Personal Accident Insurance Group Policy for

D'Overbroeck's Limited

PA9 0000323

Introduction

This personal accident insurance **Group Policy** has been arranged by Howden on behalf of the **Group Policyholder** for the benefit of the **Group Policyholder** and the **Policyholders**. It contains details of the cover, conditions and exclusions applicable and is the basis on which all claims will be settled.

In return for having accepted the **Premium We** will provide cover to the **Group Policyholder** and **Policyholders** in accordance with the operative sections of this **Group Policy** as referred to in the **Statement of Insurance.**

The **Statement of Insurance** issued together with this **Group Policy** wording and any endorsements, shows which benefits the **Group Policyholder** has chosen, who is covered under this **Group Policy** and when and where cover applies. The **Group Policyholder** and the **Policyholders** should take the time to read this **Group Policy** carefully to ensure that it meets their needs.

This **Group Policy** wording**, Statement of Insurance** and any endorsements all form part of the **Group Policy**. This is a contract between the **Group Policyholder** and **Us**. The **Group Policy** and all communications before and during the **Period of Insurance** will be provided in English.

The Law applicable to this Group Policy
We and the **Group Policyholder** are free to choose the laws applicable to this **Group Policy**. **We** propose to apply the laws of England and Wales and by purchasing this **Group Policy** the **Group Policyholder** has agreed to this.

Group Policy information or advice
The **Group Policyholder** must give a copy of this **Group Policy** wording, **Statement of Insurance** and any endorsements to each **Policyholder** at the time they are accepted for cover under this **Group Policy**.

If the **Group Policyholder** would like more information or feel that this insurance may not meet their needs, please contact your Howden representative.

If you are covered under this **Group Policy** (**a Policyholder**), and would like more information or feel that this insurance may not meet your needs, contact the **Group Policyholder** at the address shown in the **Statement of Insurance.**

The Insurer
This **Group Policy** is underwritten by Zurich Insurance Company Ltd.

Data Protection
Howden is committed to being transparent about how we handle your data and protect your privacy. Full details can be found within our privacy policy at www.howdenbroking.com/uk-en/privacy-data-protection-policy.

Zurich's Data protection statement can be found on their website www.zurich.co.uk/dataprotection . Paper copies of the statement are available on request via gbz.general.data.protection@uk.zurich.com or alternatively contact, Data Protection Officer, Zurich Insurance, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

Contents

Definitions

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this **Group Policy**. For ease of reading the definitions are highlighted by the use of bold print and will start with a capital letter.

Benefit Amount – means:

1. The maximum amount, or assessed percentage of the maximum amount that **We** will pay under Section 1 – Bodily Injury of this **Group Policy**
2. The fixed amount(s) that **We** will pay under Section 2 - Dental injury expenses, Section 3 - Facial scarring and Section 4 - Burns and scalds of this

Group Policy as shown in the **Statement of Insurance**.

Bodily Injury – means bodily injury which is caused by an **Event**.

Chauffeur – means any person employed or contracted by the **Policyholder** whose primary duty is the driving, operation, or control of a motor vehicle on behalf of the **Policyholder.**

Child/Children – means the biological, adopted, or stepchildren who are ordinarily permanently resident with the **Policyholder** and who are under the age of 18, or under the age of 23 if in full-time education.

Coma – means a state of continuous, unresponsive unconsciousness in which the **Policyholder** is unable to be awakened and does not respond to external stimuli, including pain, sound, or light. The condition must be diagnosed by a qualified **Medical Practitioner** and must require the use of life-supporting equipment or continuous medical supervision

Convalescence – means a period of recuperation on the orders of a **Medical Practitioner** after being a **Hospital** in-patient for at least seven consecutive nights.

Cosmetic Surgery – means surgical treatment conducted to restore form or function following an accidental **Bodily Injury** covered under this policy, including procedures performed to:

1. Repair damage
2. Correct deformity
3. Restore normal physical appearance or capability where such treatment is medically necessary.

Dental Practitioner(s) – means a registered practising member of the dental healthcare profession who is not related to the **Policyholder**

Dependent Adult - means any person aged 18 or over who is dependent on the **Policyholder** for daily living support due to a physical disability, learning disability, mental impairment or chronic illness and for whom the **Policyholder** is an official carer and in receipt of a carer or attendance allowance from the state.

Dislocation – means the complete and permanent displacement of a bone from its normal position in a joint, diagnosed and confirmed by a qualified **Medical Practitioner**, which requires external manipulation, reduction or other medical treatment.

Effective Time – means:

1. In respect of a **Policyholder** who is a pupil it is 24 hours a day, 365 days a year, on a Worldwide basis during the **Period of Insurance**, for which the **Premium** has been paid for such pupil unless the pupil is not returning to the school. If the pupil is not returning to the school:
   a) because he/she is transferring to another primary or secondary school within the **United Kingdom**, the cover will continue until the commencement of the uninterrupted journey to the new school
   b) because he/she has completed his/her secondary education or is transferring to another school outside the **United Kingdom**, cover will be provided during the following holiday break only while such pupil participates in any officially organised school activity, including the uninterrupted journey to the place of activity and the uninterrupted journey home. Cover will cease when the pupil returns home or at midnight before the commencement date of the new **Term**, whichever is sooner
   c) for any reason other than a) or b) above, the cover will terminate after the uninterrupted journey home at the end of such pupil's last day as a pupil of the school.
2. In respect of a **Policyholder** who is a member of staff it is 24 hours a day, 365 days a year on a Worldwide basis during the **Period of Insurance** stated in the **Statement of Insurance**.

Employee – means any person under a contract of service or apprenticeship with the **Group Policyholder** or any person the **Group Policyholder** has the right to instruct in his or her performance.

Estate Administration – means the legal process carried out after the death of a **Policyholder** to collect, manage, and distribute their assets, settle debts and liabilities, and complete any required legal or tax formalities.

Event – means a sudden, unforeseen and identifiable occurrence. All occurrences or series of occurrences arising from or attributable to one source or original cause will be regarded as a single occurrence where they occur within a 20 kilometres radius and within 24 consecutive hours of the one source or original cause.

Fracture – means a break in the full thickness of a bone.

Group Policy – means the documents consisting of the **Group Policy** wording, the **Statement of Insurance** and any applicable endorsements.

Group Policyholder – means the school stated in the **Statement of Insurance** as being the **Group Policyholder**, that is resident or incorporated within the **United Kingdom** and which has entered into this **Group Policy** for the benefit of itself and the **Policyholders**.

Hospital – a licensed medical institution which meets the following criteria:

- it has facilities for medical diagnosis and/or for treating injured and sick people;
- it is run by **Medical Practitioner(s)**;
- it provides care supervised by state registered nurses or the local equivalent; and/or
- it is not a medical institution only specialised in training and education, a nursing or convalescent home, a hospice or place for the terminally ill, a residential care home, or a place for drug and/or alcohol rehabilitation.

