Introduction

This document provides details of your Policy and the terms and conditions that apply. Please read it carefully and keep it in a safe place.

Your ESMBA Personal Accident Policy is made up of several parts which must be read together as they form your contract of insurance underwritten by Allianz Insurance plc.

Please take time to read all parts of the Policy to make sure they meet your needs and that you understand the terms, conditions and exclusions. If you wish to change anything or there is anything you do not understand, please let Sutton Winson Ltd know.

The parts of the Policy which form your contract of insurance with Allianz Insurance plc are:

- this Introduction
- the proposal, presentation of the risk, or any other information supplied by you or on your behalf
- the Policy Definitions; the Insuring Clause; the General Exclusions and General Conditions,
- the Exclusions and Conditions
- the Schedule, which includes all clauses applied to the Policy while the Policy is in force.

Any word or expression in the Policy which has a specific meaning has the same meaning wherever it appears in the Policy, unless stated otherwise.

Thank you for choosing Allianz Insurance plc.

Simon McGinn

Chief Executive Allianz Commercial

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Policy Definitions

The following definitions apply to this Policy, unless amended by Section Definitions, and are denoted by bold text throughout this Policy.

Policy

The contract of insurance formed of the documents described in the Introduction.

The part of this Policy that details information forming part of this contract of insurance

The Insurer

Allianz Insurance plc

The Insured

The Insured named and shown in the Schedule

Period of Insurance

The period from the Effective Date to the Renewal Date as shown in the Schedule

The sporting activities as stated under Business Description in the Schedule and other non playing activities of the Insured

The first part of each and every claim, for which the Insured is responsible

United Kingdom

Great Britain, Northern Ireland, the Isle of Man and the Channel Islands

Insuring Clause

In consideration of payment of the premium the Insurer will indemnify or otherwise compensate the Insured against loss, destruction, damage, injury or liability (as described in and subject to the terms, conditions, limits and exclusions of this Policy) occurring or arising in connection with the Business during the Period of Insurance or any subsequent period for which the Insurer agrees to accept a renewal premium.

For Allianz Insurance plc

Simon McGinn

Chief Executive Allianz Commercial

General Exclusions

This **Policy** does not cover

1. Radioactive Contamination

Loss or destruction of or damage to any property whatsoever or any loss or expense whatsoever resulting or arising therefrom or any consequential loss or any legal liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from

- a. ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
- b. the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof.

2. Economic Sanctions

This Policy does not provide any cover or benefit for any business or activity to the extent that the provision of such cover, payment of any claim or provision of such benefit would expose the Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

General Conditions

1. Fair Presentation of the Risk

- a. The Insured must make a fair presentation of the risk to the Insurer at inception, renewal and variation of the Policy.
- b. The Insurer may avoid the Policy and refuse to pay any claims where any failure to make a fair presentation is:
 - i. deliberate or reckless; or
 - ii. of such other nature that, if the Insured had made a fair presentation, the Insurer would not have issued the Policy.

The Insurer will return the premium paid by the Insured unless the failure to make a fair presentation is deliberate or reckless.

- c. If the Insurer would have issued the Policy on different terms had the Insured made a fair presentation, the Insurer will not avoid the Policy (except where the failure is deliberate or reckless) but the Insurer may instead:
 - i. reduce proportionately the amount paid or payable on any claim, the proportion for which the Insurer is liable being calculated by comparing the premium actually charged as a percentage of the premium which the Insurer would have charged had the Insured made a fair presentation; and/or
 - ii. treat the Policy as if it had included such additional terms (other than those requiring payment of premium) as the Insurer would have imposed had the Insured made a fair presentation.

For the purposes of this condition references to:

- a. avoiding a Policy means treating the Policy as if
 it had not existed from the inception date (where
 the failure to make a fair presentation of the risk
 occurs before or at the inception of the Policy), the
 renewal date (where the failure occurs at renewal of
 the Policy), or the variation date (where the failure
 occurs when the Policy is varied);
- b. refunds of premium should be treated as refunds of premium back to the inception date, renewal date or variation date as the context requires;
- c. issuing a **Policy** should be treated as references to issuing the **Policy** at inception, renewing or varying the **Policy** as the context requires;
- d. premium should be treated as the premium payable for the particular contract of insurance which is subject to this condition (where there is more than one contract of insurance).

2. Reasonable Precautions

The Insured shall take all reasonable precautions to prevent accidents and any injury, loss, destruction or damage and shall take all reasonable steps to observe and comply with statutory or local authority laws, obligations and requirements.

3. Claims

Note that in addition to the General Claims Condition, Special or Additional Claims Conditions also apply to the individual Sections of the Policy.

Please refer to each individual Section for details.

The Insured shall in the event of any injury, loss, destruction, damage or consequential loss as a result of which a claim is or may be made under this Policy or any Section of it, and again upon receipt by the Insured in writing of any notice of any claim or legal proceeding,

- a. notify the Insurer as soon as reasonably possible
- b. pass immediately, and unacknowledged, any letter of claim to the Insurer
- notify the Insurer immediately upon being advised of any prosecution, inquest or enquiry connected with any injury, loss, destruction, damage or consequential loss which may form the subject of a claim under this Policy
- d. notify the police as soon as it becomes evident that any loss, destruction or damage has been caused by theft or malicious persons
- e. carry out and permit to be taken any action which may be reasonably practicable to prevent further loss, destruction, damage or consequential loss
- f. retain unaltered and unrepaired anything in any way connected with the injury, loss, destruction, damage or consequential loss for as long as the Insurer may reasonably require
- g. allow the Insurer in the name of and on behalf of the Insured to take over and, during such periods as the Insurer thinks proper, to have the absolute conduct and control of all negotiations and proceedings which may arise in respect of any claim and the settlement thereof and co-operate fully with the Insurer for that purpose.

No claim under this **Policy** shall be payable unless the terms of this General Condition have been complied with and any payment on account of a claim already made shall be repaid to **the Insurer**.

