



**CERTIFICATE OF INSURANCE  
CLUBS AND TEAM SPORTS**

**DEATH BY NATURAL CAUSES  
AND PERSONAL ACCIDENT\***

**\*Personal Accident Section  
includes death by accident**

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## IMPORTANT NOTICES

### Documentation

This Certificate, the Schedule of Insurance, the Schedule of Benefits, and any endorsement(s) attaching to this document constitute the **policy** which is the insurance contract and sets out the terms of this insurance between the **insured club or team** and **us**. When **we** say "**we**", "**our**" or "**us**" it means for Section 1, Maiden Life Försäkrings AB, UK Branch and for Section 2 (Personal Accident cover), American International Group UK Limited.

### Information the insured club or team has provided

In deciding to provide the insurance under this Certificate and in setting the terms of it, **we** have relied on the information the **insured club or team** has given **us** in respect of the **insured persons**. The information the **insured club or team** has given **us** in relation to the insurance under this Certificate must be accurate and complete.

The **insured club or team** must tell **Sportsguard** as soon as possible, if either becomes aware that information the **insured club or team** has given in respect of the **insured persons** is inaccurate or incomplete, which includes any change in circumstances that results in the answers the **insured club or team** has given to questions asked becoming inaccurate or incomplete. Changes may affect the terms (including the cost) of this insurance, or **we** may cancel the Certificate.

If the information the **insured club or team** has provided in respect of the **insured persons** is inaccurate or incomplete, **we** may:

- amend the terms of this Certificate, which may be applied as if they were already in place prior to any claim, or
- reduce the amount **we** pay on a claim in the proportion that the premium paid bears to premium **we** would have charged the **insured club or team** in respect of the **insured person** concerned had the information not been inaccurate or incomplete, or
- treat this Certificate as if it never existed in respect of the **insured person** concerned and the corresponding premium paid will be returned to the **insured club or team**. This will only be done if **we** would not have provided this **policy** if the information had been accurate and complete.

If **we** establish that the **insured club or team** deliberately or recklessly provided false or misleading information, **we** will treat this Certificate as if it never existed or treat this Certificate as if it never existed in respect of the **insured person** concerned and decline all corresponding claims and **we** will not return any premium.

### Compliance with Certificate terms

Where the **insured club or team** or the **insured person** or their personal representatives do not comply with any obligation to act in a certain way specified in this Certificate, **we** reserve the right not to pay a claim.

### Defined terms

Certain words or phrases in this Certificate have a specific meaning as defined within this Certificate and wherever these words appear in bold in this Certificate the defined meanings shall apply. These defined words or phrases can be found under the Definitions section of this Certificate.

### Understanding this Certificate

This Certificate must be read in its entirety as conditions, exclusions and other limitations apply.

The Certificate is made up of different classes of insurance, which are set out in separate sections of this Certificate with specific terms applying to each section separately in addition to general terms applying to all sections. The cover the **insured club or team** has purchased or not purchased under this Certificate is as shown in the Schedule of Benefits applicable to this Certificate and the "**ADDITIONAL BENEFITS APPLICABLE TO PERSONAL ACCIDENT**" forming part of the Schedule of Benefits.

The **insured club or team** must ensure that the cover they have purchased under this Certificate in respect of the **insured person** is adequate.

If the **insured club or team** thinks there is a mistake in or a change needs to be made to this Certificate, then they must immediately contact **us** via **Sportsguard**.

### **Initial cancellation period**

If the insurance provided under this Certificate does not meet the **insured club or team** requirements the **insured club or team** can cancel this Certificate within 14 days from:

- the start date of the insurance provided under this Certificate as shown under the **period of insurance**, or
- the date the **insured club or team** received this Certificate,

whichever is the later.

In exercising their right to cancel in this way, the **insured club or team** withdraws from this contract of insurance from the start date as shown under the **period of insurance**, which means the insurance provided under this Certificate will be treated as if it never existed and **we** will return the premium paid.