Hospital Stay – means admission to an NHS **Hospital** as an in-patient on the advice of, and under the regular care and attendance of a doctor

Loss of Limb – means

1. In the case of a lower limb loss by permanent physical severance at or above the ankle or permanent total loss of use of an entire leg or foot.
2. In the case of an upper limb loss by permanent physical severance of the entire 4 fingers through or above the metacarpal phalangeal joints or permanent total loss of use of an entire arm or hand.

Loss of Sight – means the total **Loss of Sight** which will be deemed to have occurred:

1. in both eyes when the condition is shown to **Our** satisfaction to be permanent and without expectation of recovery and the **Policyholder's** name has been added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist
2. in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and **We** are satisfied that the condition is permanent and without expectation of recovery.

Medical Practitioner(s) – means registered practising member of the medical profession who is not related to the **Policyholder**.

Medical Expenses – means all reasonable costs necessarily incurred for medical, surgical or other diagnostic or remedial treatments given or prescribed by a qualified **Medical Practitioner** and all **Hospital**, nursing home, or ambulance charges. Dental, optical expenses and routine pregnancy expenses are excluded unless incurred as the result of an emergency.

Paraplegia – means the permanent and total paralysis of the 2 lower limbs

Period of Insurance – means the **Group Policy** cover start date and end date shown in the **Statement of Insurance** for which the **Group**

Personal Belongings – means personal items that are owned, used or worn by the **Policyholder** and that are carried on or about their person at the time of the **Bodily Injury** covered under this policy. This includes clothing, footwear, everyday personal items, and valuables normally worn or carried.

Physiotherapy – means treatment provided by a qualified and registered physiotherapist that uses physical techniques such as; exercise therapy, manual therapy, movement training, massage, and electro-therapeutic modalities to restore or improve mobility, function or physical wellbeing following an accidental **Bodily Injury** covered under this policy.

Policyholder has taken out this **Group Policy** and for which the **Premium** has been paid. The **Period of Insurance** may, at **Our** discretion, be extended subject to payment of any additional **Premium** required.

Permanent Partial Disablement – means disablement which has lasted for at least 12 months and from which **We** believe that **Policyholder** will never recover, caused other than by **Permanent Total Disablement**, **Quadriplegia**, or **Paraplegia**, that is not otherwise excluded.

Permanent Total Disablement – means

1. In respect of a **Policyholder** who is an **Employee** and above 16 years of age and below state retirement age: disablement caused other than by **Quadriplegia**, **Paraplegia**, or **Permanent Partial Disablement**, which will in all probability totally prevent the **Policyholder** from engaging in their **Usual Occupation** for the remainder of their life
2. In respect of a **Policyholder** who is either:
    a) not an **Employee**
    b) an **Employee** who is below 16 years of age or above the state retirement age

disablement caused other than by **Quadriplegia**, **Paraplegia**, or **Permanent Partial Disablement**, which will in all probability entirely prevent the **Policyholder** from engaging in any occupation for the remainder of their life.

Policyholder/Policyholders – means:

1. Any pupil attending the school who is eligible to be covered under this **Group Policy**, for whom the appropriate **Premium** has been paid.
2. Any **Employee** who is eligible to be covered under this **Group Policy**, for whom the appropriate **Premium** has been paid.

A **Policyholder** is not party to this contract which is solely between the **Group Policyholder** and **Us**.

Premium – means the amount that the **Group Policyholder** is required to pay on a termly basis for participation in this **Group Policy**, as stated on the invoice issued, and any adjustment invoices issued from time to time.

Prosthesis – means an artificial limb, device or appliance designed to replace in whole or in part, a missing or impaired body part, and which is prescribed or supplied on the recommendation of a qualified **Medical Practitioner**. This includes externally worn or surgically implanted prosthetic devices that restore basic physical function.

Psychological – means relating to the mental or emotional wellbeing of a **Policyholder**, including conditions or symptoms that affect thoughts, feelings, behaviour or the ability to cope with everyday activities, as assessed or diagnosed by a qualified mental health professional such as a psychologist, psychiatrist or appropriately accredited counsellor

Quadriplegia – means the permanent and total paralysis of all 4 limbs of the body

Statement of Insurance – means the document detailing the Insurer, the policy number, the **Period of Insurance**, the sections which are operative, benefits for each section of cover and any special terms and conditions which may apply to the **Group Policy**.

Taxi – means a licensed motor vehicle operated by a professional driver and made available for hire by the general public for the carriage of passengers, where the fare is recorded by a taximeter or is charged in accordance with a pre-agreed or regulated pricing structure. This definition includes licensed private hire vehicles but excludes unlicensed vehicles, ride-sharing arrangements and vehicles hired or driven by the **Policyholder** or **Group Policyholder.**

Terrorism – means an act, including 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 organisations(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Term — means the duration of one of the three periods of attendance at the school during a school year, including the uninterrupted journey to the school prior to commencement of the period plus the holiday break that immediately follows.

Total Loss of Hearing – means total and permanent loss of hearing.

Total Loss of Speech – means total and permanent loss of speech.

Trauma – means a significant **Psychological** or emotional response experienced by the **Policyholder** as a direct result of an accidental **Bodily Injury**

covered under this policy, or from witnessed a sudden, unexpected and distressing **Event** involving actual or threatened serious injury or death. Trauma must be assessed or diagnosed by a qualified mental health professional and be of a nature that requires **Psychological** counselling or therapeutic intervention.

United Kingdom/UK - means England, Scotland, Wales and Northern Ireland.

Usual Occupation - The main occupation of the **Policyholder** for which they are suited by training and qualifications under a contract of employment with the **Group Policyholder**.
War – Armed conflict between nations including forces acting for any international authority whether **War** be declared or not, invasion, civil W**ar**, any attempt to usurp power or any activity arising out of an attempt to participate in military force between nations.

We/Us/Our – means the Insurer shown on the **Statement of Insurance**, Howden UK Brokers Limited, or another agent acting on behalf of the Insurer.

General conditions applicable to the Group Policy

Both the **Group Policyholder** and the **Policyholders** must comply with the following conditions to have the full protection of this **Group Policy**.

If the **Group Policyholder** or the **Policyholders** do not comply with such conditions **We** may at **Our** option cancel this **Group Policy** refuse to deal with any claim or reduce the amount of any claim payment.

1. Reasonable precautions

Both the **Group Policyholder** and the **Policyholder** must take and cause to be taken all reasonable precautions to avoid damage, injury, illness or disease

2. Cancellation of the Group Policy
14 day cooling off period

The **Group Policyholder** may cancel this **Group Policy** and all associated cover sections within 14 days starting from the day the **Group Policyholder** received the **Group Policy** by writing to the address shown in the **Statement of Insurance**. **We** will refund the **Premium** less a charge for any period for which cover applied. **We** also reserve the right to charge a cancellation fee of £20.00. In the event of a claim or an incident likely to give rise to a claim has occurred during the period for which cover applied, no refund of **Premium** will be given.