4. Cancellation

Other than where General Condition 5 Fraud applies the Insurer may cancel this Policy by giving the Insured thirty (30) days' notice at their last known address.

General Conditions

Provided the premium has been paid in full and no claim has been made during the Period of Insurance, the Insured shall be entitled to a proportionate rebate of premium in respect of the unexpired period of the insurance.

If the premium for this Policy is paid by instalments and in the event that the Insured fail to pay one or more instalments whether in full or in part the Insurer may cancel the **Policy** by giving fourteen (14) days' notice in writing to the Insured sent to their last known address.

5. Fraud

If the Insured or anyone acting on the Insured's behalf:

- a. makes any false or fraudulent claim;
- b. makes any exaggerated claim;
- c. supports a claim by false or fraudulent documents, devices or statements (whether or not the claim is itself genuine);
- d. makes a claim for loss or damage which the Insured or anyone acting on the Insured's behalf deliberately caused,

the Insurer will:

- i. refuse to pay the whole of the claim; and
- ii. recover from the Insured any sums that it has already paid in respect of the claim.

The Insurer may also notify the Insured that it will be treating the **Policy** as having terminated with effect from the date of the earliest of any of the acts set out in sub-clauses a. - d. above. In that event, the Insured will:

- a. have no cover under the Policy from the date of the termination; and
- b. not be entitled to any refund of premium.

6. Discharge of Liability

The Insurer may at any time pay to the Insured in connection with any claim or series of claims

- A the Limit of Indemnity or
- B the Sum Insured

C a lesser amount for which such claim or claims can be settled

after deduction of any sums already paid.

Upon such payment the Insurer shall relinquish the conduct and control of and be under no further liability in respect of such claim or claims except for costs and expenses which the Insurer have already agreed to bear incurred prior to the date of such payment.

7. Loss Reduction Conditions

If the Insured does not comply with any part of any condition which makes payment of a claim conditional upon compliance with it (a condition precedent), the Insurer will not pay for any claim, except that where the condition concerned:

- a. operates only in connection with particular premises or locations, the Insurer will pay for claims arising out of an event occurring at other premises or locations which are not specified in the condition;
- b. operates only at particular times, the Insurer will pay for any claim where the Insured shows on the balance of probabilities that its non-compliance with the condition did not cause or contribute to the injury, loss, damage or liability which occurred;
- c. would, if complied with, tend to reduce particular types of injury, loss, damage or, as the context may require liability, the Insurer will pay for any claim where the Insured shows on the balance of probabilities that its non-compliance with the condition did not cause or contribute to the injury, loss, damage or liability which occurred.

8. Law Applicable and Jurisdiction Unless agreed otherwise by the Insurer

- a. the language of the Policy and all communications to it will be English; and
- b. all aspects of the **Policy** including negotiation and performance are subject to English law and the decisions of English courts; and
- c. each party to this Policy agrees to waive any right that it may have to object to an action being brought in the English courts or to claim that the action has been brought in an inconvenient forum or to claim that the English courts do not have jurisdiction.

9. Rights of Parties

A person or company who was not a party to this Policy has no right under the Contracts (Rights of Third Parties) Act 1999 or any subsequent legislation to enforce any term of this Policy but this does not affect any right or remedy of a third party which exists or is available apart from such Act.

10. Assignment

The Insured shall not assign any of the rights or benefits under this Policy or any Section of this Policy without the prior written consent of the Insurer.

The Insurer will not be bound to accept or be affected by any notice of trust charge lien or purported assignment or other dealing with or relating to this **Policy** or any Section of this Policy.

Definitions

Accidental Bodily Injury

Bodily Injury caused by:

- a. accidental violent external and visible means
- b. unavoidable exposure to the elements.

Aircraft Accumulation Limit

The Insurer's maximum liability in total under this and any other group personal accident and/or business travel policies issued or to be issued by the Insurer to the Insured for all Losses involving any Scheduled Air Transport.

Annual Salary

The annualised gross salary (excluding bonus payments) payable per annum by the Insured to the Insured Person as at the date of Accidental Bodily Injury.

Associated Illness

Sickness or disease (except any psychological condition or disorder) that results directly from the Insured Person sustaining Accidental Bodily Injury, that would not otherwise have arisen and had not previously arisen.

Benefit

The sum or sums of money that the Insurer has agreed to pay the Insured or, as applicable, the Insured Person as shown in the Schedule.

Capital Sum Benefit

A Benefit that is not payable at a weekly rate.

Any addition, variation or alteration to the terms of this Section.

Contamination

Contamination or poisoning of people by nuclear and/or chemical and/or biological substances that cause illness and/ or disablement and/or Death.

Contamination by Terrorism Accumulation Limit

The Insurer's maximum liability in total under this and any other group personal accident and business travel policies issued or to be issued by the Insurer to the Insured in respect of any one Loss involving Contamination by Terrorism as shown in the Schedule.

Death

Death caused by Accidental Bodily Injury.

Directors

The registered company directors of the Insured and any other persons agreed with the Insurer in writing to be treated as directors.

Employee

Any employee of the Insured or any other person acting in the capacity of an employee whilst working for the Insured in connection with the Business of the Insured.

Europe

The United Kingdom and Eire, the continent of Europe, islands in the Mediterranean, former member states of the Soviet Union west of the Ural Mountains and Turkey west of 30° Fast.

Event Accumulation Limit

The Insurer's maximum liability in total under this and any other group personal accident and/or business travel policies issued or to be issued by the Insurer to the Insured for all Losses not involving air travel.

Excess Period

The first period of Temporary Total Disablement or Temporary Partial Disablement for which no Benefit is payable as shown in the Schedule.

First Aid Expenses

Expenses necessarily incurred by the Insured Person or the Insured on behalf of the Insured Person for immediate and urgent treatment due to the Insured Person having sustained Accidental Bodily Injury which results in a valid claim for any of Benefits 1 - 8 as shown in the Scale(s) of Compensation.