The **insured club or team** cannot cancel this Certificate during this cooling-off period if:

- a claim has been made under this Certificate, or
- the cover provided under the Certificate is for a duration less than one month.

### **Cancellation outside of the initial cancellation period**

The **insured club or team** can also cancel this Certificate at any time by writing to **Sportsguard**. Any return premium due to the **insured club or team** will depend on how long this Certificate has been in force. If a claim has been made no refund of premium will be provided.

**We** can cancel this Certificate by giving the **insured club or team** thirty (30) days' notice in writing.

**We** will only do this for a valid reason (examples of valid reasons are as follows):

- Non-payment of premium;
- A change in risk occurring which means that **we** can no longer provide the **insured club or team** with insurance cover;
- Non-cooperation or failure to supply any information or documentation **we** request;
- Threatening or abusive behaviour or the use of threatening or abusive language.

In the event of cancellation by **us** the **insured club or team** must notify all **insured persons** of such cancellation.

The **insured person** may withdraw from the cover provided by this Certificate at any time by giving notice to the **insured club or team**. No refund of premium will be payable.

### **How to make a claim**

The **insured club or team's** attention is drawn to General Condition 2, 'Making a claim'.

### **How to make a complaint**

**We** believe **you** deserve a courteous, fair and prompt service. If there is any occasion when the service does not meet **your** expectations, please contact in the first instance:

**Sportsguard** on behalf of The Admin Bureau Ltd.

Address: One Overstone Heights, Overstone Road, Sywell, Northamptonshire, NN6 0AT

Call: **+44 (0) 1604 644277** Lines are open Monday to Friday 9.30am – 4pm, excluding public holidays

Email: [feedback@sportsguard.co.uk](mailto:feedback@sportsguard.co.uk)

Please state the nature of **your** enquiry along with the Certificate number as shown in the Schedule of Insurance and, if applicable, claim(s) references.

**For all other complaints:**

**For Section 1: Cover for Death by Natural Causes – Complaints for both coverage and claims:**

Write to: The Complaints Team  
Maiden Life Försäkrings AB, UK Branch  
Albion House, Valley Centre, Gordon Road, High Wycombe, Buckinghamshire, HP13 6EQ

Call: **+44 (0) 1494 687599**

Email: [customer.relations@maidenlg.com](mailto:customer.relations@maidenlg.com)

**For Section 2: Cover for Personal Accident: - Complaints about coverage and claims:**

Write to: Customer Relations Team,  
American International Group UK Limited, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

Call: **0800 012 1301**

Email: [uk.customer.relations@aig.com](mailto:uk.customer.relations@aig.com)

Online: <http://www.aig.co.uk/your-feedback>

Lines are open Monday to Friday 9.15am - 5pm, excluding public holidays.

The Customer Relations Team free call number may not be available from outside the UK – so please call from abroad on **+44 20 8649 6666**. Calls may be recorded for quality, training and monitoring purposes.

**We** operate a comprehensive complaint process and will do **our** best to resolve any issue **you** may have as quickly as possible. On occasions however, **we** may require up to 8 weeks to provide **you** with a resolution. **We** will send you information outlining this process whilst keeping **you** informed of our progress.

If **we** are unable to resolve **your** concerns within 8 weeks, **you** may be entitled to refer the complaint to the Financial Ombudsman Service. **We** will provide full details of how to do this when **we** provide our final response letter addressing the issues raised.

Please note that the Financial Ombudsman Service may not be able to consider a complaint if **you** have not provided **us** with the opportunity to resolve it.

The Financial Ombudsman Service can be contacted at:

Call: **0800 023 4567** or **0300 123 9 123**

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Online: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Write to: The Financial Ombudsman Service, Exchange Tower, London E14 9SR.

Following this complaint procedure does not affect **your** rights to take legal action.

