:

The Complaints Manager
Canopus Managing Agents Limited
Gallery 9, One Lime Street,
London, EC3M 7HA

telephone: +44 (0) 20 7337 3700

e-mail: complaints@canopus.com

- If you remain dissatisfied with our response to your complaint, the **Policyholder** may direct your complaint to the Complaints Department at Lloyd's:

address:

The Complaints Department
Lloyd's Market Services
Fidentia House
Walter Burke Way
Chatham
Kent
ME4 4RN

telephone: +44 (0) 20 7327 5693

e-mail: complaints@lloyds.com

Details of Lloyd's complaints' procedures are set out in a leaflet "Your Complaint – How We Can Help", which is available at www.lloyds.com/complaints and also available from the above address.

- If the **Policyholder** remains dissatisfied after Lloyd's has considered the complaint, the **Policyholder** may have the right to refer their complaint to the United Kingdom Financial Ombudsman Service (FOS). Following the complaints procedure with the

FOS does not affect the rights of the **Policyholder** to take legal action. Further details will be provided at the appropriate stage of the complaints' process:

address:
Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London
E14 9SR

telephone: 0800 023 4567 or 0300 123 9123
e-mail: complaint.info@financial-ombudsman.org.uk
website: www.financial-ombudsman.org.uk/consumer/complaints.htm

- If you are unsure whether FOS will consider your complaint, please contact them directly for advice.
- The service FOS provides is free and impartial and contacting them at any stage does not affect your legal rights to take action.

Compensation

The **Insurer** is covered by the Financial Services Compensation Scheme (FSCS). The **Policyholder** may be entitled to compensation from the scheme if in the unlikely event the **Insurer** is unable to meet its obligations under this **Certificate**. If the **Policyholder** were entitled to compensation under the scheme, the level of compensation payable would depend on the nature of the insurance granted under this **Certificate**.

Further information about the scheme is available from the FSCS at the address immediately below or on their website: www.fscs.org.uk

Financial Services Compensation Scheme
10th Floor
Beaufort House
15 St. Botolph Street
London
EC3A 7QU

Sanctions

The **Insurer** shall not be liable to provide the insurance under this **Certificate** or to pay any claims where to do so would breach applicable sanctions, prohibitions or restrictions under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, England & Wales and the United States of America.

Insurance Premium Tax

The premium payable under this **Certificate** is subject to compulsory tax(es) at the appropriate rate and shall be paid by the **Policyholder**. The applicable tax and the amount are shown in the Schedule.

Cancellation

Cancellation during the first 14 days (Cooling Off Period)

If the insurance provided under this **Certificate** does not meet the **Policyholder's** requirements and provided that:

- the **Period of Insurance** is longer than one month in duration, and
- no claim has been made under this **Certificate** or the **Policyholder** is not aware of any **Accident**, incident or circumstance likely to give rise to a claim under this **Certificate**, then

the **Policyholder** can cancel this **Certificate** within 14 days of:

- the start date of the insurance as shown under the **Period of Insurance**, or
- the date the **Policyholder** received this **Certificate**

whichever the later.

In exercising their right to cancel in this way, the **Policyholder** withdraws from this contract of insurance from the start date as stated in the **Period of Insurance** shown in the Schedule, and the **Insurer** will return to the **Policyholder** the premium paid.

The **Policyholder** can do this by advising their Insurance Broker who deals with this insurance and returning the documents to the Insurance Broker; the Insurance Broker's contact details can be found in the Schedule.

Cancellation in other circumstances

by the **Policyholder**

The **Policyholder** can cancel this **Certificate** during the **Period of Insurance** by giving 30 days written notice to the Insurance Broker who deals with this insurance; the Insurance Broker's details can be found in the Schedule. If the **Policyholder** gives such notice of cancellation, the amount of return premium the **Insurer** will pay to the **Policyholder** will depend on:

- how long the **Certificate** has been in force, and
- whether a claim has been made under it or there is a known potential claim or **Accident**, incident or circumstance likely to give rise to a claim under it.