Cancellation Outside the 14 day cooling off period

This **Group Policy** may be cancelled:

a) by the **Group Policyholder** sending **Us** notice to the address shown on the **Statement of Insurance**. **We** will return a proportionate refund of the **Premium** paid in respect of the unexpired term of this **Group Policy**. **We** also reserve the right to charge a cancellation fee of £20.00. In the event of a claim or an incident likely to give rise to a claim has occurred during the current **Period of Insurance** no refund of **Premium** will be given.

b) by **Us** or **Our** authorised underwriting agents where there is a valid reason for doing so by giving the **Group Policyholder** 21 days' notice in writing to their last known address. **We** will refund any **Premium** which may be due to the **Group Policyholder** in accordance with the terms of this condition. Valid reasons for cancellation may include but are not limited to:

- If the **Group Policyholder** advises **Us** of a change of risk under this **Group Policy** which **We** are unable to insure, or unable to insure at the same terms and conditions on which cover was originally underwritten;
- Where the **Group Policyholder** fails to respond to requests from **Us** for further information or documentation;
- Where the **Group Policyholder** has given incorrect information and fails to provide clarification when requested;
- Where the **Group Policyholder** is in breach of any of the terms and conditions which apply to this **Group Policy**;
- Where **We** reasonably suspect fraud;
- Where there is a change in law or regulation that materially changes the risk insured; or
- The use of threatening or abusive behaviour or language, or intimidation or bullying of **Our** staff or suppliers, by the **Group Policyholder** or any person acting on their behalf.

c) by **Us** or **Our** authorised underwriting agents if **We** have been unable to collect a **Premium** payment. In this case the **Group Policyholder** will be notified in writing requesting payment by a specific date. If payment is not received by this date the **Group Policyholder** will be written to again notifying them that payment has not been received and giving them seven days' notice for a final payment. If payment is not received

by that date **We** will cancel this **Group Policy** with immediate effect and notify the **Group Policyholder** in writing that such cancellation has taken place.

In the event of cancellation of this **Group Policy** by us in accordance with this condition, the **Group Policyholder** must notify the **Policyholders** and/or their legal representatives of such cancellation.

4. Withdrawal of Policyholder Participation

A **Policyholder's** participation in the **Group Policy** may be withdrawn:

a) by a **Policyholder** and/or their legal representatives by giving written notice of that intention to the **Group Policyholder** specified in the **Statement of Insurance**.

b) by **Us** or **Our** authorised underwriting agents where there is a valid reason for doing so by giving the **Policyholder** and/or their legal representatives and **Group Policyholder** 21 days' notice in writing to their last known address. **We** will refund any premium which may be due to the **Group Policyholder** in accordance with the terms of this condition. Valid reasons for cancellation may include but are not limited to:

- If the **Policyholder** and/or their legal representatives advises **Us** of a change of risk under this **Group Policy** which **We** are unable to insure, or unable to insure at the same terms and conditions on which cover was originally underwritten;
- Where the **Policyholder** and/or their legal representatives fails to respond to requests from **Us** for further information or documentation;
- Where the **Policyholder** and/or their legal representatives has given incorrect information and fails to provide clarification when requested;
- Where the **Policyholder** is in breach of any of the terms and conditions which apply to this **Group Policy**;
- Where **We** reasonably suspect fraud;
- Where there is a change in law or regulation that materially changes the risk insured;
- Where the **Policyholder** suffers a change in state of health for example they develop a long term or chronic medical condition that requires treatment for more than 12 months; or
- The use of threatening or abusive behaviour or language, or intimidation or bullying of **Our** staff or suppliers, by the **Policyholder** or any person acting on their behalf.

Any return of **Premium** due to the **Group Policyholder** as a result of a **Policyholder's** withdrawal from participation in the **Group Policy** will be calculated from the date such participation ceases or the date. **We** have received written notice whichever is the later. No return of **Premium** will be paid or allowed where such **Policyholder** covered under this **Group Policy** or been the subject of a claim during any period for which cover was provided. **We** also reserve the right to charge a reasonable administration fee.

We reserve the right to not allow a pupil to be included in the **Group Policy** provided that **We** provide written notice to the **Group Policyholder** of not less than one full school **Term**.

5. Sanctions

No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, law, or regulations of the European Union, United Kingdom or the United States of America.

6. Third Party Rights

The **Group Policyholder**, **Policyholder** and **We** have agreed that it is not intended for any third party to this contract to have the right to enforce the terms of this contract. The **Group Policyholder**, **Policyholder** and **We** can rescind or vary the terms of this contract without the consent of any third party to this contract, who might seek to assert that they have rights under the Contracts (Rights of Third Parties) Act 1999.

Claims conditions

In the event of the **Group Policyholder** or any **Policyholder** wanting to make a claim against the **Group Policy**, they must comply with the following conditions to have the full protection of the **Group Policy**. To make a claim, phone the telephone number detailed below.

If the **Group Policyholder** or any **Policyholder** does not comply with the claims conditions **We** may at **Our** option cancel the **Group Policy**, refuse to deal with any **claim** or reduce the amount of any claim payment.

1. Claims

To make a claim **We** should be notified by email, phone or write to **Us** at the address given below:

Zurich Insurance,
St Vincent Plaza,
319 St Vincent Plaza,
Glasgow, G2 7EA
Tel: +44(0) 333 2341105
Email: pupil.claims@howdeninsurance.co.uk

The **Group Policyholder** and/or the **Policyholder** must tell us about any **Event** as soon as possible, whether or not they give rise to a claim. The **Group Policyholder** and/or the **Policyholder** must give **Us** all the information and help **We** may need. **We** will decide how to settle or defend a claim and may carry out proceedings in the name of any person covered by this **Group Policy**, including proceedings for recovering any claim payments.

The notification must be made within 31 days of the **Event** occurring unless for claims payable under section 2. relating to dental injury expenses in which case notification must be made within 90 days of the **Event** occurring.

If **We** make a payment before cover is confirmed and **Our** claim investigation reveals that no cover exists under the terms of this **Group Policy**, the **Group Policyholder** and/or the **Policyholder** must pay **Us** back any amount W**e** have paid.

The **Group Policyholder** and/or **Policyholder** must also inform **Us** if they are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **Us** without delay. The **Group Policyholder**, the **Policyholder** and/or anyone acting on their behalf must not negotiate admit or repudiate any claim without **Our** written consent.

The **Group Policyholder**, the **Policyholder** and/or their legal representatives must supply at their own expense all information, evidence, and medical certificates as required by **Us**. The **Policyholder** may be asked to supply their medical practitioner's name to enable **Us** to access their medical records. This will help **Us** and the **Medical Practitioner** treating the **Policyholder**, to provide the most appropriate assistance and assess whether cover applies. If the **Policyholder** does not agree to provide this when requested **We** will not deal with their claim. **We** reserve the right to require the **Policyholder** to undergo an independent medical examination at **Our** expense. **We** may also request and will pay for a post-mortem examination where necessary.