**Compensation**

**Financial Service Compensation Scheme (FSCS)**

American International Group UK Limited and Maiden Life Försäkrings AB, UK Branch are covered by the FSCS. If **we** are unable to meet our financial obligations **you** may be entitled to compensation from the scheme, depending on the type of insurance and the circumstances of the claim.

Further information about compensation scheme arrangements is available at: [www.fscs.org.uk](http://www.fscs.org.uk) or call (freephone) on **0800 678 1100** or **020 7741 4100**.

## Data Protection Statements

### For Section 1 – Cover Death by Natural Causes

#### How Maiden Life uses Personal Information

Further information on our use of your personal information is set out in our Privacy Notice at

[https://www.maidenlg.com/privacy\\_notice](https://www.maidenlg.com/privacy_notice)

### For Section 2: - Cover for Personal Accident:

#### How AIG uses personal information

American International Group UK Limited ('AIG UK') is committed to protecting the privacy of customers, claimants and other business contacts.

"**Personal information**" identifies and relates to **you** or other individuals (e.g. **your** partner or other members of **your** family). If **you** provide **personal information** about another individual, **you** must (unless AIG UK agrees otherwise) inform the individual about the content of this notice and AIG UK's Privacy Policy and obtain their permission (where possible) for sharing of their **personal information** with AIG UK.

The types of **personal information** AIG UK may collect and why – Depending on AIG UK's relationship with **you**, **personal information** collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with **your** consent where required by applicable law), as well as other **personal information** provided by **you** or that AIG UK obtains in connection with its relationship with **you**.

#### Personal information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of AIG UK's business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside **your** country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Market research and analysis

#### Sharing of personal information

For the above purposes, **personal information** may be shared with AIG UK's group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). **personal information** will be shared with other third parties (including government authorities) if required by laws or regulations. **personal information** (including details of injuries) may be recorded on claims registers shared with other insurers. AIG UK is required to register all third-party claims for compensation relating to bodily injury to workers' compensation boards. AIG UK may search these registers to prevent, detect and investigate fraud or to validate **your** claims history or that of any other person or property likely to be involved in the **policy** or claim. **Personal information** may be shared with prospective purchasers and transferred upon a sale of AIG UK or transfer of business assets.

### International transfer

Due to the global nature of AIG UK's business, **personal information** may be transferred to parties located in other countries (including the United States, China, Mexico, Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in **your** country of residence). When making these transfers, AIG UK will take steps to ensure that **your personal information** is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in AIG UK's Privacy Policy (see below).

### Security of personal information

Appropriate technical and physical security measures are used to keep **your personal information** safe and secure. When AIG UK provides **personal information** to a third party (including AIG UK's service providers) or engages a third party to collect **personal information** on its behalf, the third party will be selected carefully and required to use appropriate security measures.

### Your rights

**You** have a number of rights under data protection law in connection with AIG UK's use of **personal information**. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access **personal information**, a right to correct inaccurate data, a right to erase data or suspend AIG UK's use of data. These rights may also include a right to transfer **your** data to another organisation, a right to object to AIG UK's use of **your personal information**, a right to request that certain automated decisions AIG UK makes have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about **your** rights and how **you** may exercise them is set out in full in AIG UK's Privacy Policy (see below).

### Privacy Policy

More details about **your** rights and how AIG UK collects, uses and discloses **your personal information** can be found in AIG UK's full Privacy Policy at: <https://www.aig.co.uk/privacy-policy> or **you** may request a copy by writing to: Data Protection Officer, American International Group UK Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB or by email at: [dataprotectionofficer.uk@aig.com](mailto:dataprotectionofficer.uk@aig.com).

Insurers can use **personal information** in order to comply with their obligations under applicable anti-money laundering and anti-terrorist financing law. This section only summarises the data protection provisions, please refer to the Insurers' privacy notices for full details (as set out above).

