

Group Personal Accident & Illness Insurance

Schedule

This Schedule should be read in conjunction with the Certificate of Insurance.

Certificate Number : _____ Renewal of: _____

Assured (If any) :

Insured Persons _____ Age _____ Occupation _____
Under 65

Period of Insurance to _____ (Both dates inclusive) Proposal Dated: No Proposal

Premium	Insurance Premium Tax	Total Amount Due
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Issuing Agent: **Yachtsman Insurance Services**
 The Anchorage
 Prested Hall Chase
 London Road
 Feering, Colchester
 Essex
 CO5 9EE

Agency Reference:

Contract number:

Schedule of Compensation

Item	Sums Insured (Each Insured Person)
1. Death	3 X Annual Salary
2. Loss of sight of one or both Eyes	3 X Annual Salary
3. Loss of one or more Limbs	3 X Annual Salary
4. Permanent Total Disablement	3 X Annual Salary
5. Temporary Total Disablement	100% of Gross Weekly Wage per week
payable up to 52 weeks and excluding the first 14 days of disablement.	
6. Temporary Partial Disablement	Not Covered
payable up to _____ weeks and excluding the first _____ days of disablement.	
7. Loss of sight of both Eyes	3 X Annual Salary
8. Permanent Total Disablement by paralysis	3 X Annual Salary
9. Temporary Total Disablement	100% of Gross Weekly Wage per week
payable up to 52 weeks and excluding the first 14 days of disablement.	

Maximum Sum Insured Any One Person

Accumulation Limit

Endorsements applicable to this Insurance: **Yes (See Attached)**

In Witness whereof this Schedule has been signed
 by the Issuing Agent

.....

Date of Issue:

This Endorsement attaches to and forms part of Certificate Number:

Assured (if any):

Insured Person(s):

It is hereby noted and agreed that;

1. This insurance does not cover any claim(s) in any way caused or contributed to by an act of terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.

For the purpose of this exclusion an act of 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 organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

2. No cover shall be operative under this Insurance for trips to the following territories/ countries, unless such trips are declared to and agreed by Underwriters prior to travel.

Underwriters reserve the right to charge an additional premium and/or amend coverage in respect of these trips: -

Afghanistan, Algeria, Chad, Chechnya, Colombia, Democratic Republic of Congo, Iraq, Israel, Saudi Arabia, Somalia & Sudan

3. This Insurance excludes all claims arising from physical or mental conditions or disabilities of a recurring or chronic nature from which an Insured Person suffered, and was known to suffer, prior to the inception of this Insurance or any renewal thereof.
4. Solely in respect of Seasonal Crew of the Assured, this Insurance shall only be operative whilst the Insured Person is under contract with the Assured.
5. Annual –Salary shall be deemed to exclude remuneration received in respect of bonuses, commission, overtime and the like.

“Gross Weekly Wage” shall mean 1/52nd. of the “Annual Salary.

The premium herein is a Deposit Premium and shall be adjusted at expiry plus I.P.T. on the actual wages paid during the Period of Insurance.

The Declaration of wages should exclude all remuneration received in respect of bonuses, commission, overtime and the like.

Subject otherwise to the terms and conditions of the Certificate.


Date of Issue:

GROUP ACCIDENT
and/or
ACCIDENT & ILLNESS INSURANCE

WORLD WIDE

This is to certify that in accordance with the authorisation granted under Contract Number PA999 by certain syndicates at Lloyd's (hereafter referred to as Underwriters), whose definitive numbers and the proportions underwritten by them, which will be supplied on application, can be ascertained by reference to the said Contract which bears the Seal of Lloyd's Policy Signing Office, and in consideration of the payment of the premium specified herein, the said Underwriters are hereby bound, severally and not jointly, their Executors and Administrators, to insure against Bodily Injury or Illness in accordance with the Schedule of Compensation.

In witness whereof this Certificate has been signed by the Underwriters.



PLEASE READ THIS CERTIFICATE, AND THE INSURANCE SCHEDULE ENCLOSED, IF IT IS INCORRECT, PLEASE RETURN IT IMMEDIATELY TO THE ISSUING AGENT FOR ALTERATION.