Such cancellation will take effect 30 days after the day the written notice is received by the Insurance Broker who deals with this insurance.

by the **Insurer**

The **Insurer** may cancel this **Certificate** if:

- the **Policyholder** fails to pay the premium in accordance with terms, conditions and exclusions of this **Certificate**, or

- the **Policyholder** provides any information that proves to be inaccurate or incomplete, or
- there is a change in the risk which means the **Insurer** can no longer provide the insurance cover under this **Certificate**, or
- the **Policyholder** fails to provide information or documentation as required by the **Certificate**, or
- the **Policyholder** behaves in a threatening or abusive manner against the **Insurer** or an authorised representative of the **Insurer**.

The **Insurer** shall action such cancellation by giving the **Policyholder** 30 days' written notice to the **Policyholder's** address shown in the Schedule. If this happens the **Insurer** shall return the premium paid for the unused **Period of Insurance**. The cancellation will take effect 30 days after the day the written notice is received by the **Policyholder**.

If the **Insurer** cancels for non-payment of premium the cancellation will take effect from the day immediately following the last day for which premium has been paid or, if no premium has been paid, the start date shown in the Schedule under **Period of Insurance**.

Data Protection Clause

The **Insurer** and other group companies will use any information given together with other information for the administration of this **Certificate**, the handling of claims and the provision of customer services.

The information may also be disclosed to the **Insurer's** service providers and agents for these purposes. It may also be disclosed to the **Policyholder's** Insurance Adviser.

The **Policyholder** has a right to request a copy of the information, to correct any inaccuracies and of erasure in certain circumstances.

If further information is required as to how data is processed by the **Insurer**, or as to the exercise of any rights under any data privacy laws, the **Policyholder** should read the Data Protection Policy on the **Insurer's** website at: <http://www.canopius.com/privacy/>.

or contact:

The Data Protection Officer

Self Assured Underwriting Agencies Limited, 5 – 6 Kingfisher Court, Northfield Farm Lane, Witney OX28 1UF

T: +44 (0) 1993 777850

contactus@saua.co.uk

or

Group Data Protection Officer

Canopius Managing Agents Limited, Gallery 9, One Lime Street, London EC3M 7HA

T: +44 (0)20 7337 3700

privacy@canopius.com

Choice of Law and Jurisdiction

The **Policyholder** and the **Insurer** are free to choose the law applicable to this insurance. Unless specifically agreed to the contrary, this insurance shall be subject to English Law and any disputes shall be handled by the Courts of England and Wales.

Regulators

Self Assured Underwriting Agencies Limited is authorised and regulated by the UK Financial Conduct Authority (FCA), with the following Financial Services Register number: 304373

The Society of Lloyd's is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA); with a Financial Services Register number of: 202761

Canopus Managing Agents Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered Office: Canopus Managing Agents Limited, Gallery 9, One Lime Street, London EC3M 7HA. Registered in England and Wales No. 01514453

Further details on the above can be found at:

www.bankofengland.co.uk for the PRA

www.fca.gov.uk for the FCA

Definitions

Certain words or phrases in this **Certificate** have specific meaning as defined within this section. Wherever these defined words or phrases appear in bold within this **Certificate** these meanings apply.

- **Accident / Accidental** means: a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place and also occurs:
 - during the **Period of Insurance**, and
 - during the **Operative Time**, and
 - within the Geographical Limits,

all as shown in the Schedule.

Accident / Accidental also includes:

- **Exposure** and
 - **Disappearance** provided that item 1 (death) is covered as shown in the Schedule of Benefits.
- **Aircraft** means: any machine or device that is capable of flight with or without its own power source, including: fixed or rotary wing aeroplanes, helicopters, gliders, hot air balloons, airships or rockets.
 - **Benefit Payment Period** means: the maximum period over which a **Temporary Total Disablement** or **Temporary Partial Disablement** or **Hospitalisation** benefit is payable, where applicable and as shown in the Schedule of Benefits. In respect of an **Insured Person** on a fixed term contract, payment of the **Temporary Total Disablement** or **Temporary Partial Disablement** benefit, where applicable, will cease on expiry of that **Insured Person's** fixed term contract, or on expiry of the period over which the benefit is payable, whichever is the sooner.
 - **Bodily Injury** means: identifiable physical injury which is caused by an **Accident**. It does not include illness other than illness directly resulting from, or medical or surgical treatment rendered necessary, by an identifiable physical injury which is caused by an **Accident**.
 - **Certificate** means: this document including the Schedule and Schedule of Benefits contained in it and any endorsements attaching to it.
 - **Child / Children** means: any unmarried child, step-child or legally adopted child who is primarily dependent on the **Insured Person** or the **Insured Person's Partner** and is under the age of eighteen (18) or twenty-three (23) if they are in **Full Time Education**. **Child / Children** does not include **Insured Persons** who are sixteen (16) years of age or over, who are an **Employee, Director** or **Business Partner**.