Hospital

Any National Health Service Trust or registered private hospital in the United Kingdom licensed by a recognised body for the undertaking of surgical operations or any equivalent establishment outside of the United Kingdom.

Hospitalisation

Any continuous period of 24 hours or more during which time the Insured Person has been confined to Hospital.

Insured Person

All affiliated members of the English Short Mat Bowling Association (ESMBA), as lodged with the ESMBA registration secretary.

A loss or series of losses arising out of or consequent upon or contributed to directly or indirectly by one originating event.

Loss of Hearing

Total and permanent loss of hearing in one or both ears.

Loss of Internal Organ

Total and permanent:

a. loss by removal

or

b. effective loss of use

of one lung or kidney, the spleen or liver.

Loss of Limb

Total and permanent loss:

a. by physical separation

٥r

b. of use

of a hand, at or above the wrist or a foot, at or above the ankle.

Loss of Sight

Total and permanent loss of sight which will be considered as having occurred:

a. in both eyes if the Insured Person's name has been added to the Register of Blind Persons maintained by the government on the authority of a fully qualified ophthalmic specialist

or

b. in one eye, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

Loss of Speech

Total and permanent loss of the ability to speak or communicate verbally.

Maximum Benefit

The maximum amount of Benefit payable, as shown in the Scale(s) of Compensation.

Maximum Payment Period

The maximum length of time for which a Benefit is payable after the Excess Period has expired, being 104 weeks.

Non-scheduled Air Accumulation Limit

The Insurer's maximum liability in total under this and any other group personal accident and/or business travel policies issued or to be issued by the Insurer to the Insured for all Losses involving air travel other than Scheduled Air Transport.

Operative Time of Cover

The time and circumstances when cover under this Section of the Policy is effective within the Period of Insurance being whilst on the Premises or elsewhere in connection with organised short mat bowls activities, including commuting to and from your destination.

Permanent Total Disablement

Any permanent disablement other than

- a. Loss of Sight
- b. Loss of Hearing
- c. Loss of Limb
- d. Loss of Internal Organ

e. Loss of Speech

which, having lasted without interruption for at least 12 months, has no reasonable prospect of improving and, in the opinion of an independent qualified medical referee acceptable to the Insurer, will in all probability permanently, completely and continuously prevent the Insured Person from engaging in or giving attention to:

- i. their Usual Occupation if in gainful employment
- ii. business profession or occupation of each and every kind if the Insured Person is not in gainful employment
- iii. business schooling profession or occupation of each and every kind if the Insured Person is under 16 years of age or under 18 years of age in full time education for the remainder of their life.

Permanent Total Disablement (Continental Scale) Compensation under Item 6 of the Scale(s) of Compensation is extended to include the following additional Benefits in accordance with the following percentages subject to a maximum total of 100% in the

| aggregate provided that the Insured Person has survived for at least one month from the date of the occurrence. | | |
|--|---|------|
| 1 | . Permanent Total Disablement | 100% |
| 2 | . Permanent Loss by physical separation of: | |
| | a and thumb: | |

| a. | on | e thumb: | |
|----|------|-----------------|------|
| | i. | both phalanges | 30% |
| | ii. | one phalange | 15% |
| b. | on | e index finger: | |
| | i. | three phalanges | 20% |
| | ii. | two phalanges | 13% |
| | iii. | one phalange | 6% |
| c. | on | e other finger: | |
| | i. | three phalanges | 10% |
| | ii. | two phalanges | 6% |
| | iii. | one phalange | 3% |
| d. | on | e great toe: | |
| | i. | two phalanges | 15% |
| | ii. | one phalange | 7.5% |
| e. | on | e other toe: | |
| | i. | three phalanges | 5% |
| | ii. | two phalanges | 3% |
| | iii. | one phalange | 1.5% |

3. Permanent total loss of use of:

| a. | shoulder or elbow | 25% |
|----|---------------------------|-----|
| b. | wrist, hip, knee or ankle | 20% |

- 4. Removal by surgical operation of lower jaw 30%
- 5. Sickness resulting in Loss of Sight or Permanent Total Disablement by paralysis 20%

A proportionately lower percentage of compensation will be payable in the event of a partial loss under 2. above.

Claims arising from pre-existing conditions are excluded in respect of 5. Sickness resulting in Loss of Sight or Permanent Total Disablement by paralysis or in respect of general paralysis of the insane.

Permanent Partial Disablement

Means Loss of Sight, Loss of Hearing, Loss of Speech, Loss of Limb, Loss of Internal Organ

Scale(s) of Compensation

The scale of *Benefits*

| 1. | Death | 100% of Capital Sum Benefit |
|----|--------------------------------|--------------------------------|
| 2. | Loss of Sight | 100% of Capital Sum Benefit |
| 3 | a. Loss of Hearing – one ear | 25% of Capital Sum Benefit |
| 31 | o. Loss of Hearing – both ears | 100% of Capital Sum Benefit |
| 4. | Loss of one or more Limbs | 100% of Capital Sum Benefit |
| 5 | a. Loss of Speech | 50% of Capital Sum Benefit |
| 51 | o. Loss of Internal Organ | 25% of Capital Sum Benefit |
| 6. | Permanent Total Disablemer | nt 100% of Capital Sum Benefit |

- 7. Temporary Total Disablement 100% of Weekly Benefit
- 8. Temporary Partial Disablement 40% of Weekly Benefit

Scheduled Air Transport

A registered fixed wing aircraft which flies from an internationally recognised airport on a published schedule and which has more than 18 seats.

Sickness

Any illness, disease, medical complaint or medical condition which is not Accidental Bodily Injury and which is contracted by an Insured Person within Europe, the United States of America, Canada, Australia or New Zealand.

Temporary Partial Disablement

Disablement that completely prevents the Insured Person from performing more than 50% of the functions of their Usual Occupation.

Temporary Total Disablement

Disablement which completely prevents the Insured Person from performing each and every function of their Usual Occupation.

Terrorism

An act including but not limited to the use of force or violence and/or the threat thereof of any person orgroup(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, ethnic 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.

