



# Schedule

Sport Personal Accident

April 2022





# **Schedule**

### **Policy Details:**

**Unique Market Ref:** B0334SC3342022714

**Policy No:** XLC-UKF-0493-0922

**Wording:** Sport Personal Accident Insurance - Affinity

(Form SL-PA 0422 - STB)

**Insured: United Kingdom Federation of Majorettes** 

**Insured's Address:** River View, River Road, West Walton, Wisbech, PE14 7EK

**Premises:** n/a

**Business Activities:** Majorettes

Insured Person(s) 104 Senior Members & 233 Junior Members

**Period of Insurance:** From: 1<sup>st</sup> September 2022 To: 31st August 2023

Both dates Inclusive local standard time at the Insured's address

stated above.

This policy will not automatically renew: notice is hereby given that cover will terminate and not be renewed at the expiry date unless a

new agreement is reached between the **Insurer** and the **Insured**.

**Geographical Limits:** Worldwide

**Permanent Partial** 

**Disability Scale:** Standard

**Claim Time Limit:** 12 months **Event Aggregate Limit:** GBP 500,000

**Travel Accumulation** 

Limit: Not Applicable

**Age Limit:** Applicable 4 to 80 only.

Reduced Benefits apply for:

- 20% of Death Benefit otherwise full Benefits Ages 4 to 16

Schedule applies

Ages 71 to 80 - 25% of Death and Permanent Total Disablement

and Permanent Partial Disablement Benefit otherwise full Benefits Schedule applies





#### **Benefits Schedule:**

BENEFIT TYPE BENEFIT AMOUNT

Death GBP 10,000

(reduced to £10,000 for under 16's)

Permanent Total Disablement GBP 10,000

**Any Occupation** 

Permanent Partial Disablement Capital Sum: GBP 10,000

Standard Scale

Please check the scale below to see what percentage

of the Capital Sum is payable.

**Temporary Total Disablement**Participants: GBP 0 per week

(Benefit limited to GBP 50 per week for persons not in

gainful employment)

Maximum

Duration: N/A weeks

Deferment

Period: N/A days

#### **Medical Expenses**

IT IS HEREBY NOTED AND AGREED THAT cover under this Certificate is extended to include a Hospital Cash Benefit payable as a direct result of Accidental Bodily Injury sustained during the operative time. (Sum Insured £25.00 per day payable for a maximum of 14 days, subject to a 2 days franchise). Definition: day means each completed 24 hour period.

IT IS FURTHER HEREBY NOTED AND AGREED THAT cover under this Certificate is extended to include the Insured Person against expenses incurred for Dental Treatment by any legally qualified Dental Practitioner necessitated by Accidental Bodily Injury while playing or officiating in matches. This Certificate will not pay for:

- 1. Expenses in excess of £250
- 2. The first £25 of each and every claim.
- 3. loss or damage to dentures, bridges and crowns or other dental appliances.

#### **Conditions:**

Cover whilst playing, practising and training under the auspices, control or direction of the Troupe/Federation.

Excluding any injuries or disablement arising from any pre existing defect, infirmity or sickness.

#### Information:

Playing or participating in any sporting activity carries its own risks and accidents happen, with potentially devastating effects.

The UKFM Personal Accident policy is designed to help Members in cases of the most serious of injuries, fortunately quite a rare occurrence. It is impossible for UKFM to purchase a policy that suits the individual needs of every member.

Members are encouraged to take responsibility for their own personal circumstances and consider taking out top up, tailor made individual personal accident policies to protect their income and assets in the event of an injury sustained whilst participating in their Sport.

Individual Personal Accident quotations are available from info@stbinsurance.co.uk





#### **Permanent Partial Disablement - Standard Scale**

CONDITION	PERCENTAGE OF CAPITAL SUM PAYABLE
Loss of Limb (one limb):	100%
Loss of Limb (two or more):	100%
Loss of Sight (one eye):	100%
Loss of Sight (both eyes):	100%
Loss of Limb & Loss of Sight:	100%
Loss of Hearing (one ear):	25%
Loss of Hearing (both ears):	100%
Loss of Speech:	100%

#### **Important Notes**

The Insurer shall not pay more than the Capital Sum stated in the Benefit Schedule for **Permanent Partial Disablement** arising out of any one **Accident** regardless of the number of conditions diagnosed in the **Insured Person**.

## **Notification of Claims and Circumstances to:**

AXA XL Crisis Management 20 Gracechurch Street London EC3V 0BG

E-mail: <u>James.Good@axaxl.com</u>

Jonathan.Kelly@axaxl.com

Signature: 11.10.2022

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STB Insurance Brokers, Jonathan Scott Hall, Thorpe Road, Norwich, Norfolk, NR1 1UH

Tel: 01603 626904

Web: <u>www.stbinsurance.co.uk</u>

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AXA XL Insurance Company UK Limited 20 Gracechurch Street, London, EC3V OBG, United Kingdom

Telephone: +44 (0)20 7626 0486 Fax: +44 (0)20 7623 9101 axaxl.com