- **Disappearance** means: an **Insured Person's** disappearance during the **Period of Insurance** and
 - the body of that **Insured Person** is not found within 90 days from the date of disappearance, and
 - sufficient evidence is produced to allow the **Insurer** to conclude that that **Insured Person** has sustained **Bodily Injury** that has caused their death.
- **Domestic Service Expenses** means: costs payable for the provision of domestic cooking, cleaning, laundry, shopping or similar services.
- **Employee** means: any person under a contract of service or apprenticeship with the **Policyholder**.
- **Excess** means: the amount shown in the Schedule of Benefits which the **Policyholder** must bear or pay, where applicable, before the **Insurer** makes any payment in respect of a valid claim.
- **Exposure** means: an **Insured Person's** unexpected, unavoidable and prolonged exposure to severe climatic conditions and/or extreme temperatures as a result of a mishap to a conveyance in which that **Insured Person** is travelling. Provided the mishap to the conveyance occurs during the **Period of Insurance** and the **Operative Time** and within the Geographical Limits, all as shown in the Schedule.
- **Full Time Education** means: undergoing a programme of learning provided by a recognised educational body or accredited institutional body, with the intention of gaining a qualification by examination or assessment. This programme of learning can include work experience provided at least two-thirds of the course time is spent on study.
- **Gross Weekly Wage** means: the average weekly amount of the **Insured Person's** annual gross earnings (before the deduction of tax or National Insurance payments) received by the **Insured Person** in the 12 months immediately prior to the first day of the applicable period of **Temporary Total Disablement** or **Temporary Partial Disablement**.

All as set out in the **Insured Person's** contract(s) of service and/or business accounts and/or invoices.

The average weekly amounts shall be calculated by dividing the annual gross earnings by 52.

For the purposes of this definition, the annual gross earnings excludes: loans (whether repayable or otherwise), profit share payments, overtime, payments for expenses or benefits in kind. If any of these excluded items have been included in the estimated or actual amounts provided when the premium was calculated, they shall not be excluded here.

- **Home Adaption Expenses** means: costs incurred by the **Policyholder** or an **Insured Person** for adapting the **Insured Person's** home to cater for the practical changes required as a direct result of that **Insured Person** becoming disabled.

- **Hospitalisation / Hospitalised:** means admission to a hospital registered as such in the country where it is located as an inpatient on the advice of a qualified medical practitioner.
- **Insured Person** means: any person who is a member of the **Policyholder** or volunteer working under the auspices of the **Policyholder** as shown in the Schedule.
- **Insurer** means: the insurer(s) as shown under the Insuring Agreement section of this **Certificate**.
- **Loss of Hearing** means: permanent total and irrecoverable loss of hearing which lasts 12 consecutive months and at the expiry of that period is beyond hope of improvement.
- **Loss of Limb** means: permanent loss by physical separation of a hand or hands at or above the wrist, or of a foot or feet at or above the ankle and includes permanent total irrecoverable loss of use of a hand(s), arm(s) or leg(s).
- **Loss of Speech** means: permanent total and irrecoverable loss of speech which lasts 12 consecutive months and at the expiry of that period is beyond hope of improvement.
- **Operative Time** means: the time when the **Insured Persons** are covered by the insurance provided by this **Certificate**.
- **Paraplegia** means: complete paralysis of the lower half of the body including both legs.
- **Period of Insurance** means: the period the insurance under this **Certificate** is in force as shown in the Schedule.
- **Permanent Total Disablement (any)** means: disablement which entirely prevents the **Insured Person** from attending to any business or occupation for which that **Insured Person** is reasonably suited by training, education or experience and which lasts twelve (12) consecutive months and at the end of that period is beyond hope of improvement.
- **Permanent Total Disablement (Children)** means: disablement which entirely prevents the **Insured Person** from attending full time education for a period of twelve (12) consecutive months and, at the end of that period, is beyond hope of improvement and without prospect of being able to undertake any gainful occupation or of being able to support him/herself financially.
- **Permanent Total Disablement (usual)** means: disablement which entirely prevents the **Insured Person** from attending to their usual business or occupation which lasts twelve (12) consecutive months and at that period is beyond hope of improvement.
- **Policyholder** means: the business entity or organisation shown in the Schedule that is insured under and is the legal holder of this **Certificate**.
- **Quadriplegia** means: complete paralysis of all four limbs.