### How Sportsguard uses Personal Information

If further information is required as to how **personal information** is processed, or as to the exercise of any rights under any data privacy laws, **you** should contact **Sportsguard**:

Address: One Overstone Heights, Overstone Road, Sywell, Northamptonshire, NN6 0AT  
Telephone: **01604 644277** Lines are open Monday to Friday 9.30am to 4pm, excluding public holidays  
Email: [feedback@sportsguard.co.uk](mailto:feedback@sportsguard.co.uk)

More details about how **Sportsguard** collects, uses and discloses **your personal information** can be found at: <https://www.sportsguard.co.uk/privacy/>

### Information Commissioner's Office

If **you** are not satisfied with the way in which any Personal Information has been managed, **you** may complain to the Information Commissioner's Office at:

Address: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF  
Telephone: **0303 123 1113** (local rate)  
or **01625 545 745** (national rate)  
Email: [casework@ico.org.uk](mailto:casework@ico.org.uk)



### Insurance Premium Tax

The premium payable under this Certificate may be subject to compulsory Insurance Premium Tax, which shall be payable by the **insured club or team** at the appropriate rate. The applicable Insurance Premium Tax is included in the premium as shown in the Schedule of Insurance. The **insured club or team** should refer to **Sportsguard** if a breakdown of Insurance Premium Tax amounts is required.

In the event that the rate or application of Insurance Premium Tax changes during the **period of insurance** and any premium payable during the **period of insurance** is subject by law to such change or application, then that premium payable shall incorporate such change or application.

### Law and jurisdiction

Unless specifically agreed otherwise the **policy** will be governed and interpreted by English law, and the **insured club or team** and **we** agree to submit to any court of competent jurisdiction in England or Wales (or Scotland if the **insured club or team** is registered in Scotland) to determine any dispute arising under or in connection with this insurance.

### Sanctions

**We** shall not be deemed to provide cover and **we** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **us, our** parent company or our ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the United Kingdom, the European Union or the United States of America.

### Rights of third parties

Only the **insured club or team** or the **insured person** and **we** can enforce the terms of this **policy**. The Contracts (Rights of Third Parties) Act 1999 will not grant any additional rights under this **policy** in favour of any third party, but this does not affect any legal right or remedy of a third party which exists or is available apart from such Act.

### Agreement to insure

The insurance provided under this Certificate has been arranged through:

**Sportsguard** on behalf of The Admin Bureau Ltd

Address: One Overstone Heights, Overstone Road, Sywell, Northamptonshire, NN6 0AT

Telephone: **01604 644277** Lines are open Monday to Friday 9.30am to 4pm, excluding public holidays.

Email: [feedback@sportsguard.co.uk](mailto:feedback@sportsguard.co.uk)

The Admin Bureau Ltd is authorised and regulated by the Financial Conduct Authority (FCA), with the Financial Services number of: 305450.

### Section 1 Cover for Death by Natural Causes

**Sportsguard** has arranged the insurance against **death by natural causes** provided under this Certificate with Maiden Life Försäkrings AB, UK Branch.

### Section 2 Cover for Personal Accident

**Sportsguard** has arranged the insurance against **bodily injury** provided under this Certificate with American International Group UK Limited.

This Certificate is an insurance contract between **us** and the **insured club or team**.

Provided the premium (including the applicable Insurance Premium Tax) has been paid by the **insured club or team**, **we** shall provide the insurance in accordance with the terms of this Certificate.

This Certificate must be made available to all **insured persons**.



## Definitions

**We** use certain words and expressions in this Certificate which have a specific meaning, and sometimes the meaning is unique to this Certificate, the Schedule of Insurance and the Schedule of Benefits. These words and their meaning in this Certificate are shown below and each time one of them is used in the Certificate, the word or expression is shown in bold type. Plural forms of the words defined have the same meaning as the singular form.

**"accident"** means a sudden, unexpected, unusual specific event which occurs at an identifiable time and place during the **operative time**, but shall also include exposure to severe weather conditions, resulting from an accident or mechanical breakdown to a conveyance in which the **insured person** is travelling. It shall not include any illness such as a heart attack or stroke.