IN ALL COMMUNICATIONS THE CERTIFICATE NUMBER APPEARING ON THE INSURANCE SCHEDULE SHOULD BE QUOTED.

Schedule of Compensation

The Underwriters will pay the Sum Insured to the Insured Person, or his Executors or Administrators, in accordance with the following Schedule of Compensation in the event of the Insured Person sustaining **Bodily Injury** or **Illness**, subject to the terms, Definitions, Exclusions and Conditions, contained in this Certificate.

If however, an Assured is named in the Insurance Schedule, Underwriters will pay the Assured and not the Insured Person.

This Certificate insures only those items which have a Sum Insured entered by them in the Insurance Schedule. Items not insured have the words "**NOT COVERED**" by them.

COMPENSATION PAYABLE IN RESPECT OF ACCIDENT

- 1 Death
- 2 Permanent Total Loss of Sight of One or Both Eyes
- 3 **Loss of One or More Limbs**
- 4 **Permanent Total Disablement** (other than loss of sight of one or both eyes or loss of limb(s))
- 5 **Temporary Total Disablement**
- 6 **Temporary Partial Disablement**

COMPENSATION PAYABLE IN RESPECT OF ILLNESS

- 7 Permanent Total Loss of Sight of Both Eyes
- 8 Permanent Total Disablement by Paralysis (other than general Paralysis of the insane)
- 9 **Temporary Total Disablement**
Accumulation Limit : (see Condition 4)

MEDICAL EXPENSES:-

Medical Expenses incurred in respect of Items 5, 6 or 9 will be paid in addition by the Underwriters up to but not exceeding 15 per cent of any claim admitted under such item.

However, if in respect of such **Medical Expenses** the Assured or an Insured Person shall recover any payment under any other insurance, the Underwriters shall only be liable for the difference between such recovery and the total cost of **Medical Expenses** incurred, not exceeding 15 per cent of the claim admitted under Items 5, 6 or 9 herein.

PROVIDED ALWAYS THAT:-

- 1 (a) Compensation shall not be payable under more than one of the items of the Schedule of Compensation in respect of the consequences of one **Accident**, except for any compensation payable hereunder in respect of **Temporary Partial Disablement** preceding or following **Temporary Total Disablement**, or of the same **Illness**, and

(b) No weekly compensation shall become payable until the total amount thereof has been ascertained and agreed by Underwriters. If, nevertheless, payment be made for weekly compensation, the amount so paid shall be deducted from any lump sum becoming claimable in respect of the same **Accident** or **Illness**.
- 2 The total sum payable under this Insurance in respect of any one or more claims shall not exceed in all during the Period of Insurance the largest amount of benefit payable under any one of the items contained in the Schedule of Compensation or added to this Certificate by endorsement, except that the Underwriters will in addition pay **Medical Expenses** as herein provided.
- 3 If Item 1 of the Schedule of Compensation is not covered then no claim shall be payable, other than for weekly compensation and **Medical Expenses**, in respect of any **Accident** which would have given rise to a claim under Item 1 had that item been covered.
- 4 If Item 1 of the schedule of Compensation is covered and an **Accident** causes the death of the Insured Person within twelve months following the date of the **Accident** and prior to the definite settlement of the compensation for disablement provided for under Items 2 to 4 of the Schedule of Compensation, there shall be paid only the compensation provided for in the case of death.

DEFINITIONS

In this Certificate:-

- 1 “**BODILY INJURY**” means identifiable physical injury which:-
 - (a) is sustained by the Insured Person and
 - (b) is caused by an **Accident** during the Period of Insurance and
 - (c) solely and independently of any other cause, except illness directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the Insured Person within twelve months from the date of the **Accident**.
- 2 “**ACCIDENT**” means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which the Insured Person is travelling.
- 3 “**ILLNESS**” means illness of the Insured Person which declares itself during the Period of Insurance and occasions the total disablement of the Insured Person within twelve months after declaring itself.
- 4 “**LOSS OF LIMB**” means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle, and includes permanent total and irrecoverable loss of use of a hand, arm or leg.
- 5 “**PERMANENT TOTAL DISABLEMENT**” means disablement which entirely prevents the Insured Person from attending to the duties of his usual business or occupation and which lasts twelve months and at the expiry of that period is beyond hope of improvement.