- **Rehabilitation** means: expenses incurred by the **Policyholder** or the **Insured Person** for medical, surgical, manipulative, massage, therapeutic or nursing treatment.
- **Remunerated Employment** means: any payment or compensation received for services rendered under a contract for a minimum period of six (6) hours per week.
- **Retraining Expenses** means: costs incurred by the **Policyholder** or the **Insured Person** to retrain that **Insured Person** for an alternative occupation either in the business for the **Policyholder** or elsewhere.
- **Temporary Partial Disablement** means: disablement which temporarily prevents the **Insured Person** from attending to a substantial part of the duties of their usual business or occupation, which results in that **Insured Person** earning less than they would have earned if they had not suffered the disablement.
- **Temporary Total Disablement** means: disablement which temporarily prevents the **Insured Person** from attending to the major duties of their usual business or occupation.
- **Terrorism** means: an act, including an act but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- **Urgent Expenses Following Accidental Death** means: urgent expenses including but not limited to additional expenditure such as transportation costs necessary for completing documentation relevant to the applicable **Insured Person's** death whilst the deceased **Insured Person's** estate is being arranged. It does not include funeral expenses.
- **Waiting Period** means: the period during which no **Temporary Total Disablement** or **Temporary Partial Disablement** benefits are payable as shown in the Schedule of Benefits, and commences at the beginning of a period of **Temporary Total Disablement** or **Temporary Partial Disablement**.
- **Working Day** means: each complete day during which an **Insured Person** would normally be engaged in their usual occupation.

Conditions

The **Policyholder** must comply with the terms, conditions and exclusions of this **Certificate** and must ensure that **Insured Persons** comply with the terms, conditions and exclusions of this **Certificate**. Failure to comply may prejudice the **Policyholder's** position to recover a claim or claims under this **Certificate**.

(1) **Premium Payment**

This insurance is not operative unless the premium shown in the Schedule has been paid in accordance with the terms, conditions and exclusions of this **Certificate**.

(2) **Non-Assignment**

The **Insurer** shall not be bound to accept or be affected by a trust, change in lien or assignment relating to or other dealing with this **Certificate**, other than otherwise provided for under the "Payments to **Insured Persons**" condition below.

(3) **Eligibility of Insured Persons**

For an individual to qualify as an **Insured Person** under this **Certificate**, the individual must be a member of the **Policyholder** at the time of **Accident** giving rise to a claim under this **Certificate** in respect of that **Insured Person**.

(4) **Payments to Insured Persons**

Irrespective of the Non-Assignment condition above, the **Policyholder** can, in relation to any valid claim under this **Certificate**, at its discretion authorise the **Insurer** to pay any benefit directly to a named **Insured Person**. Receipt of such payment by the named **Insured Person** shall discharge the **Insurer** of any further liability in respect of the benefit concerned.

(5) **Reduced Payments in respect of each Insured Persons**

If an **Accident** gives rise to one or more claim(s) under this **Certificate** involving more than one **Insured Person** and the total amount(s) payable from that **Accident** would otherwise exceed the applicable maximum amount payable any one **Accident** limit as shown in the Schedule of Benefits then to ensure that the applicable **Accident** limit is not exceeded the amount payable in respect of the **Insured Person** for that **Accident** shall be reduced to the proportion of that **Insured Person's** claim which the applicable **Accident** limit shown in the Schedule of Benefits bears to the total of all valid claims from that **Accident**.