2. Fraud

The **Group Policyholder** and the **Policyholders** must not act in a fraudulent manner. If the **Group Policyholder**, a **Policyholder** or anyone acting for them

a) Makes a claim under the **Group Policy** knowing the claim to be false or fraudulently exaggerated in any respect or
b) Makes a statement in support of a claim knowing the statement to be false in any respect or
c) Submit a document in support of a claim knowing the document to be forged or false in any respect or
d) Makes a claim in respect of any loss or damage caused by the **Group Policyholder** or a **Policyholder's** wilful act or with their connivance

Then

a) **We** shall not pay the claim
b) **We** shall reserve the right not to pay any other claim which has been or will be made under the **Group Policy**
c) **We** may at **Our** option declare the **Group Policy** void
d) **We** shall be entitled to recover from the **Group Policyholder** and/or the **Policyholder** the amount of any claim already paid under the **Group Policy**
e) **We** shall not make any return of **Premium**
f) **We** may inform the Police of the circumstances.

3. Paying Claims

1. Death
   a) If a **Policyholder** is 18 years old or over, **We** will pay the claim to the **Policyholder's** estate and the receipt given to **Us** by the **Policyholder's** personal representatives shall be a full discharge of all liability by **Us** in respect of the claim.
   b) If a **Policyholder** is aged under 18 years **We** will pay any claim for death to the **Policyholder's** parent or legal guardian. The **Policyholder's** parent or legal guardian's receipt shall be a full discharge of all liability by **Us** in respect of the claim.
2. All other claims
   a) If a **Policyholder** is 18 years or over, **We** will pay the claim to the **Policyholder** and the **Policyholder's** receipt shall be a full discharge of all liability by **Us** in respect of the claim.
   b) If a **Policyholder** is aged under 18 **We** will pay the appropriate **Benefit Amount** to the **Policyholder's** parent or legal guardian for the **Policyholder's** benefit. The **Policyholder's** parent or legal guardian's receipt shall be a full discharge of all liability by **Us** in respect of the claim.

General exclusions applicable to all sections of the Group Policy

We will not pay for claims arising directly or indirectly from or in connection with:

1. a) War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil unrest or similar event;.
   b) **Terrorism**, nuclear, chemical or biological attack.
2. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
3. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
4. The **Policyholder** engaging in:
   i. aviation other than as a fare paying passenger in an aircraft provided and operated by an airline or air charter company licenced for this.
   ii. air sports including but not limited to ballooning, parachuting, paragliding and parascending.
5. The **Policyholder's** participation in or practice of any professional entertaining or professional sports, underground mining or serving as a member of a commercial ships crew.
6. The **Policyholder's** wilfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, the use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a **Medical Practitioner**, but not for the treatment of drug addiction), self-exposure to needless peril (except in an attempt to save human life).
7. The **Policyholder** drinking too much alcohol which is evidenced by:
   a) a **Medical Practitioner** stating that the **Policyholder's** alcohol consumption has caused or actively contributed to your injury or illness.
   b) the results of a blood test which shows that the **Policyholder's** blood alcohol level exceeds 0.19% which is approximately four pints of beer or four 175ml glasses of wine.
   c) the witness report of a 3rd party which has advised that the **Policyholder** has notably impaired their faculties and/or judgement.
   d) the **Policyholder's** own admission and/or by the description of events you have described on the claim form.
8. Alcohol abuse or alcohol dependency which is evidenced by:
   a) the **Policyholder's** medical records or the opinion of the **Policyholder's Medical Practitioner**
   b) the opinion of an independent **Medical Practitioner**
9. The **Group Policyholder** and/ or **Policyholder's** own unlawful action or any criminal proceedings against them.
10. Operational duties of a member of the Armed Forces.
11. Any sickness or disease, any naturally occurring or degenerative condition, any gradually operating cause or post traumatic stress disorder.
12. Any circumstances the **Group Policyholder** or **Policyholder** is aware of at the time of taking out this **Group Policy** that could reasonably be expected to give rise to a claim.

Section 1 – Bodily injury

What is covered

If a **Policyholder** sustains **Bodily Injury** during the **Effective Time** that within 24 months solely and independently of any other cause results in death or disablement **We** will pay the appropriate **Benefit Amount** as stated in the **Statement of Insurance** under benefits 1 to 7 below:

1. Permanent total disablement; or
2. Quadriplegia; or
3. Paraplegia; or
4. Loss of two limbs; or
5. Loss of sight in both eyes; or
6. Permanent partial disablement (other than Loss of two limbs and/or Loss of sight in both eyes); or
7. Accidental death

What is not covered

1. Anything mentioned in the general exclusions.

Special conditions relating to claims

a) In respect of any one **Policyholder We** will not pay more than one of benefits 1 to 7 per **Event**.

b) When a **Policyholder** suffers more than one form of **Permanent Partial Disablement** covered under benefit 6. as a result of an **Event** the amount of benefit payable for each will be added together but **We** will not pay more than the maximum payable per **Event** detailed under item 6. in the **Statement of Insurance**.

c) In respect of any **Permanent Partial Disablement** for which there is no specific **Benefit Amount** shown in the **Statement of Insurance**, the amount of benefit will be calculated by assessing the disablement relative to the types of disablement mentioned under benefit 6 without reference to the **Policyholder's** occupation.

d) If a claim is payable for loss of or loss of use of a whole part of the body a claim for any component part of that part cannot also be made.

e) If a **Policyholder** was already disabled before the **Event** or already had a condition that is gradually deteriorating, **We** may reduce the amount **We** pay. Any reduction in the amount **We** pay will be based on **Our** medical assessment of the difference between:
   i) the permanent disability after the **Event**; and
   ii) the extent to which the permanent disability is affected by the disability or condition before the **Event**.

f) If a **Policyholder** disappears and after a suitable period of time as judged reasonable by the appropriate legal authority it is reasonable to believe that the **Policyholder's** death resulted from **Bodily Injury** during the **Effective Time We** will pay the amount stated under benefit 7. If it later transpires that the **Policyholder** has not died, any amount paid will be refunded to **Us**.

g) If a **Policyholder** suffers unavoidable exposure to the elements during the **Effective Time** that within 24 months solely and independently of any other cause results in death or disablement **We** will pay the appropriate benefits shown in the statement of insurance.

h) In relation to **Policyholders** aged 25 years or over at the date of **Event**, any claim shall be determined according to the **Policyholder's** actual disability as at the expiry of 24 months from the date of the **Event** or sooner if the maximum point of recovery has been reached prior to 24 months from the date of the **Event**.

(Cover in respect of sections 2, 3 and 4 is only operative if indicated in the statement of insurance)

Section 2 – Dental injury expenses

What is covered

If a **Policyholder** sustains loss of or damage to teeth or fixed dentures as a result of an external **Event** during the **Effective Time** **We** will pay up to the amount stated in the **Statement of Insurance** for the cost of their necessary dental treatment provided by a **Dental Practitioner** within 12 months of the **Event** giving rise to the loss or damage up to the benefit amount.

What is not covered

1. **We** will not pay for dental injury caused by:
   a) food or drink (including any foreign body in it) while being consumed
   b) ordinary wear tear or deterioration,
   c) fitting or re-fitting of implants or any subsequent loss of or damage to implants once fitted.
2. **We** will only pay for any replacement bridgework, crown or denture that is of a similar quality and type to that lost or damaged.
3. Anything mentioned in the general exclusions.