Usual Occupation

The tasks, duties and other functions which the Insured Person normally performs for or on behalf of the Insured in connection with the Business.

Visitors

Persons who are not:

- a. Employees of the Insured
- b. emergency services personnel
- c. work experience placements under government funded training programmes

but who are lawfully visiting the Insured's premises.

Invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.

Weekly Benefit

The amount shown under the Scale(s) of Compensation that the Insurer will pay to the Insured for each complete working week, during any period of Temporary Total Disablement or Temporary Partial Disablement of an Insured Person.

Weekly Wage

The gross basic weekly amount (or in the case of a salaried Employee 1/52nd of the Annual Salary) normally paid (excluding bonus payments) by the Insured to the Insured Person as at the date of the Accidental Bodily Injury for their Usual Occupation.

Cover

The Insurer will pay the Insured (in the case of Committee Members and Employees) or the Insured Person in accordance with the Scale(s) of Compensation if any Insured Person suffers Accidental Bodily Injury during the Period of Insurance and Operative Time of Cover which, within 12 months thereof solely, directly and independently of any other cause results in the:

- a. Death
- b. Permanent Total Disablement
- c. Permanent Partial Disablement
- d. Temporary Total Disablement
- e. Temporary Partial Disablement

of an Insured Person.

Extensions of Cover

- 1. Rehabilitation and Retraining Expenses If the Permanent Total Disablement Benefit becomes payable the Insurer will pay for rehabilitation and retraining costs to facilitate the Insured Person's return to gainful employment provided that the:
 - a. Insured Person was not over 65 years of age when Accidental Bodily Injury leading to Permanent Total Disablement occurred
 - b. Insured Person was an Employee of the Insured
 - c. Insurer's prior written approval of any rehabilitation and retraining costs is obtained.

The maximum amount payable is £3,000 in respect of any one Insured Person.

2. Visitors' Benefit

If a Visitor suffers Accidental Bodily Injury which, within 12 months thereof solely, directly and independently of any other cause results in the Death, Permanent Total Disablement or Permanent Partial Disablement of a Visitor, the Insurer will pay the Insured a sum of £2,500 in respect of each Visitor.

The maximum amount payable is £3,000 in respect of any one Loss.

3. Hospitalisation Benefit

If Accidental Bodily Injury results in Hospitalisation in the Insured Person's country of residence on the recommendation of an appropriate doctor attached to the Hospital, the Insurer will pay the Insured:

In-Patient Benefit

a. £50 for each continuous 24-hour period that the Insured Person spends in Hospital as an in-patient. The maximum amount payable is £2,000 in respect of any one Insured Person.

Convalescence Benefit

b. £50 for each continuous 24-hour period of convalescence during which the Insured Person is confined to their home of a registered nursing home on the recommendation of an appropriate doctor attached to the Hospital after discharge following a period of Hospitalisation.

The maximum amount payable is £2,000 in respect of any one Insured Person.

4. Assault Injury Enhanced Benefit

If an Insured Person sustains Accidental Bodily Injury as a direct result of a malicious, unprovoked, physical assault whilst acting in connection with the Business of the Insured which causes Death, Permanent Total Disablement or Permanent Partial Disablement, the Insurer will pay the Insured an additional Benefit equivalent to 10% of the Capital Sum Benefit amount shown in the Scale(s) of Compensation.

The maximum amount payable in respect of this additional Benefit is £2,500 in respect of any one Insured Person.

5. Temporary Replacement Staff Costs

If a Death Benefit becomes payable under this Policy, the Insurer will pay the Insured an additional sum of £1,000 towards reasonable additional costs the Insured incurs in conducting the Business of the Insured.

6. First Aid Expenses

The Insurer will pay for First Aid Expenses incurred in the Insured Person's country of residence up to:

a. 15% of any amount paid by the Insurer under Benefits 1 to 6

or

30% of any amount paid by the Insurer under Benefits 7 and 8

subject to a maximum total amount of £15,000 in respect of any one Insured Person.

7. Broken Bones Benefit

If as a result of having sustained Accidental Bodily Injury during the Period of Insurance and Operative Time of Cover an Insured Person Fractures one or more of the bones listed below:

- i. Arm (Humerus, Radius, Ulna) or Wrist (Carpals)
- ii. Leg (Femur, Tibia, Fibula) Ankle (Tarsals) or Kneecap (Patella
- iii. Back (Cervical Spine, Thoracic spine, Lumbar Spine, Sacrum or Coccyx)

the Insurer will pay the Insured Person £500.

If as a result of having sustained Accidental Bodily Injury during the Period of Insurance and Operative Time of Cover an Insured Person Fractures any other bone in the body the Insurer will pay the Insured Person £100.

Fracture

A break in the continuity of the tissue of a bone.

Exclusions

The Insurer will not pay for:

- 1. any claim arising out of or consequent upon or contributed to directly of indirectly by:
 - a. any Insured Person committing a criminal act or taking part or whilst engaged in civil commotions or riots of any kind.
 - b. the Insured Person
 - a. taking illegal drugs or taking non-prescribed drugs for recreational purposes or taking drugs prescribed for the Insured Person's own drug addiction or alcoholism
 - b. serving in the Armed Forces of any Nation or International Authority
 - c. committing suicide, attempted suicide or intentional self-injury
 - d. participating in off-piste winter sports
 - e. engaging in air travel as aircraft crew of any kind or carrying out any trade or technical operation whilst an aircraft is in flight.
- c. War (whether declared or not):
 - a. between any of the Major Powers (specifically China, France the United Kingdom, any of the former member states of the Soviet Union and the United States of America)

and/or

- b. within Europe in which any of such Major Powers or their armed forces are involved or any enforcement action within Europe by or on behalf of the United Nations.
- d. ionising radiations radioactive contamination or radiation of any kind including the radioactive, toxic or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- e. venereal disease or Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) and or any mutual derivative or variations however caused.
- 2. Losses arising directly or indirectly out of Contamination due to any act of Terrorism regardless of any other cause or any other event contributing at the same time or in any other sequence to such event.