(6) **Mitigation of Loss and Other Obligations**

The **Policyholder** will and shall ensure that the **Insured Person** will:

- a) take such action as may be required to mitigate or minimise any loss or potential loss under this **Certificate**;
- b) provide a statutory sworn declaration in any respect to a claim under this **Certificate**, if required by Cega or the **Insurer**;

- c) agree that, if the **Insurer** has paid a claim under this **Certificate** and the **Policyholder** has accepted payment in full and final settlement of the claim, then the **Insurer** will not have to make any further payments for the same claim;
- d) immediately reimburse to the **Insurer** any payment made under this **Certificate** in good faith in respect of a claim where it is subsequently established that the **Insurer** was not liable to pay the claim;
- e) immediately reimburse to the **Insurer** any payments made for **Disappearance** if the applicable **Insured Person** is subsequently found to be living.

Exclusions

The **Policyholder** must comply with the terms, conditions and exclusions of this **Certificate** and must ensure that **Insured Persons** comply with the terms, conditions and exclusions of this **Certificate**. Failure to comply may prejudice the **Policyholder's** position to recover a claim or claims under this **Certificate**.

The **Insurer** shall not pay any claim where the claim arises from or relates to:

- (1) any amount which:
 - a) exceeds the maximum amount payable as shown in the Schedule of Benefits,
 - b) falls within an **Excess** but only in respect of a claim that is subject to an **Excess** as shown in the Schedule of Benefits;
- (2) any period which:
 - a) falls within a **Waiting Period**, or
 - b) extends beyond a **Benefit Payment Period**,but only in respect of a claim that is subject to a **Waiting Period** or **Benefit Payment Period** as shown in the Schedule of Benefits;
- (3) an **Accident** that does not occur during the **Period of Insurance** or during the **Operative Time**, both as shown in the Schedule;
- (4) an individual who is not an **Employee**, member or volunteer at the time of the **Accident**;
- (5) sickness or disease, other than sickness or disease directly resulting from **Bodily Injury** to an **Insured Person** for which a valid claim is payable under this **Certificate** in respect of that **Insured Person**;
- (6) death or disablement of an **Insured Person** whilst that **Insured Person** is piloting or performing duties as a crew member of an **Aircraft**;
- (7) war whether declared or not and within the United Kingdom;
- (8) **Terrorism** involving the use or release or the threat to use or release any:
 - a) nuclear weapon or device,
 - b) chemical agent,
 - c) biological agent;
- (9) radioactive contamination;

(10) death or disablement of an **Insured Person** where that **Insured Person** is engaged or taking part in:

a) the following winter sports:

free-style skiing	repetitive travel in ski run helicopters
ski jumping	competitive winter sports activities
ice hockey	use of bobsleighs or skeletons
off piste skiing unless accompanied by a suitably experienced guide	

b) the following scuba diving activities:

unaccompanied diving	dives involving visits to wrecks or caves
dives below a depth of 30 metres	dives for gain or reward

Any other scuba diving unless the **Insured Person**:

- holds a valid British Sub Aqua Club "Sports Diver" certificate or the Professional Association of Diving Instructors "Open Water" certificate and follows the respective Club or Association rules and guidelines at all times, or
- dives under the constant supervision of a properly licensed diving school and follows their rules and instructions at all times.

c) the following activities:

potholing	white water skiing
caving	bungee jumping
hang-gliding	paragliding
parachuting	parascending
mountaineering or rock climbing necessitating the use of picks, ropes or other specialist equipment, or free solo climbing	any kind of racing on land, in or over water or in the air, whether as driver or passenger as applicable

(11) death or disablement of an **Insured Person** where that **Insured Person** is engaged in active service with the Armed Forces of any nation, other than whilst training as a volunteer or member of a legally recognised United Kingdom military reserve force;

(12) death or disablement of an **Insured Person** from that **Insured Person's**:

- suicide or attempted suicide,
- intentional self-injury,
- deliberate exposure to exceptional danger other than in an attempt to save human life,
- neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or mental or emotional diseases or disorders of any type.

(13) death or disablement of an **Insured Person** where that **Insured Person** is under the influence of drugs or illegal substances, other than drugs legally prescribed by qualified medical practitioner but not drugs legally prescribed for the treatment of drug addiction.