Section 3 – Facial scarring

What is covered

If a **Policyholder** sustains **Bodily Injury** during the **Effective Time** which results in permanent scarring of no less than 15% of their facial area **We** will pay between the minimum and maximum benefit amount as stated in the **Statement of Insurance**, dependent on the proportion of facial area permanently scarred.

What is not covered

1. Any claim where a claim is also being made under section 1. benefit 7. Accidental death.
2. Anything mentioned in the general exclusions.

Section 4 – Burns and scalds

What is covered

If a **Policyholder** sustains **Bodily Injury** during the **Effective Time** which results in permanent scarring of no less than 4% their body surface (excluding parts of the neck, face or head exposed to view) caused by full thickness burns (3rd degree burns or burns of greater severity) or permanent scarring caused by burns or scalds, **We** will pay the benefit amount as stated in the **Statement of Insurance**, dependent on the proportion of their body surface permanently scarred.

What is not covered

1. Any claim where a claim is also being made under section 1. benefit 7. Accidental death.
2. Anything mentioned in the general exclusions.
3. Any claim where a claim is also being made under section 1. benefit 7. Accidental death.
4. Anything mentioned in the general exclusions.

Section 5 – Chauffeur/Taxi

What is covered

If a **Policyholder** has a valid claim for permanent disablement under Section 1 - **Bodily Injury**, **We** will pay up to the **Benefit Amount** shown in the **Statement of Insurance** if the **Policyholder** is unable to travel to/from work, their place of study or to **Hospital** as an out-patient using their usual method of transport that they would normally use prior to the accident. This includes the reasonable costs of a **Chauffeur** or **Taxi** service to convey the **Policyholder** to and from work, place of study or **Hospital** as an out-patient until such time as they are well enough to resume using their usual method of transport.

What is not covered

1. Any costs not directly related to travel required solely for the purpose of attending work, place of study or **Hospital** as an out-patient
2. Travel costs incurred after the **Policyholder** has been medically certified as fit to resume their usual method of transport
3. Costs of travel using unlicensed or unregulated vehicles including ridesharing with friends/colleagues or any vehicle that does not meet the definition of a **Chauffeur** or **Taxi**
4. Anything mentioned in the general exclusions

Section 6 – Fractures and Dislocations

(Only operative if indicated in the Statement of Insurance)

What is covered

If a **Policyholder** sustains a **Bodily Injury** during the **Effective Time** that results in their being admitted to **Hospital,** where they are diagnosed by a **Medical Practitioner** as having sustained one or more complete bone **Fractures** or **Dislocations**, **We** will pay the appropriate **Benefit Amount**, up to the maximum limit as stated in the **Statement of Insurance.**

What is not covered

1. **Dislocations** – partial **Dislocations** or which do not need medical treatment by a **Medical Practitioner Fracture** of the hands, fingers or thumbs
2. **Fracture** of the feet or toes
3. Hairline **Fractures** only
4. The complete **Fracture** of any bone than those for which a specific benefit is shown in the **Statement of Insurance**
5. Any complete **Fracture** occurring after a **Policyholder** has been diagnosed with Osteoporosis
6. More than one complete **Fracture** per bone, per **Policyholder**, per **Event**
7. More than the maximum amount payable per **Policyholder** shown in the **Statement of Insurance** for all complete **Fractures** occurring as a result of a single **Event**
8. Any complete **Fracture** sustained after a **Policyholder** has reached the age of 65
9. Anything mentioned in the general exclusions

Section 7 – Child/Children

What is covered
If a payment is made under Section 1 - Accidental Death and there is a dependent **Child/Children** (as per the definition of **Child/Children)**, **We** will pay the **Policyholder** the amount in the **Statement of Insurance** for the **Child/Children** benefit in addition to the payment for Accidental Death.
This benefit is limited to two dependent **Children** per **Policyholder**.

What is not covered
1. Any person who is married, in a civil partnership or living independently from the **Policyholder**
2. Anything mentioned in the general exclusions

Section 8 – Cosmetic Surgery

What is covered
If a **Policyholder** sustains **Bodily Injury** which results in a valid claim under the policy, **We** will pay up to the amount shown in the **Statement of Insurance** for costs incurred for connected cosmetic reconstructive treatment(s) that have been recommended by a **Medical Practitioner** within 24 months of the **Bodily Injury**.

What is not covered
1. Injuries incurred because of a surgical procedure
2. **We** would not pay this benefit in addition to a benefit for facial scarring
3. Any treatment, surgery or procedure carried out solely for cosmetic or aesthetic reasons
4. Costs recoverable from
    a. The NHS or other public health systems
    b. Private medical insurance
    c. Any other insurance policy
5. Any treatment that is:
    a. Experimental
    b. Not recognised as standard practice
    c. Not licensed or approved for use in the **UK**
6. Non-medical costs including:
    a. Travel or transport to appointments
    b. Accommodation
    c. Meals
    d. Loss of earnings
7. Anything mentioned in the general exclusions

Section 9 – Dependent Adult

What is covered
If a payment is made under Section 1 - Accidental Death and there is a dependent adult, **We** will pay the **Policyholder** the amount in the **Statement of Insurance** for the dependent adult benefit in addition to the payment for Accidental Death. This benefit is limited to two dependent adults per **Policyholder**.

What is not covered

1. Adults who are financially independent and/or are in full-time employment
2. Adults who are married or in a civil partnership
3. Adults not residing with the **Policyholder**
4. Adults for whom the **Policyholder** does not have a legal or financial responsibility
5. Any claim for more than two dependent adults per **Policyholder**
6. Any death that is excluded under Section 1 (e.g. suicide, self-inflicted injury, criminal acts etc)
7. Anything mentioned in the general exclusions

Section 10 – Estate Administration

What is covered
In the **Event** that a **Policyholder** sustains **Bodily Injury** that results in death, **We** will indemnify you up to the **Benefit Amount** stated in the **Statement of Insurance** for the reasonable expenses necessarily incurred as a direct consequence of the death of the **Policyholder**, which require immediate payment by the executor to the estate of the **Policyholder** whilst the administration of the estate is being arranged.

What is not covered

1. Any costs that are not a direct and immediate consequence of the **Policyholder**'s death resulting from **Bodily Injury**
2. Any expenses relating to:
    a. The general administration of the estate
    b. Probate or grant of representation fees
    c. Legal or professional costs associated with managing or distributing the estate unless those costs are specifically required to be paid immediately as a direct consequence of death
3. Any payments relating to:
    a. The **Policyholder**'**s** personal debts
    b. Loans, credit agreements, mortgages, tax liabilities
    c. Unpaid bills or obligations not caused by the **Policyholder**'**s Bodily Injury** or the immediate aftermath of their death
4. Any legal or administrative expenses arising from:
    a. Disputes over the will
    b. Contested probate
    c. Claims against the estate
    d. Family or beneficiary disputes
    e. Litigation of any kind
5. Any costs that cannot be supported with documentation
6. Anything mentioned in the general exclusions

Section 11 – Funeral Expenses

What is covered
If a **Policyholder** sustains **Bodily Injury** resulting in the benefit for death being payable by **Us** under Section 1, **We** will also pay up to the additional amount stated in the **Statement of Insurance** for reasonable **Funeral Expenses**. This includes expenses for repatriation of the **Policyholder's** body or ashes to their usual country of residence.

