

## Schedule of Insurance

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

Agreement Reference	SKLN100
Certificate Number	SG/5455/PA
Name of <b>insured club or team</b>	Spondon Dynamos (Prims)
<b>insured sport</b>	Football, Futsal
Number of Teams	18
<b>insured person(s)</b>	All playing members including officials recorded on the team register prior to participating in team events and matches (up to a maximum of 25 players per team).
Geographical Limits	United Kingdom
<b>period of insurance</b>	From: 01/07/2018 to: 30/06/2019 (both days inclusive - Greenwich Mean Time)
Premium	GBP 319.50 including insurance premium tax (where applicable)
Administration Fee	GBP 76.50
Postal Details	Kerry Tomkinson 20 Deborah Drive Chaddesden Derbyshire DE21 4RJ
Email Address	<a href="mailto:kerrymoore7275@gmail.com">kerrymoore7275@gmail.com</a>
Telephone Numbers	07989926670

### **Death by Natural Causes section**

**Sportsguard** has arranged the insurance against **death by natural causes** provided under this certificate with Omnilife Insurance Company Limited.

### **Personal Accident section**

**Sportsguard** has arranged the insurance against **bodily injury** caused by an **accident** provided under this certificate in accordance with the authorisation granted to it under a contract of delegated authority by Tokio Marine Kiln Syndicate 510 at Lloyd's (the reference of the delegated authority agreement is as shown under the Agreement Reference above).

## Schedule of Benefits

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

	Benefit	Sum Insured applicable to each <b>insured person</b>
<b>Death by Natural Causes</b>		
1.	<b>death by natural causes</b>	GBP 10,000
<b>Personal Accident</b>		
2.	death by <b>accident</b>	GBP 10,000 Reducing to GBP 5,000 where the <b>insured person</b> has not attained 16 years of age
3.	<b>loss of sight</b> in one or both eyes	GBP 100,000
4.	<b>loss of limb</b> , one or more	GBP 100,000
5.	<b>loss of speech</b>	GBP 100,000
6.	<b>loss of hearing</b> in both ears	GBP 100,000
7.	<b>loss of hearing</b> in one ear	GBP 25,000
8.	<b>quadriplegia</b>	GBP 100,000
9.	<b>paraplegia</b>	GBP 50,000
10.	permanent partial disablement	up to GBP 100,000 Reducing in accordance with the attached Permanent Partial Disablement Scale
11.	<b>permanent total disablement</b> other than benefits stated above	Variable amount according to chosen level of cover up to GBP 100,000
12.	<b>temporary total disablement</b>	<p><b><u>insured persons in gainful employment:</u></b> 65% of the <b>insured person's weekly wage</b>, during the 12 months immediately prior to any claim, up to a maximum of: GBP 200 per month benefit period: 52 weeks <b>excess period:</b> 14 days</p> <p><b><u>insured persons not in gainful employment:</u></b> <b>See Home Assistance Benefits (Item 23)</b> or GBP 20, whichever is the less benefit period: 26 weeks <b>excess period:</b> 14 days</p>

PERMANENT PARTIAL DISABLEMENT SCALE

The % of the sum insured under the permanent partial disablement benefit in respect of permanent partial disablement is as follows:

loss by amputation or permanent total loss of use of:

(a)	foot below the level of the ankle (talofibular joint)	100% *
(b)	thumb	40% *
(c)	one forefinger or big toe	30% *
(d)	any other finger	20% *
(e)	any other toe	8% *

loss of use of:

(a)	back or spine (excluding cervical) without cord involvement	80% *
(b)	neck or cervical spine without cord involvement	60% *
(c)	shoulder, elbow or wrist	50% *
(d)	hip, knee or ankle	40% *

\* of the sum insured under item 10 of the Schedule of Benefits.

PROVISIONS APPLICABLE TO THE PERMANENT PARTIALMENT SCALE

1. If compensation is payable in respect of the **insured person** under more than one form of permanent partial disablement as a result of one **accident**, the total amount payable shall not exceed in total more than the sum insured under the permanent partial disablement benefit.
2. If compensation is payable for loss of or loss of use of a whole member of the body, then compensation for parts of that member cannot also be claimed.

#### ADDITIONAL BENEFITS APPLICABLE TO PERSONAL ACCIDENT

The following additional benefits are applicable to the Personal Accident benefits of this policy where a sum insured is shown below. Such sums insured shall apply to each **insured person**.

	Additional Benefit	Sum Insured applicable to each <b>insured person</b>
1.	<b>fracture of a bone:</b> <ul style="list-style-type: none"> <li>• in the arm at or above the wrist or in the leg at or above the ankle</li> <li>• in the hand excluding fingers or in the foot excluding toes</li> <li>• in the collarbone</li> <li>• in the cheekbone</li> <li>• in the jaw</li> <li>• in the fingers</li> <li>• in the toes</li> <li>• in the hip</li> <li>• in the rib</li> <li>• in the shoulder (scapula)</li> <li>• in a growth plate (also known as Salter Harris Type 1)</li> </ul>	GBP 200  GBP 75  GBP 200  GBP 200  GBP 200  GBP 75  GBP 75  GBP 150  GBP 50  GBP 150  GBP 150
2.	<b>dislocation</b> of the hip, kneecap, shoulder or elbow	GBP 250
3.	Snapped, Ruptured Achilles Tendon or Anterior Cruciate Ligament	up to GBP 250
4.	<b>loss of internal organ</b>	GBP 25,000
5.	Facial and Bodily Scarring	up to GBP 600
6.	Emergency Dental Expenses	up to GBP 100 each <b>accident</b>
7.	Hospital Confinement	GBP 25 per night benefit period: 30 nights
8.	Concussion	GBP 10,000
9.	Rehabilitation Retraining Expenses	Not Covered
10.	Academic Examination Re-sit	Not Covered
11.	Disability Assistance Expenses	Not Covered
12.	Emergency Medical Expenses	Not Covered
13.	Student Tutorial Expenses	Not Covered benefit period: 26 weeks <b>excess period: 7 days</b>
14.	Coma Benefit	GBP 30 per day benefit period: 365 days
15.	Medical Certification Expenses	Not Covered
16.	Funeral Expenses	Not Covered
17.	Specialist Consultant Fees	Not Covered
18.	Pre-paid Season or Travel Tickets	Not Covered
19.	Physiotherapy Benefit (calculated on 50% of the receipted cost of each session)	up to GBP 40 per session benefit period: 6 sessions
20.	Additional Travel Costs	Not Covered benefit period: 4 weeks

21.	Childcare Expenses	Not Covered benefit period: 26 weeks <b>excess period: 14 days</b>
22.	Chauffeur Expenses	Not Covered benefit period: 26 weeks <b>excess period: 14 days</b>
23.	Home Assistance Benefits	up to GBP 200 per month benefit period: 52 weeks <b>excess period: 14 days</b>
24.	Broken or Damaged Sports Glasses	up to GBP 50
25.	Damage to clothing by a Medical Practitioner	up to GBP 50
26.	Legal Advice	Not Covered

Subject otherwise to the terms, definitions, conditions and exclusions listed within the Schedule of Insurance, Certificate of Insurance and any other attaching endorsements.

In witness, where of this schedule has been signed by Sportsguard on behalf of:

**Death by Natural Causes section**

Omnilife Insurance Company Limited

**Personal Accident section**

Tokio Marine Kiln Syndicate 510 at Lloyd's



The Admin Bureau Ltd, One Overstone Heights, Sywell, Northamptonshire, NN6 0AT

Date of Issue: Monday, 18 June 2018