- 6 **“TEMPORARY TOTAL DISABLEMENT”** means disablement which temporarily and totally prevents the Insured Person from attending to the duties of his usual business or occupation and shall be payable during such disablement from the date on which the Insured Person first became disabled but not beyond the number of weeks shown in the Insurance Schedule.
- 7 **“TEMPORARY PARTIAL DISABLEMENT”** means disablement which temporarily prevents the Insured Person from attending to a substantial part of the duties of his usual business or occupation and shall be payable during such disablement from the date on which the Insured Person first became disabled but not beyond the number of weeks shown in the Insurance Schedule.
- 8 **“MEDICAL EXPENSES”** means expenses properly incurred by the Insured Person for Medical, Hospital, Surgical, Manipulative, Massage, Therapeutic, X-ray or Nursing treatment, including the cost of medical supplies and ambulance hire.
- 9 Words in the masculine gender shall include the feminine.

EXCLUSIONS

This Certificate does not cover death or disablement:-

- (a) Whilst the Insured Person is engaged or taking part in military, air force or naval service or operations (other than reserve or volunteer training).
- (b) Whilst the Insured Person is engaged or taking part in aeronautics or aviation, other than as a passenger.
- (c) Whilst the Insured is engaged or taking part in mountaineering or rock climbing normally involving ropes and/or guides.
- (d) Whilst the Insured Person is riding or driving in any kind of race.
- (e) Directly or indirectly caused or contributed to by the Insured Person’s intentional self-injury, suicide or attempted suicide, provoked assault, duelling or fighting (except in bona fide self-defence), or from the Insured Person’s own criminal act, or whilst engaged or taking part in civil commotions or riots of any kind.
- (f) Consequent on war, invasion or civil war except whilst the Insured Person is travelling outside the United Kingdom and/or Ireland.
- (g) Occasioned by or occurring while the Insured Person is in a state of insanity temporary or otherwise.
- (h) Arising out of any condition caused by, prolonged by, or aggravated by any psychiatric, mental or nervous disorder of the Insured Person, including anxiety and/or depression.
- (i) Arising out of or consequent upon or contributed to by radioactive contamination.

Additional Exclusions applicable where this Insurance includes compensation for **Illness**.

- (j) Consequent upon the Insured Person’s pregnancy or childbirth.
- (k) Directly or indirectly arising out of, consequent upon or contributed to by venereal disease or Acquired Immune Deficiency Syndrome (A.I.D.S.) or A.I.D.S. Related Complex (ARC) howsoever this syndrome has been acquired or may be named.

CONDITIONS

- 1 If the Insured Person shall engage in any occupation in which greater risk may be incurred than in the occupation disclosed in this Certificate without first notifying the Underwriters and obtaining their written agreement to the amendment of this Certificate (subject to the payment of such reasonable additional premium as the Underwriters may require as the consideration for such agreement), then no claim shall be payable in respect of any **Accident** or **Illness** arising out of or in the course of such occupation.
- 2 Notice must be sent to the Underwriters as soon as practicable of any **Accident** or **Illness** to the Insured Person, and the Insured Person must as early as possible place himself under the care of a duly qualified medical practitioner. Notice must be sent to the Underwriters as soon as practicable in the event of death of the Insured Person, resulting or alleged to result from an **Accident**. In no case will the Underwriters be liable to pay compensation to the Insured Person or to his representatives unless the medical adviser or advisers appointed by the Underwriters for the purpose shall be allowed so often as may be deemed necessary to make an examination of the person of the Insured Person.
- 3 Any fraud, misstatement or concealment in relation to any matter affecting this Insurance or in connection with the making of any claim hereunder shall render this Insurance null and void and all claims shall be forfeited.
- 4 In the event of an **Accident** involving more than one Insured Person where the claim exceeds the Accumulation Limit specified in the Schedule of Compensation, the compensation payable in respect of each Insured Person shall be proportionately reduced until the total does not exceed that limit.
- 5 This Certificate is issued on the condition that the Insured Person has no other **Accident** or **Illness** Insurance except as specifically declared to the Underwriters at inception or agreed by them during the Period of Insurance.
- 6 No cover shall apply under this Certificate unless a Insurance Schedule is attached to this Certificate.