If the Insurer alleges that by reason of this exclusion any loss damage cost or expense is not covered the burden of proving the contrary shall be upon the Insured or Insured Person, as applicable.

- 3. any Loss arising from travel to Afghanistan, Iraq, Ivory Coast, Somalia or Chechnya unless agreed in writing by the Insurer.
- 4. any claim in excess of the Event Accumulation Limit, the Aircraft Accumulation Limit and the Contamination by Terrorism Accumulation Limit of £500,000 or the Non Scheduled Air Accumulation Limit of £250,000.
- 5. any claim in respect of:
 - a. any Benefit during the Excess Period
 - b. sickness or disease (with the exception of Associated Illness.
- 4. Cyber Event

This Section does not cover claims in any way caused or contributed to by a Cyber Event or Denial of Service.

Definitions

Computer System means any computer, hardware, software, information technology and communications system or electronic device, including any similar system or any configuration of the aforementioned and including any associated input, output or data storage device, networking equipment or back up facility.

Cyber Event means an unauthorised or malicious act or series of related unauthorised or malicious acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System or any data by any person or group(s) of persons.

Denial of Service means any actions or instructions constructed or generated with the ability to damage, interfere with or otherwise affect the availability of networks, network services, network connectivity or information systems. Denial of Service includes, but is not limited to, the generation of excess traffic into network addresses, the exploitation of system or network weaknesses and the generation of excess or non-genuine traffic between and amongst networks.

Write-back

Where coverage is provided, this exclusion does not apply to

- 1. The Personal Accident Section
- 2. Sickness

Subject otherwise to the terms, conditions and exclusion of this Policy.

Conditions

The General Conditions of this Policy apply to this Section with the exception of General Conditions 2 and 3.

In addition the following Conditions apply to this Section:

1. Duty of Disclosure

All information supplied to the Insurer by or on behalf of the Insured must be truthful and complete including any information supplied in relation to a claim.

2. Assignment

The Insured and the Insured Person must not assign any of the Benefits under this Section. The Insurer will not be bound to accept or be affected by any notice of trust, charge, lien or purported assignment or other dealing with or relating to this Section.

3. Change in Risk

The Insured must give immediate notice to the Insurer of any change to the ownership of the Insured, the Business of the Insured or occupation of any Insured Person from that which the Insured originally advised to the Insurer.

4. Cancellation - War Risks

The Insurer may cancel cover under this Section in respect of War risks at any time and at its discretion by sending 7 days notice by recorded delivery post to the Insured at the Insured's last known address.

5. Benefit Limits

 a. The Insurer will not pay more that the Maximum Benefit or Sum Insured as specified in the Scale(s) of Compensation for any one Insured Person.

- b. The Maximum Benefit payable in respect of Death of an Insured Person under 16 years of age or under 18 years of age and in full time education shall not exceed £10,000 or the Benefit stated in the Scale(s) of Compensation whichever is lower.
- c. The maximum Weekly Benefit payable for
 - i. salaried staff for
 - Temporary Total Disablement will not exceed 100%
 - Temporary Partial Disablement will not exceed 50% of the Insured Person's normal Weekly Wage.
 - ii. non salaried persons for
 - Temporary Total Disablement will not exceed £100
 - Temporary Partial Disablement will not exceed £40

The Insured must inform the Insurer if any claim payment exceeds these limits.

The Insurer shall be entitled to

- i. a return of any such claims payments in excess of the limits stated within a reasonable timescale and/or
- ii. reduce any further payments due until the claim payment in excess of the limits stated is offset.
- d. Payment by the Insurer to the Insured of any Weekly Benefit does not prejudice the Insured's entitlement to any other Benefit but payment of Weekly Benefits will cease if the Insurer pays any of the Capital Sum Benefits and the Insurer will not be liable to pay any further Benefits in respect of the same Insured Person for the same Loss.
- e. Payment by the Insurer to the Insured for any incomplete working week will be calculated as a proportion of the Weekly Benefit equivalent to the number of days of disablement compared to the number of days which the Insured normally pays the Insured Person to work in a normal week.
- f. The Insurer will not pay more than one of the Benefits 1 to 6 as shown in the Scale(s) of Compensation in respect of any one Insured Person for injuries arising from the same Loss.
- g. The Insurer will not pay more than one of the Benefits 7 and 8 as shown in the Scale(s) of Compensation for an accident arising from separate originating Losses concurrently.

6. Disappearance

Death of any Insured Person shall not be presumed by reason of their disappearance. If after a reasonable period of time has elapsed the Insurer having examined all the evidence available has no reason to suppose other than that the **Insured Person** has sustained an accident during the Operative Time of Cover resulting in their Death, the disappearance of such Insured Person shall be deemed to constitute **Death** by accident for the purposes of this Section.

In the event of the **Insured Person's** re-appearance after payment under Item 1 of the Scale(s) of Compensation the beneficiary thereof will repay such amount to the **Insurer** unless probate has been granted or legal evidence of the presumption of **Death** has been supplied to the Insurer.

7. Claims Conditions

No claim will be paid unless the Insured and where applicable the Insured Person complies strictly with these conditions:

- a. The Insured or Insured Person must give notice to the Insurer as soon as possible and in any event within 30 days after the happening of any loss damage or occurrence which may result in a claim.
- b. The Insured or Insured Person must provide the Insurer with all information and evidence which the Insurer may reasonably require at no cost to the Insurer.
- c. The Insured or Insured Person must at the Insurer's request provide a medical examination report in respect of any Accidental Bodily Injury where the Insured or Insured Person requires the Insurer to consider a claim. The Insurer will pay the cost of the medical examination fee.
- d. The Insured must ensure that as soon as possible after the occurrence of any Accidental Bodily Injury the Insured Person obtains and follows the advice of a registered medical practitioner.