(14) death or disablement of an **Insured Person** where that **Insured Person**:

- a) provokes an assault or fight, other than in bona fide self-defence,
- b) is intentionally engaged or taking part in a riot or civil commotion,
- c) has or is committing a criminal offence;

(15) venereal disease or Acquired Immune Deficiency Syndrome (AIDS) and/or AIDS-related complex (ARC) or Human Immune-deficiency Virus (HIV) howsoever these have been acquired or may be named;

(16) **Permanent Total Disablement** of an **Insured Person** who is not in **Remunerated Employment**;

(17) **Temporary Total Disablement** and/or **Temporary Partial Disablement** of an **Insured Person** who is not in **Remunerated Employment**;

(18) death or disablement of an **Insured Person** where that **Insured Person** is under the influence of alcohol where such consumption or abuse results in an impairment of an **Insured Person's** faculties or judgement;

(19) the **Insured Person** in or travelling through any of the following countries or territories:

Crimea, Cuba, Democratic People's Republic of Korea (North Korea), Iran, Russia, Syrian Arab Republic (Syria), Ukraine and Yemen.

The **Policyholder** can ask the **Insurer** to remove one or more of the countries or territories from this exclusion, which the **Insurer** may or may not agree. If the **Insurer** agrees, they may impose additional terms and/or conditions and/or exclusions and/or charge an additional premium, all of which will be done in writing by the **Insurer**.

To do this the **Policyholder** should contact their Insurance Broker who deals with this insurance; the Insurance Broker's contact details can be found in the Schedule;

(20) war, riot, rebellion, insurrection, civil commotion, explosion or war weapons or an act of **Terrorism** whilst the **Insured Person** affected is in or travelling through or over any of the following countries or territories:

Afghanistan, Central African Republic, Chad, Chechnya, Egypt, Iraq, Israel but only the West Bank Gaza, Ivory Coast, Kenya, Libya, Mali, Nigeria, Pakistan, Republic of Sudan, Republic of South Sudan and Somalia.

The **Policyholder** can ask the **Insurer** to remove one or more of the countries or territories from this exclusion, which the **Insurer** may or may not agree. If the **Insurer** agrees, they may impose additional terms and/or conditions and/or exclusions and/or charge an additional premium, all of which will be done in writing by the **Insurer**.

To do this the **Policyholder** should contact their Insurance Broker who deals with this insurance; the Insurance Broker's contact details can be found in the Schedule.

Cover Provided

Core Benefits

Subject to the benefit being shown as covered in the Schedule of Benefits, the **Insurer** will pay to the **Policyholder** the applicable benefit shown in the Schedule of Benefits under items 1 to 11, if an **Insured Person** suffers **Bodily Injury** that results in:

1. Death
2. Permanent total loss of sight in one eye or both eyes
3. **Loss of Limb**
4. **Loss of Hearing** in one ear
5. **Loss of Hearing** in both ears
6. **Loss of Speech**
7. **Permanent Total Disablement**
8. **Paraplegia**
9. **Quadriplegia**
10. **Temporary Total Disablement**
11. **Temporary Partial Disablement**

within 12 months from the date of the **Accident** causing the **Bodily Injury**.

In respect of each **Insured Person**, the **Insurer** shall only pay one of the benefits from items 1 to 11, however:

- a) if the **Bodily Injury** caused by the **Accident** also results in **Temporary Total Disablement** and/or **Temporary Partial Disablement** as well as a valid claim under one of the benefits under items 1 to 9, then payment(s) under benefits 10 and 11 will be paid until:
 - (i) the applicable benefit under items 1 to 9 is paid, or
 - (ii) the applicable maximum amount payable limit for **Temporary Total Disablement** and/or **Temporary Partial Disablement** as shown in the Schedule of Benefits is reached,

whichever the sooner.

Any such amounts payable under **Temporary Total Disablement** and/or **Temporary Partial Disablement** shall be deducted from the amount payable under the applicable benefit 1 to 9.

- b) if a valid claim is payable for **Permanent Total Disablement** and the **Bodily Injury** from the same **Accident** also results in **Paraplegia** or **Quadriplegia**, then benefits 8 or 9 respectively will be paid in addition to item 7.
- c) If in respect of the same **Accident** to an **Insured Person**, the **Policyholder** could claim more than one of the benefits under items 2 to 7 for that **Insured Person**, then the **Insurer** will pay the benefit with the greatest sum insured shown in the Schedule of Benefits.