What is not covered

1. Any claim where the death benefit is not payable under Section 1
2. Any funeral related costs that are:
    a. Excessive or unreasonable in amount
    b. Not appropriate to a standard funeral service
    c. Not supported by receipts or documentation
3. Any expenses for ceremonies, memorials, wakes or gatherings for other individuals
4. Additional services or **Events** not connected to the **Policyholder**'**s** funeral
5. Any death that is excluded under Section 1 (e.g. suicide, self-inflicted injury, criminal acts etc)
6. Any expenses for optional/non-essential ceremonial services:
    a. Flowers, catering, venue hire
    b. Memorial items, headstones, plaques or monuments
    c. Commemorative **Events**
7. Repatriation of the **Policyholder**'**s** body or ashes to a country other than their usual country of residence
8. Legal, administrative or estate expenses:
    a. Probate, estate administration
    b. Legal documentation beyond what is required for the funeral itself
    c. Death certificates beyond the standard number required for registration
9. Anything mentioned in the general exclusions

Section 12 – Home Adaptation/Relocation

What is covered

If a **Policyholder** sustains **Bodily Injury** that within 24 months solely and independently results in the benefit for **Permanent Total Disablement** being payable by **Us**, **We** will also pay reasonable expenses incurred (with **Our** prior consent) to adaptation and alterations medically necessary to the **Policyholder's** home or car.

If due to the **Permanent Total Disablement**, the **Policyholder** finds it necessary to move their permanent residence to an alternative permanent residence, **We** will pay the **Policyholder** up to the maximum stated in the **Statement of Insurance** for estate agent's fees, stamp duty and removal costs.

What is not covered

1. Any costs for home or vehicle modifications that are:
    a. not certified as medically necessary by a **Medical Practitioner**
    b. for convenience only
    c. not directly linked to the disability arising from the **Bodily Injury**
2. Anything mentioned in the general exclusions

Section 13 – Home Help & Childcare

What is covered

If a **Policyholder** sustains **Bodily Injury** which results in a valid claim under Section 1- **Bodily Injury**, **We** will indemnify you for childcare costs and domestic staff expenses for the provision of; domestic cooking, cleaning, laundry, registered childcare, shopping and similar services, up to the maximum of the amount stated in the **Statement of Insurance** or until the date of return full time to the **Policyholder's** occupation or studies.

What is not covered

1. Services not directly required due to the **Bodily Injury**
2. Costs incurred after return to full-time occupation or studies
3. Services not provided by appropriately qualified or registered providers:
    a. Unregistered childcare
    b. Assistance provided by family members, friends or volunteers
4. Domestic help not supplied by a bona fide provider or contractor
5. Non-essential or luxury domestic services:
    a. Gardening, landscaping, home maintenance or repairs
    b. Pet care
    c. Catering for **Events** or entertaining
    d. Personal services outside cooking, cleaning, laundry, registered childcare, shopping or similar daily living tasks
6. Any expenses that are inflated or unreasonable
7. Any expenses that cannot be supported by invoices or receipts
8. Anything mentioned in the general exclusions

Section 14 – Medical Expenses

What is covered

If the **Policyholder** incurs **Medical Expenses** as a result of **Bodily Injury** which results in a valid claim for accidental death or **Permanent Total Disablement**, **We** will pay you an additional 25% for the reasonable expenses, up to the amount stated in the **Statement of Insurance.**

What is not covered

1. Any **Medical Expenses** that are:
    a. Not directly resulting from the insured **Bodily Injury**
    b. Routine or preventative in nature
    c. Elective or cosmetic (unless covered under another specific benefit)
    d. For pre-existing conditions or illnesses not caused by the **Bodily Injury**
    e. Not medically necessary
    f. Not recommended or referred by a registered **Medical Practitioner**
2. Any cost for private treatment where suitable and timely treatment could have been provided through the NHS or other public healthcare system, and the **Policyholder** has elected to receive private treatment instead
3. Any costs relating to:
    a. Travel to and from medical appointments
    b. Accommodation or meals
    c. Home modifications, equipment, aids or mobility devices
    d. Rehabilitations, therapy or ongoing care
4. Anything mentioned in the general exclusions

Section 15 – Prosthesis

What is covered

If **We** make a payment for **loss of limb(s)** (one or more) and/or **loss of sight** (in one or both eyes), **We** will also pay up to the maximum amount stated in the **Statement of Insurance** to acquire and have fitted an artificial limb(s) or artificial eye(s), or to replace an existing prosthetic limb, provided it is deemed medically necessary for them to do so.

What is not covered

1. Any costs for artificial limbs or artificial eyes that are not medically necessary
2. Upgrades, additional features or optional enhancements not required to restore basic functional ability or appearance
3. Any expenses for replacing:
    a. Existing prostheses which were not impaired, damaged or rendered unsuitable as a direct result of the insured **Bodily Injury**
    b. Older prostheses simply due to age or wear
4. Any costs for:
    a. Maintenance, repair, servicing or adjustments
    b. Consumables (e.g. liners, sleeves, batteries)
    c. Routine replacement parts
5. Any expenses for:
    a. Experimental or trial prosthetic technologies
    b. Devices not recognised as standard medical practice
    c. Prosthetics not approved for use in the **UK**
6. Any costs not directly related to the acquisition or fitting of the prosthetic including;
    a. Travel to fitting centres
    b. Accommodation or meals
7. **Physiotherapy**, rehabilitation, training or adaptations
8. Anything mentioned in the general exclusions

Section 16 – Psychological Counselling

What is covered
If the **Policyholder** sustains **Bodily Injury**, **We** will pay up to the amount stated in the **Statement of Insurance** for the reasonable expenses necessarily incurred for professional **Psychological** counselling treatment, provided that such treatment is started within 12 months of the **Bodily Injury** occurring and is prescribed by the treating **Medical Practitioner**.

What is not covered

1. **Psychological** treatment that is not as a result of the insured **Bodily Injury** and would be classed as pre-existing mental health conditions.
2. Treatment not prescribed by a **Medical Practitioner**
3. Life coaching, wellbeing sessions, motivational coaching or mentoring
4. Any costs for;
    a. extended or maintenance therapy beyond what is medically required for recovery from the insured **Bodily Injury**
    b. long-term psychotherapy or counselling for chronic mental health conditions
    c. travel to and from counselling sessions
    d. accommodation, meals or childcare
5. Anything mentioned in the general exclusions

Section 17 – Trauma Counselling

What is covered

We will pay up to the **Benefit Amount** stated in the **Statement of Insurance** for the cost of trauma counselling by a registered psychologist, which has been recommended by a **Medical Practitioner** due to a **Policyholder** suffering a **Psychological** trauma from being an eye witness or victim of; extreme injury/death of a peer, an act of terrorism, an act of assault, sexual assault, rape, murder, carjacking or violent robbery or attempted robbery.