The Insurer will not be liable for any bodily injury or medical condition which is worsened or prolonged or any other consequences which arise as a result of the Insured Person's failure to obtain and follow such advice and to use such treatment remedies or appliances as may be prescribed.

e. In the event of Death of an Insured Person the **Insurer** will be entitled to have a post-mortem examination carried out at the Insurer's own expense.

8. Accumulation Limits

Where the total of all individual claims exceed the

- i. Aircraft Accumulation Limit
- ii. Event Accumulation Limit
- iii. Non-scheduled Air Accumulation Limit
- iv. Contamination by Terrorism Accumulation Limit

the individual claims shall be reduced proportionately until the total of all individual claims does not exceed the limit applicable.

9. Rebate Clause

Subject to the Special Provisions of this Condition, and to the under-noted Definitions, it is agreed by the Insurer and the Insured that upon expiry of each Period of Insurance the Insurer will allow a 10% rebate of premium in respect of the of this **Policy** against the Paid Premium.

Special provisions

Any rebate of premium is subject to the following:

- A. Loss Ratio not exceeding 40%
- B. the amount of premium rebated will be calculated three months after the expiry of each Period of Insurance
- C. if there is any alteration in the amount of Incurred Claims (whether due to new claims notified, or otherwise) following calculation of the premium rebate, such alteration in amount will be carried forward and taken into account in the premium rebate calculation for the next Period of Insurance
- D. the insurances by the Applicable Sections of the Policy being renewed with the Insurer for a period of at least twelve months following expiry of the Period of **Insurance** to which the premium rebate applies
- E. in the event of cancellation by the Insured of the Policy no rebate of premium will be payable in respect of such Policy
- F. the Insurer shall be under no obligation to accept any offer made in connection with this Condition.

Definitions

Paid Premium:

shall mean the total premium paid under this Policy during the Period of Insurance to which such premium rebate relates, but excluding Insurance Premium Tax

Loss Ratio:

shall mean the percentage produced by dividing the Incurred Claims by the Paid Premium.

Incurred Claims:

shall mean the total of all claims paid (including costs and expenses) and claims estimated for each Period of Insurance under the Policy. Outstanding claims will be calculated in accordance with the Insurer's standard reserving procedure.

Claims Handling

If an accident, loss or damage occurs or any circumstances arise which may cause a claim to be made:

- You should notify your insurance adviser (or alternatively you can contact us at one of our claims handling offices)
 - promptly, if an incident occurs that may lead to you making a claim
 - immediately, in the event of a serious accident, loss or damage
- Please provide as much information as possible about the claim, and your policy reference if available
- We recommend you check that the accident, loss or damage is covered by your policy. If you are in any doubt please consult your insurance adviser
- You should comply with the requirements for claim notification contained in the policy conditions, which detail your obligations and our rights in the event of a claim. If you are in any doubt please consult your insurance adviser
- You should carry out any emergency action to protect your property from further damage (e.g. turning off main services) or to make it waterproof or secure. We will be pleased to provide advice and assistance to find the right person or organisation to help you. If you do incur any charges please retain the bills as these may form part of your claim
- If emergency work has been completed on your own authority please contact us via your insurance adviser before permanent repairs begin
- Please do not dispose of damaged items before we have had the opportunity to inspect them
- You should report to the Police any loss or damage from theft, arson, malicious damage, or riot or civil commotion and obtain a crime book reference from them
- Please ensure that your responsibility for injury to someone or damage to their property is not discussed with or admitted to anyone else
- If an employee or someone else is holding you
 responsible for injury to them or for damage to their
 property then you should tell us promptly via your
 insurance adviser, and send any letters, writs or summons
 to us unanswered

- Our aim is to deal with your claim promptly and fairly.
 Depending on the type of claim and value involved we may:
 - forward a claim form for you to complete and sign
 - appoint an independent Loss Adjuster to deal with your claim
 - arrange for one of our Claims staff to visit you
 - reply to you via your insurance adviser by letter or by telephone.

Claims under this **Policy** should be notified via the Sutton Winson Reporting Line on 0844 815 0115 or email in the first instance to esmba@swib.co.uk

For Medical Emergency whilst overseas – Tel +44 (0) 208 603 9514

Allianz Address for Claims Correspondence: Claims Division

Claims Division
Allianz Insurance plc
PO Box 10509
51 Saffron Road
Wigston
LE18 9FP

Financial Services Compensation Scheme

Allianz Insurance plc contributes to the Financial Services Compensation Scheme (FSCS).

The Insured may be entitled to compensation from the FSCS if the Insurer is unable to meet its liabilities. Further information about compensation scheme arrangements is available at www.fscs.org.uk, by emailing enquiries@fscs.org.uk or by phoning the FSCS on 0800 678 1100 or 0207 741 4100.

Privacy Notice: How We Use Personal Information

Introduction

Please find below a summary of our Privacy Notice. The full notice can be found on the Allianz UK website: allianz.co.uk/privacy-notice.html.

If you would like a printed copy of our Privacy Notice, please contact the Data Rights team using the details below.

Allianz Insurance plc is the data controller of any personal information given to us about you or other people named on the policy, quote or claim. It is your responsibility to let any named person know about who we are and how this information will be processed.

Allianz Insurance plc, Allianz Engineering Inspection Services Limited, Petplan Ltd and VetEnvoy are companies within the Allianz Holdings.

Anyone whose personal information we hold has the right to object to us using it.

They can do this at any time by telling us and we will consider the request and either stop using their personal information or explain why we are not able to.

If you wish to exercise any of your data protection rights you can do so by contacting our Data Rights team:

Telephone: 0208 231 3992

Email: datarights@allianz.co.uk Address: Allianz Insurance Plc, Allianz,

57 Ladymead, Guildford,

Surrey, GU1 1DB

Any queries about how we use personal information should be addressed to our Data Protection Officer:

Telephone: 0330 102 1837

Email: dataprotectionofficer@allianz.co.uk Address: Data Protection Officer, Allianz,

57 Ladymead, Guildford,

Surrey, GU1 1DB

Privacy Notice: How We Use Personal Information

Consent for Special Categories of Personal Data

The global Allianz Group may need to collect and process data relating to individuals who may benefit from the policy ("Insured Persons"), which falls within the special categories of personal data under Data Protection Legislation, for example, medical history or convictions of Insured Persons for the purpose of evaluating the risk and/ or administering claims which may occur. You must ensure that you have explicit verbal or written consent from the Insured Persons to such information being processed by the global Allianz Group and that this fact is made known to the Insured Persons.