Disappearance Extension

It is agreed that, provided Item 1 of the Schedule of Compensation is covered and subject to all the terms, Definitions, Exclusions and Conditions of this Certificate, if the Insured Person disappears during the Period of Insurance and his body is not found within 90 days after his disappearance, and sufficient evidence is produced satisfactory to the Underwriters that leads them inevitably to the conclusion that he sustained **Bodily Injury** and that such injury caused his death, Underwriters shall forthwith pay the death benefit under this Insurance provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to the Underwriters if the Insured Person is subsequently found to be living.

Notice to the Insured Person or Assured if Applicable – Residents of the United Kingdom

The cover referred to in this Certificate is subject to English Law.

Any enquiry or complaint should be addressed in the first instance to the Issuing Agent.

If the complaint concerns a claim please in the first instance write to the Managing Director of the Claims Administrators.

If the response is unsatisfactory the complaint may be referred to the Complaints Department at Lloyd's and ultimately to the Insurance Ombudsman. The Claims Administrators will provide the full addresses of these organisations and the referral of a complaint to any of them will not affect your rights in law.

Notice to the Insured Person or Assured if Applicable – Residents of Ireland

The insurance cover to which this document relates was granted by the holder of a Binding Authority in Ireland from Lloyd's Underwriters for the class of business underwritten and has been issued in Ireland in accordance with Section 94 of the Insurance Act 1936. The holder of this Binding Authority, in conjunction with the Lloyd's Underwriters Sole General Representative in Ireland has all the powers required of him under the insurance acts and regulations (Insurance Acts 1909-1971) and E.E.C. (Non-Life) Insurance Regulations 1976

(S.I. No. 115/76). Lloyd's Underwriters Sole General Representative in Ireland is:-

R.P. McGovern, Esq., Messrs. W.G. Bradley & Sons, 8 Exchange Place, International Financial Services Centre, Dublin 1.

Without prejudice to the generality of the foregoing, the Underwriters hereon agree that:

- (i) in the event of a dispute arising under this Certificate, Underwriters at the request of the Insured Person or Assured if applicable will submit to the jurisdiction of any competent Court in Ireland, such dispute shall be determined in accordance with the Law and practice applicable in such Court;
- (ii) any Summons, Notice or Process shall be served upon their Sole General Representatives at the address stated.

While the Parties to the contract are free to choose the law governing it, the cover referred to in this Certificate is subject to Irish Law.

Any enquiry or complaint should be addressed in the first instance to your Issuing Agent/Broker.

If you are not satisfied with the way a complaint has been dealt with you may ask the Lloyd's Underwriters Sole General Representative in Ireland to review your case without prejudice to your rights in law.

The address is R.P. McGovern Esq., Lloyd's Underwriters Sole General Representative in Ireland, Messrs. W.G. Bradley & Sons, 8 Exchange Place, Irish Financial Services Centre, Dublin 1.

WHO TO CONTACT

Medical Advisors *to be contacted in the event of medical emergencies*

CEGA Air Ambulance Ltd
Goodwood Air Field
Chichester
West Sussex, PO18 0PH.

Tel: (UK) 01243- 621525

Fax (UK) 01243- 773169

Please have the following ready when you notify the claim:-

- a. the Certificate Number, which is shown on the Insurance Schedule
- b. the dates of outward and return journey
- c. details of the **insured person's** problem
- d. a telephone number on which the **insured person** or their representative can be contacted

Claims Administrators *to be contacted for non-emergency claims and queries on claims payments*

Cassidy Davis Insurance Services Ltd
21 Perrymount Road
Haywards Heath
West Sussex RH16 3TP

Tel: (UK) 01444 450550

Fax (UK) 01444 458234

When you notify a claim please tell them the Certificate Number shown in the Insurance Schedule