What is not covered

1. Any counselling that has not been recommended by a registered **Medical Practitioner** or without medical consent
2. Any treatment provided by:
    a. Unregistered, unlicensed or non-regulated counsellors
    b. Therapists or support workers without recognised **Psychological** qualifications
    c. Alternative therapy providers (e.g. hypnotherapy, holistic therapies)
3. Any treatment for:
    a. Pre-existing mental health conditions
    b. Depression, anxiety, PTSD or similar conditions not directly caused by the insured **Event**
    c. Non-trauma related **Psychological** issues
4. Any treatment beyond what is medically required for recovery
5. Anything mentioned in the general exclusions

Section 18 – Recruitment

What is covered
In the **Event** that an **Employee** who is a **Policyholder** sustains **Bodily Injury** that results in a benefit paid by **Us** for death or **Permanent Total Disablement**, **We** will also pay the **Group Policyholder** up to the **Benefit Amount** stated in the **Statement of Insurance** for the reasonable expenses necessarily incurred in employing a registered recruitment company to recruit a permanent **Employee** as a direct replacement for the injured/deceased **Employee**.

What is not covered

1. Any costs that are;
    a. Incurred to fill a different vacancy
    b. Used to expand or restructure the workforce
    c. For internal promotions, temporary staff or contractors unless they form part of a permanent replacement process directly tied to the insured **Event**
    d. Training, onboarding or induction programmes
    e. Relocation packages for the new hire
2. Any expenses where;
    a. The role was already vacant or due to be vacated
    b. The **Policyholder** was not actively employed at the time of the injury
3. Anything mentioned in the general exclusions

Section 19 – Retraining

What is covered

If **We** make a payment for **Permanent Total Disablement**, **We** will also pay you up to the maximum amount stated in the **Statement of Insurance** for the reasonable expenses necessarily incurred in retraining the **Policyholder** for an alternative occupation. In the **Event** that the **Policyholder** is unable to undertake retraining for any alternative occupation. Alternatively, **We** will pay up to the maximum amount for reasonable expenses incurred in retraining the **Policyholder**'**s** partner for a new or alternative occupation.

What is not covered

1. Any costs that are not:
    a. A direct consequence of the **Policyholder**'**s** inability to perform their previous occupation due to the **Permanent Total Disablement**
    b. Reasonably necessary for the **Policyholder** to train for a suitable alternative occupation
2. Any expenses for;
    a. General education or academic study
    b. Personal interests or hobby courses
    c. Lifestyle, recreational or non-vocational training that are not designed to enable the **Policyholder** (or partner, if applicable) to undertake a new occupation
3. Any costs beyond the training itself, including;
    a. Travel, accommodation, meals or subsistence
    b. Uniforms, tools, laptops, software or course materials
    c. Childcare or domestic support while attending training
4. If the proposed occupation is not feasible considering the **Policyholder**'**s** disablement
5. If training would not reasonably be expected to result in employability
6. Anything mentioned in the general exclusions

Section 20 – Coma

What is covered
In the **Event** of the continuous unconsciousness of the **Policyholder** caused solely and independently by **Bodily Injury**, **We** will pay the amount stated in the **Statement of Insurance** per day of continuous unconsciousness up to a maximum of 730 days. This is a separate benefit to the **Hospital Stay** benefit and can be claimed alongside it.

What is not covered
1. Temporary loss of consciousness, fainting, or medically induced **Coma** are not included
2. Any period of unconsciousness that is not certified by a registered **Medical Practitioner** and is not supported by **Hospital** or clinical records confirming duration and cause
3. Anything mentioned in the general exclusions

Section 21 – Hospital Stay

What is covered
If a **Policyholder** is admitted to **Hospital** as an in-patient as a result of **Bodily Injury**, **We** will pay up to the amount stated in the **Statement of Insurance** for each day of hospitalisation up to a maximum of 365 days. This is a separate benefit to the **Coma benefit** and can be claimed alongside it.

What is not covered
1. Any admission to **Hospital** that is wholly or partly due to :
    a. Illness, disease, infection or degenerative conditions
    b. Complications of medical or surgical treatment not arising from the insured injury
    c. **Psychological** or psychiatric reasons
    d. Intoxication from alcohol or drugs (unless in according with medical advice)
2. Attending A&E without being formally admitted
3. Under observation but not admitted as an in-patient
4. Any period of in-patient stay beyond the stated maximum of 365 days, whether continuous or cumulative
5. Any expenses not related directly to the in-patient stay such as;
    a. Medical or surgical fees
    b. Diagnostic tests
    c. Travel or accommodation for visitors
    d. Private room upgrades
    e. Meals beyond standard **Hospital** provisions
6. Anything mentioned in the general exclusions

Section 22 – Hospital Transfer

What is covered
If a **Hospital Stay** of the **Policyholder** is required and the **Hospital** is more than 25 miles away from their normal residence and the confinement is expected to be for 72 hours or more, **We** will pay up to the **Benefit Amount** for **Hospital** transfer expenses for the **Policyholder** only.

What is not covered

1. Any transfer where the **Policyholder's Hospital** admission is not:
    a. Medically necessary, or
    b. Directly required as a result of the **Policyholder's Bodily Injury**
2. Any transfer undertaken for reasons not caused by **Policyholder's Bodily Injury** including:
    a. Treatment for unrelated medical conditions
    b. Elective or non-urgent **Hospital** admission
    c. Transfers for personal preference or convenience
3. Any transfer that is not recommended by the treating **Medical Practitioner** or if not clinically required
4. Any expenses for:
    a. Transporting family members, dependants or visitors
    b. **Taxis**, fuel, accommodation or meals for accompanying persons
5. Anything mentioned in the general exclusions

Section 23 – Hospital Visiting

What is covered

Up to the **Benefit Amount** stated in the **Statement of Insurance** for each complete day of the **Policyholder's Hospital Stay** but not exceeding the maximum amount payable for any one claim, for additional travel and accommodation expenses reasonably and necessarily incurred by;

i) the **Policyholder's** partner, **Child/Children** or parents and/or

ii) an **Employee** of the **Group Policyholder**, for the purpose of visiting the **Policyholder** during the period of the **Hospital Stay** within the country of domicile.

What is not covered

1. Any travel or accommodation expenses incurred when:
    a. The **Policyholder** is not formally admitted as an in-patient
    b. The hospitalisation is not medically necessary, or
    c. The stay is not a direct result of an insured **Bodily Injury**
2. Any costs for:
    a. Days on which the **Policyholder** is discharged or on temporary leave
    b. Partial-day **Hospital** visits that do not constitute a complete day of an in-patient stay
    c. Visits that occur before admission or after discharge
3. Any expenses incurred outside the **Policyholder's** usual country of domicile
4. Any costs incurred by siblings, extended family, friends, carers or non-**employees**
5. Any expenses for luxury or convenience travel/accommodation such as:
    a. First-class or upgraded travel
    b. Luxury hotels or premium accommodation
    c. Meals, entertainment, parking fees or incidental expenses
    d. Extended stays not linked to the **Policyholder's** hospitalisation
6. Any costs that are unnecessary due to the proximity to the **Hospital** or avoidable through reasonable alternatives
7. Anything mentioned in the general exclusions

Section 24 – Lifesaver

What is covered

We will pay the amount shown in the **Statement of Insurance** in the **Event** that an individual (who is not a **Policyholder** or a member of the emergency services), sustains a **Bodily Injury** resulting in accidental death or **Permanent Total Disablement** whilst attempting to save the life of a **Policyholder**.