If no benefit is shown under item 1 (Death) in the Schedule of Benefits and an **Insured Person** suffers **Bodily Injury** which results in their death within 12 months from the date of the **Accident** causing

the **Bodily Injury**, the only benefits that can be claimed prior to the death in respect of the **Accident** causing the **Bodily Injury**, if applicable, are:

- **Temporary Total Disablement** and/or **Temporary Partial Disablement**, and
- **Hospitalisation and Rehabilitation** under the additional benefits section.

Provided these benefits are shown as being covered in the Schedule of Benefits.

In respect of payments for **Temporary Total Disablement** and/or **Temporary Partial Disablement** the following shall apply:

- a) The amount payable for **Temporary Partial Disablement** claims will be the difference between:
 - what the **Insured Person** concerned would have been paid by the **Policyholder** if they had not suffered the **Temporary Partial Disablement**, and
 - what that same **Insured Person** has been paid by the **Policyholder** during the period of **Temporary Partial Disablement**.

Subject to the maximum amount payable shown in the Schedule of Benefits.

- b) Claims for **Temporary Total Disablement** and/or **Temporary Partial Disablement** for the same **Insured Person** and **Bodily Injury** giving rise to the **Temporary Total Disablement** and/or **Temporary Partial Disablement** shall be paid at four weekly intervals after the applicable period of **Temporary Total Disablement** or **Temporary Partial Disablement**. The first four week interval shall start from the first day of the **Temporary Total Disablement** or **Temporary Partial Disablement**.
- c) Claims for **Temporary Total Disablement** and **Temporary Partial Disablement** are subject to **Waiting Periods** and **Benefit Payment Periods**, these are shown in the Schedule of Benefits.
- d) Where payment is made under **Temporary Partial Disablement** and **Temporary Total Disablement** subsequent to each other for the same **Accident** and the same **Insured Person**, then the payments made under both **Temporary Partial Disablement** and **Temporary Total Disablement** shall be considered the same for the purposes of the **Benefit Payment Period** and only one **Benefit Payment Period** will apply.
- d) Where payment is made under **Temporary Partial Disablement** and **Temporary Total Disablement** subsequent to each other for the same **Accident** and the same **Insured Person**, then the **Waiting Period** will apply only once.
- e) Where payment is made under **Temporary Partial Disablement** and/or **Temporary Total Disablement** and a period of disablement relates to part of a week, the amount payable for each **Working Day** shall be proportionate to the **Insured Person's Gross Weekly Wage**. No claim shall be payable for a disablement period that is less than a **Working Day**.
- f) If a claim is paid under one of the benefits 1 to 9 and claims have also been paid for **Temporary Total Disablement** and/or **Temporary Partial Disablement** for the same **Accident** and same **Insured Person**, then the amount paid for the **Temporary Total Disablement** and/or **Temporary Partial Disablement** shall be deducted from the amount payable under the applicable benefit 1 to 9.

Additional Benefits

One or more of the following Additional Benefits are only payable if the applicable **Insured Person** suffers **Bodily Injury** and, for some of the additional benefits, there needs to be a valid claim payable for one Core Benefit shown immediately above, this is detailed below separately for each Additional Benefit.

- **Domestic Services Expenses**
(item 12 under the Schedule of Benefits)

In the event of a valid claim in relation to an **Insured Person** for a benefit in respect of:

- Permanent total loss of sight in one eye or both eyes;
- **Loss of Limb**;
- **Loss of Hearing** in one ear;
- **Loss of Hearing** in both ears;
- **Loss of Speech**;
- **Permanent Total Disablement**;
- **Paraplegia**;
- **Quadriplegia**;
- **Temporary Total Disablement**,

the **Insurer** will pay to the **Policyholder** **Domestic Service Expenses** incurred in respect of that **Insured Person** and directly as a result of the **Bodily Injury** that has given rise to the valid claim, subject to:

- the **Domestic Service Expenses** having been agreed in advance by Cega whose contact details can be found under the Consumer Information section of this **Certificate**, and
- the payment by the **Insurer** of the **Domestic Service Expenses** ceasing:
 - a) once the sum insured limit, as shown in the Schedule of Benefits, has been reached, or
 - b) the **Temporary Total Disablement** benefit, if applicable, ceases to be paid, or
 - c) 12 months from the date of the **Accident** causing the **Bodily Injury**,

whichever occurs first.