By applying for and/or entering into this insurance policy you will be deemed to specifically consent to the use of the Insured Persons Personal Data in this way and for these purposes and that your directors, officers, partners, and employees have consented to the global Allianz Group using their details in this way.

Employers Liability Tracing Office

If your policy provides Employers Liability cover information relating to your insurance policy will be provided to the Employers Liability Tracing Office (the "ELTO") and added to an electronic database, (the "Database") in a format set out by the Employer's Liability Insurance: Disclosure by Insurers Instrument 2011.

The Database assists individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK whilst working for employers carrying on, or who carried on, business in the UK and as a result are covered by the employers' liability insurance of their employers, (the "Claimants"):

- to identify which insurer (or insurers) was (or were) providing employers' liability cover during the relevant periods of employment; and
- ii to identify the relevant employers' liability insurance policies.

The Database and the data stored on it may be accessed and used by the Claimants, their appointed representatives, insurers with potential liability for UK commercial lines employers' liability insurance cover and any other persons or entities permitted by law.

The Database will be managed by the ELTO and further information can be found on the ELTO website www.elto.org.uk

Complaints Procedure

Our aim is to get it right, first time every time. If you have a complaint we will try to resolve it straight away but if we are unable to we will confirm we have received your complaint within five working days and do our best to resolve the problem within four weeks. If we cannot we will let you know when an answer may be expected.

If we have not resolved the situation within eight weeks we will issue you with information about the Financial Ombudsman Service (FOS) which offers a free, independent complaint resolution service.

If you have a complaint, please contact our Customer Satisfaction Manager at:

Customer Satisfaction Manager Allianz Insurance plc 57 Ladymead Guildford Surrey GU1 1DB

Telephone number: 01483 552438 Fax Number: 01483 790538 Email: acccsm@allianz.co.uk

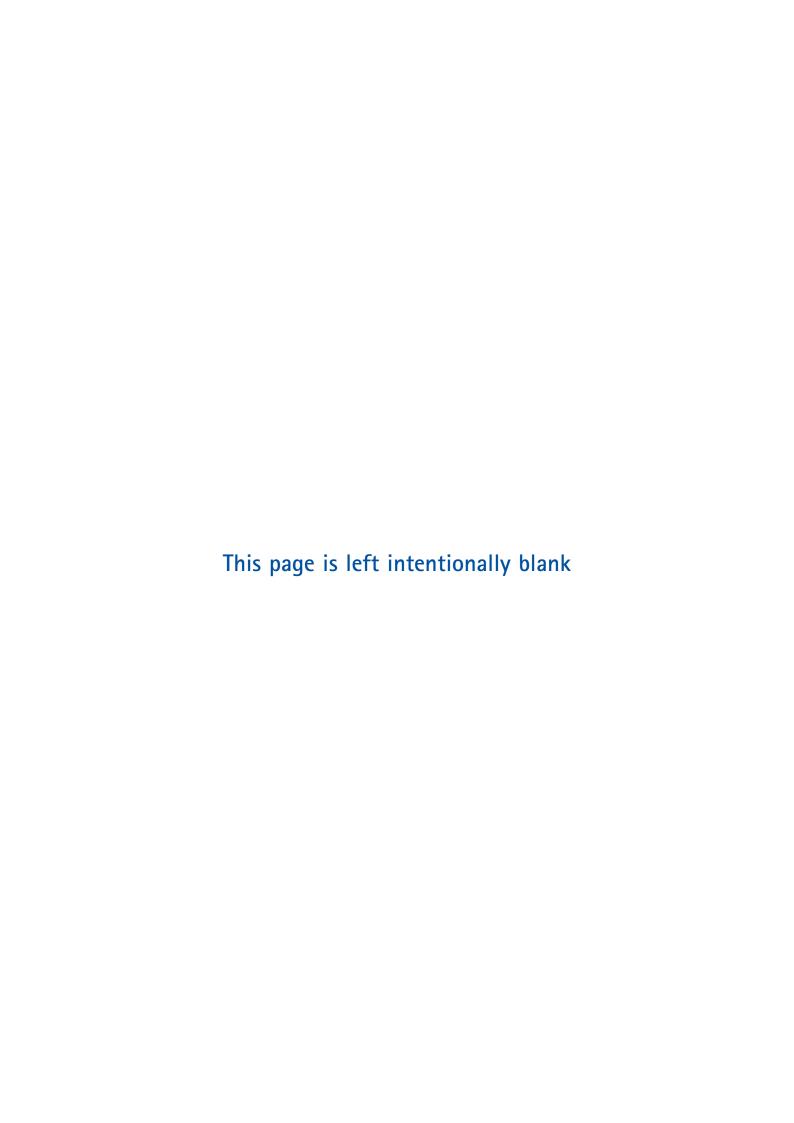
You have the right to refer your complaint to the Financial Ombudsman, free of charge - but you must do so within six months of the date of the final response letter.