What is not covered

1. Any claim where the individual attempting to save the **Policyholder**:
    a. Does not sustain **Bodily Injury** resulting in death
    b. Does not sustain **Bodily Injury** resulting in **Permanent Total Disablement** as defined under the policy
2. Any injury sustained where:
    a. The **Policyholder** was not in genuine, immediate life-threatening danger
    b. The attempt to save life was not reasonably necessary in the circumstances
    c. The individual was not attempting to save a **Policyholder**'**s** life
    d. The individual was providing general assistance or first aid without life-saving intervention
    e. The individual was acting for reasons unrelated to the immediate threat to the **Policyholder**'**s** life
    f. This was from deliberate self-harm
3. Anything mentioned in the general exclusions

Section 25 – Loss/Damage to Personal Belongings

What is covered
We will pay up to the amount stated in the **Statement of Insurance** for loss or damage to clothing and personal items as a result of a **Policyholder** sustaining **Bodily Injury**.

What is not covered

1. Cash, currency, bank notes, tickets, travel passes/documents and stamps
2. Data or information input into an electronic device by or on behalf of any **Policyholder**
3. Vehicles and any related accessories
4. Business equipment or any items used for professional or commercial purposes
5. Consumables
6. Anything mentioned in the general exclusions

Section 26 – Workplace Assault

What is covered
If the **Policyholder** has sustained **Bodily Injury** due to an unprovoked assault at the P**olicyholder's** usual place of work or whilst undertaking their duties, **We** will pay up to the **Benefit Amount** stated in the **Statement of Insurance** for costs incurred for medical or other remedial attention or treatment given to or prescribed by a **Medical Practitioner** and all **Hospital**, nursing home and ambulance charges.

What is not covered

1. Any **Bodily Injury** resulting from:
    a. An assault that was provoked, initiated, instigated or encouraged by the **Policyholder**
    b. A confrontation where the **Policyholder** contributed to escalating the incident
2. Any assault that takes place:
    a. Outside the **Policyholder's** usual place of work, unless directly related to their work duties
    b. Outside normal working hours without a work-related purpose
    c. While travelling for personal reasons rather than for employment duties
3. Any injury that is:
    a. Caused by illness, stress or emotional shock without physical assault
    b. Caused by slips, trips, falls or accidents not directly arising from an assault
    c. **Psychological** trauma alone without **Bodily Injury**
4. Anything mentioned in the general exclusions

Section 27 – Physiotherapy

What is covered
In the **Event** of a claim being agreed by **Us** for a permanent disablement, **We** will pay for the cost of **Physiotherapy** up to the maximum **Benefit Amount** stated in the **Statement of Insurance**, on the basis that the treating **Medical Practitioner** prescribed this.

Special conditions

1. The total amount payable under this benefit shall not excess the maximum **Benefit Amount** stated in the **Statement of Insurance**, regardless of the number of treatment sessions
2. **Physiotherapy** must be prescribed by the treating **Medical Practitioner** and supported by medical evidence confirming its necessity as a result of the permanent disablement
3. All treatment must be reasonable and necessary, consistent with accepted clinical practice and proportionate to the nature and severity of the permanent disablement
4. **We** may require submission of a treatment plan, confirmation of the number and frequency of sessions and **Our** agreement prior to treatment commencing or continuing beyond an initial course
5. The **Policyholder** must provide, upon request:
    a. **Medical Practitioners'** prescriptions or referrals
    b. **Physiotherapy** invoices and receipts
    c. Progress or discharge reports where applicable

What is not covered

1. Alternative / complimentary therapies such as;
    a) Acupuncture
    b) Chiropractic treatment
    c) Osteopathy
    d) Sports massage
2. Any physiotherapist costs where the **Bodily Injury** does not meet the policy definition of permanent disablement.
3. Any treatment that is:
    a) Not prescribed or recommended by the treating **Medical Practitioner**
    b) Self-referred or arranged without medical direction
    c) Continued without ongoing medical justification
    d) Not required as a direct consequence of the permanent disablement
    e) Related to pre-existing injuries, conditions or illnesses
    f) For general fitness, conditioning or wellbeing
4. Any **Physiotherapy** provided by:
    a) Individuals who are not appropriately qualified, registered or licensed
    b) Providers not recognised as professional physiotherapists in the country where treatment is given
5. Any costs for:
    a) Maintenance **Physiotherapy**
    b) Long-term or indefinite treatment
6. Therapy intended to manage a chronic condition rather than address the effects of the permanent disablement

What is not covered continued…

7. Any costs other than **Physiotherapy** treatment itself, including:
    a. Travel to and from appointments
    b. Accommodation, meals or childcare
    c. Equipment, aids, supports or gym memberships
8. Any **Physiotherapy** expenses recoverable from:
    a. Private medical insurance
    b. Employer-provided healthcare or rehabilitations schemes
    c. Government or statutory healthcare services
    d. A third party responsible for the **Bodily Injury**
9. Anything mentioned in the general exclusions

How to make a complaint

We aim to provide a high level of service and pay claims fairly and promptly under the terms of this **Group Policy**.
If the **Group Policyholder** and/or a **Policyholder** are unhappy with any aspect of **Our** service, please contact, in the first instance the person who originally dealt with the enquiry. Alternatively the **Group Policyholder** or a **Policyholder** can contact **Us** by:

By Post: The Complaints Manager
Howden UK Brokers Limited
Unit 2 Des Roches Square
Witney
OX28 4LE
By Phone: 01732 389915
By Email: complaints.hubl@howdeninsurance.co.uk

If **We** have given the **Group Policyholder** or a **Policyholder Our** final response and they remain dissatisfied they have the right to ask the Financial Ombudsman to review their case. The Ombudsman can be contacted at the following address:–

The Financial Ombudsman Service

Exchange Tower

London

E14 9SR
United Kingdom

Telephone 0800 023 4567 or

From outside the UK: + 44 20 7964 0500

Fax: 020 7964 1001

Please note the **Group Policyholder** or a **Policyholder** have six months from the date of **Our** final response in which to refer their complaint to the Ombudsman. Contacting the Ombudsman will not affect their right to take legal action against **Us**.

Compensation Scheme

Zurich Insurance Company Ltd is a member of the Financial Services Compensation Scheme (FSCS). The FSCS is a safety net for customers of financial services firms should they not be able to meet their liabilities and the **Group Policyholder** and/or the **Policyholder** may be entitled to claim compensation in such event. Further information can be obtained from the FSCS.

Their contact details are Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU, United Kingdom

Website: www.fscs.org.uk.

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