

# SCHEDULE OF INSURANCE

This schedule of insurance should be read in conjunction with the certificate of insurance.

<b>UNIQUE MARKET REFERENCE NUMBER</b>	B6089HSA027N23AA
<b>CERTIFICATE NUMBER</b>	POL-08062309442957
<b>NAME OF INSURED</b>	West Riding FA Silver
<b>INSURED SPORTS</b>	Football
<b>NUMBER OF TEAMS</b>	To be advised
<b>NUMBER OF PLAYERS</b>	To be advised
<b>INSURED PERSONS</b>	All playing members including officials recorded on the team register prior to participating in team events and matches.
<b>GEOGRAPHICAL LIMIT</b>	United Kingdom
<b>PERIOD OF INSURANCE</b>	From: 01/07/2023 To: 30/06/2024 (both days inclusive - Greenwich Mean Time)
<b>GROSS PREMIUM</b>	To be advised
<b>INSURANCE PREMIUM TAX</b>	To be advised
<b>NET PREMIUM</b>	To be advised
<b>ADMINISTRATION FEES</b>	To be advised

## DEATH FROM NATURAL CAUSES SECTION

**Sportsguard** has arranged the insurance against **death by natural causes** provided under this certificate with Quantum Leben AG.

## 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 and 1880 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 SECTION</b>	
1. <b>death by natural causes</b>	GBP 10,000
<b>PERSONAL ACCIDENT SECTION</b>	
2. death by <b>accident</b>	GBP 30,000
3. <b>loss of sight</b> in one or both eyes	GBP 30,000
4. <b>loss of limb</b> , one or more	GBP 30,000
5. <b>loss of speech</b>	GBP 30,000
6. <b>loss of hearing</b> in both ears	GBP 25,000
7. <b>loss of hearing</b> in one ear	GBP 10,000
8. <b>quadriplegia</b>	GBP 30,000
9. <b>paraplegia</b>	GBP 15,000
10. permanent partial disablement	up to GBP 30,000
11. <b>permanent total disablement</b> other than benefits states above	Not Covered
12. <b>temporary total disablement</b>	<p><b>insured persons</b> in gainful employment: 65% of the <b>insured person's weekly wage</b>, during the 12 months immediately prior to any claim, up to a maximum of</p> <p>GBP 75 per week</p> <p>benefit period: 52 weeks <b>excess period:</b> 14 days</p> <p><b>insured persons</b> not in gainful employment: 50% of the above</p> <p>up to GBP 20 per week</p> <p>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**.

Benefit	Sum Insured applicable to each <b>insured person</b>
1. <b>fracture of a bone:</b>	
in the arm at or above the wrist	GBP 250
in the leg at or above the ankle	GBP 250
in the hand (excluding fingers) or in the foot (excluding toes)	GBP 50
in the collarbone	GBP 250
in the cheekbone	GBP 250
in the jaw	GBP 250
in the fingers	GBP 50
in the toes	GBP 50
in the hip	GBP 250
in the rib	GBP 50
in the shoulder (scapula)	GBP 250
in a growth plate (also known as Salter Harris Type 1)	GBP 250
2. <b>dislocation:</b>	
of the hip	GBP 250
of the kneecap	GBP 250
of the shoulder	GBP 250
of the elbow	GBP 250
3. Snapped, ruptured achilles tendon or anterior cruciate ligament	GBP 250
4. <b>loss of internal organ</b>	GBP 10,000
5. Facial and bodily scarring	GBP 600
6. Emergency dental expenses	Not Covered
7. Hospital confinement	GBP 25 per night benefit period: 30 nights
8. Concussion	Not Covered
9. Rehabilitation retraining expenses	Not Covered
10. Academic examination re-sit	Not Covered
11. Disability assistance expenses	up to GBP 5,000
12. Emergency medical expenses	up to GBP 500
13. Student tutorial expenses	Not Covered benefit period: Not Covered <b>excess period:</b> Not Covered
14. Coma benefit	GBP 25 per day benefit period: 365 days
15. Medical certification expenses	Not Covered
16. Funeral expenses	up to GBP 2,000
17. Specialist consultant fees	Not Covered
18. Pre-paid season or travel tickets	Not Covered
19. Physiotherapy benefit	up to GBP 40 per session
(calculated on 50% of the receipted cost of each session)	benefit period: 6 sessions

20. Additional travel costs	Not Covered benefit period: Not Covered
21. Childcare expenses	Not Covered benefit period: Not Covered <b>excess period:</b> Not Covered
22. Chauffeur expenses	Not Covered benefit period: Not Covered <b>excess period:</b> Not Covered
23. Home assistance benefits	Not Covered benefit period: Not Covered <b>excess period:</b> Not Covered
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**

Quantum Leben AG

**Personal Accident section**

Tokio Marine Kiln Syndicate 510 and 1880 at Lloyd's



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

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**ENDORSEMENTS**

It is hereby agreed that the following endorsements are applicable to the attaching schedule of insurance:

None.