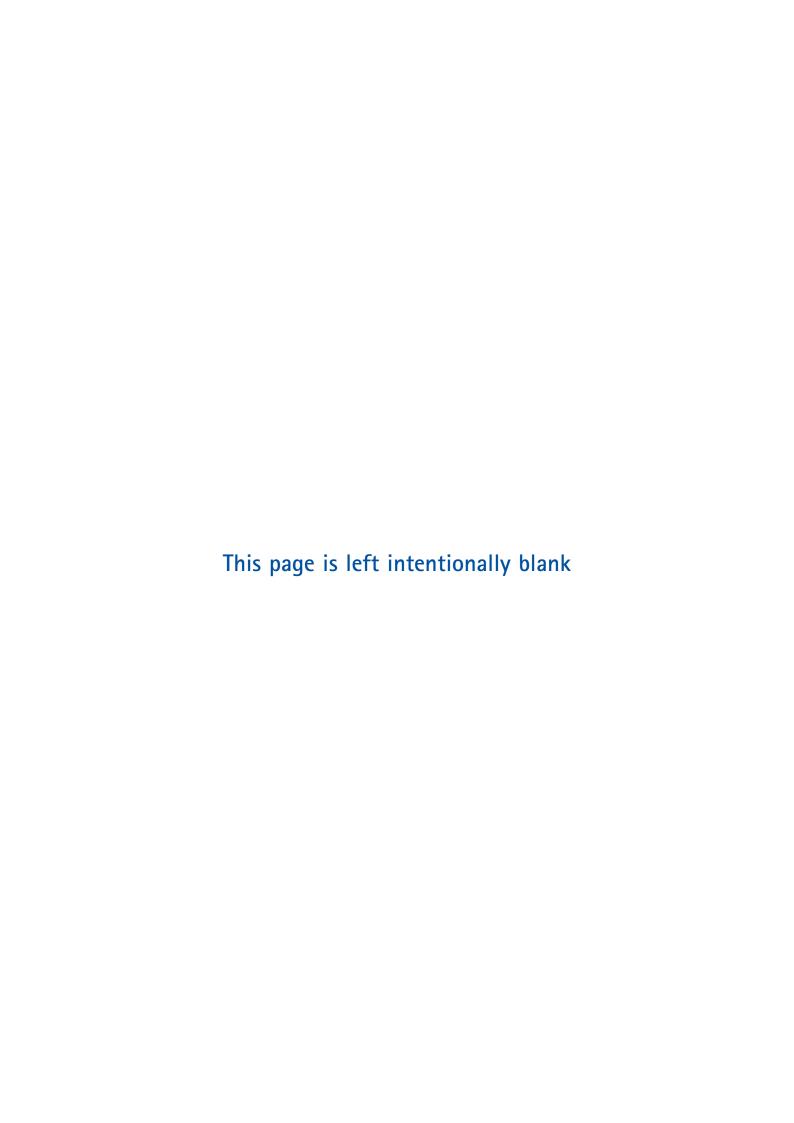
If you do not refer your complaint in time, the Ombudsman will not have our permission to consider your complaint and so will only be able to do so in very limited circumstances. For example, if the Ombudsman believes that the delay was as a result of exceptional circumstances.

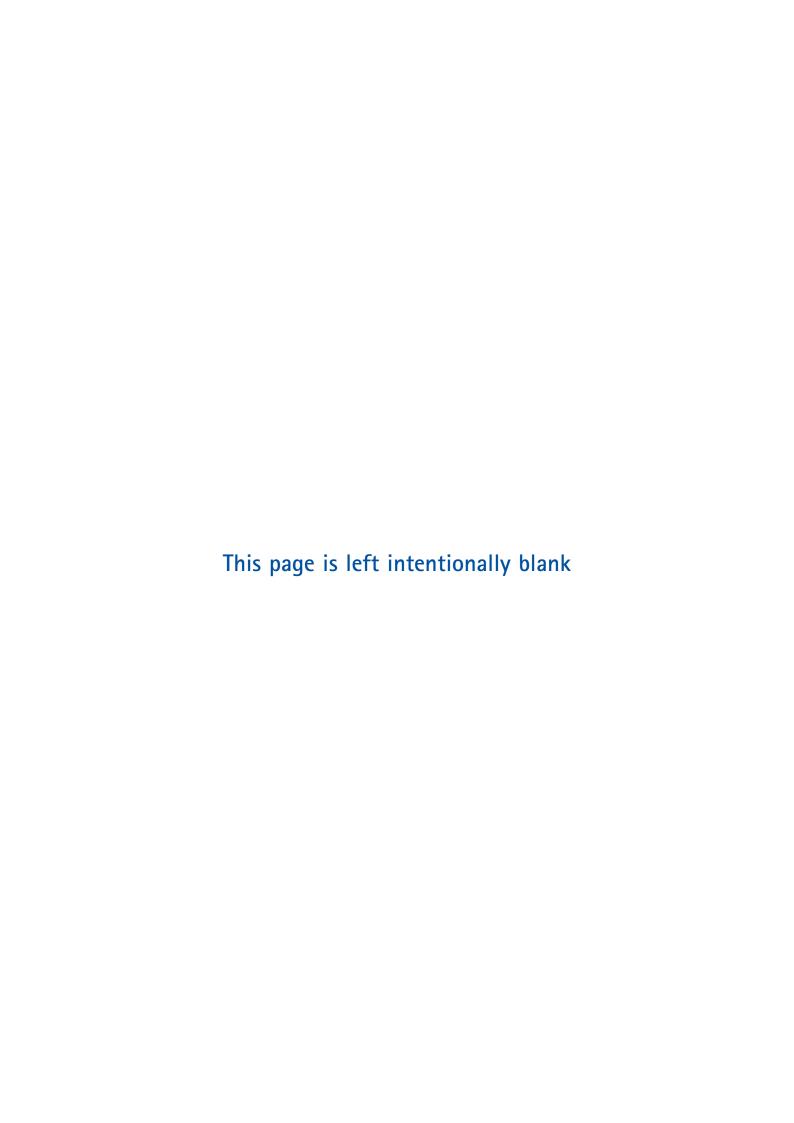
The Financial Ombudsman Service **Exchange Tower** London E14 9SR

Website: www.financial-ombudsman.org.uk Telephone: 0800 023 4567 or 0300 123 9123 Email: complaint.info@financial-ombudsman.org.uk

Using our complaints procedure or contacting the FOS does not affect your legal rights.







Allianz Insurance plc. Registered in England number 84638.

Registered office: 57 Ladymead, Guildford, Surrey, GU1 1DB, United Kingdom.

Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register number 121849.