- **Home Adaption Expenses**
(item 13 under the Schedule of Benefits)

In the event of a valid claim in relation to an **Insured Person** for the benefit of:

- **Permanent Total Disablement** and **Paraplegia** or **Quadriplegia**,

the **Insurer** will pay to the **Policyholder** **Home Adaption Expenses** incurred in respect of that **Insured Person** and directly as a result of the **Bodily Injury** that has given rise to the valid claim up to the maximum amount shown in the Schedule of Benefits, subject to:

- the **Home Adaption Expenses** having been agreed in advance by Cega whose contact details can be found under the Consumer Information section of this **Certificate**, and
- all such claims having been submitted within the six months after the **Permanent Total Disablement** claim was agreed by Cega. No claim will be paid that is submitted after six months from the date the applicable **Permanent Total Disablement** claim was agreed by Cega.

- **Retraining Expenses**
(14 under the Schedule of Benefits)

In the event of a valid claim in relation to an **Insured Person** for the benefit of:

- **Permanent Total Disablement**

the **Insurer** will pay to the **Policyholder Retraining Expenses** incurred in respect of that **Insured Person** and directly as a result of the **Bodily Injury** that has given rise to the valid claim, subject to:

- the **Retraining Expenses** having been agreed in advance by Cega whose contact details can be found under the Consumer Information section of this **Certificate**, and
- the payment by the **Insurer** of the **Retraining Expenses** ceasing:
 - a) once the sum insured limit, as shown in the Schedule of Benefits, has been reached, or
 - b) the **Insured Person** completes the retraining applicable to the **Retraining Expenses**, or
 - c) 6 months after the **Permanent Total Disablement** claim was agreed by Cega.

whichever occurs first.

- **Urgent Expenses Following Accidental Death**
(item 15 under the Schedule of Benefits)

In the event of a valid claim in relation to an **Insured Person** for the benefit of:

- death

the **Insurer** will pay to the **Policyholder Urgent Expenses Following Accidental Death** in respect of that **Insured Person** up to the maximum amount shown in the Schedule of Benefits, subject to:

- the **Urgent Expenses Following Accidental Death** having been agreed in advance by Cega whose contact details can be found under the Consumer Information section.

- **Hospitalisation**
(item 16 under Schedule of Benefits)

If an **Insured Person** suffers **Bodily Injury** and solely as a result of that **Bodily Injury** that **Insured Person** is **Hospitalised** for a continuous period greater than 48 hours, then the **Insurer** will pay to the **Policyholder** the amount shown in the Schedule of Benefits for every

continuous and uninterrupted 24 hour period that **Insured Person** is **Hospitalised** after the first 48 continuous hours of **Hospitalisation**, up to the maximum amounts as shown in the Schedule of Benefits.

There will be no payment for:

- the first 48 hour continuous period, or
- part of a continuous 24 hour period, or
- **Hospitalisation** beyond the **Benefit Payment Period**

- **Rehabilitation**

(item 17 under Schedule of Benefits)

In the event of a valid claim in relation to an **Insured Person** for a benefit in respect of:

- Permanent total loss of sight in one eye or both eyes;
- **Loss of Limb;**
- **Loss of Hearing** in one ear;
- **Loss of Hearing** in both ears;
- **Loss of Speech;**
- **Permanent Total Disablement;**
- **Paraplegia;**
- **Quadriplegia;**
- **Temporary Total Disablement,**

the **Insurer** will pay to the **Policyholder** costs incurred for the **Rehabilitation** of that **Insured Person** and directly as a result of the **Bodily Injury** that has given rise to the valid claim up to the maximum amount shown in the Schedule of Benefits, subject to:

- the **Rehabilitation** costs having been agreed in advance by Cega whose contact details can be found under the Consumer Information section of this **Certificate**;
- the **Excess**.