**"annual salary"** means the gross salary or wages payable per annum (excluding dividends or bonus payments or overtime) to the **insured person** as remuneration for services provided immediately preceding the date of the **accident** giving rise to **bodily injury**.

**"as an amateur"** means participation in an activity which the **insured person** does not use as their main means of livelihood.

**"bodily injury"** means an identifiable physical injury which:

- (a) is sustained by the **insured person**, and
- (b) is caused by an **accident**, and
- (c) solely and independently of any other cause directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the **insured person** within 12 months from the date of the **accident**.

**"a concussion"** means a traumatic brain injury solely resulting from a single bump, violent jolt or blow to **your** head or body that disrupts normal brain function. It does not include structural changes in **your** brain resulting from multiple injuries/concussions that have occurred over **your** lifetime, or a non-traumatic brain injury or acquired brain injury resulting from an illness or condition within the body such as a tumour, stroke or damage due to alcohol or drugs.

**"death by natural causes"** means the death of the **insured person** arising directly as a result of natural causes, the symptoms of which first manifest themselves during the **operative time** and from which death occurs within 14 calendar days of such symptoms first manifesting themselves.

**"dislocation"** means dislocation for the first time only of a body part listed below requiring surgery under anaesthesia: hip; kneecap; shoulder; or elbow.

**"emergency dental expenses"** means fees incurred in respect of dental treatment for the immediate relief of pain only which is deemed necessary by a **United Kingdom** registered dental practitioner.

**"employee"** means any person under a contract of employment, contract of service or apprenticeship with the **insured club or team** or **insured person**.

**"excess period"** means that this **policy** excludes the first number of days after the date of disablement shown on the Schedule of Benefits where noted as the excess period.

**"fracture of a bone"** means a break in a bone into two or more pieces:

- (a) in the arm (at or above the wrist),
- (b) in the leg (at or above the ankle),
- (c) in the hand excluding fingers,
- (d) in the foot excluding toes,
- (e) in the collarbone,
- (f) in the cheekbone,
- (g) in the skull,
- (h) in the jaw,

- (i) in the fingers,
- (j) in the toes,
- (k) in the hip,
- (l) in the rib,
- (m) in the spine,
- (n) in the shoulder (scapula), or
- (o) in a growth plate (also known as a Salter Harris Type 1),

which necessitates **hospital** treatment and application of medical treatment to aid the recovery of the fracture, and which cannot be removed by the **insured person**. It does not include:

- (a) the resetting of a bone, or
- (b) any secondary application of a plaster cast or other solid cast.

**"hospital"** means an establishment in the **United Kingdom** that provides medical or surgical treatment and 24 hour-a-day care by qualified physicians and nursing staff it does not include in hospices, rehab centres convalescence, nursing or care homes.

**"hospital confinement"** means confinement as an in-patient in a **hospital**

**"insured club or team"** as shown in the Schedule of Insurance.

**"insured person"** as shown in the Schedule of Insurance.

**"insured sports"** as shown in the Schedule of Insurance.

**"loss of hearing"** means permanent, total and irrecoverable loss of hearing resulting in the insured person being classified as **profoundly deaf**.

**"loss of sight"** means permanent, total and irrecoverable physical loss of one or both eyes or the permanent, total and irrecoverable loss of a substantial part of the sight of one or both eyes. **We** will consider loss of sight to be substantial if the loss of sight:

- a) in both eyes results in the **insured person's** name being added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist; or
- b) remaining in one eye is assessed at 3/60 or less on the **Snellen scale** after correction with spectacles or contact lenses. (At 3/60 on the **Snellen scale** a person can see at 3 feet something that a person who has not suffered loss of sight should be able to see at 60 feet).

**"loss of internal organ"** means total and permanent loss by removal, or effective loss of use of one lung or one kidney, the spleen, or the liver.

**"loss of limb"** means:

In the case of a leg or lower limb

- a) loss by permanent physical severance at or above the ankle; or
- b) permanent, total and irrecoverable loss of use of a complete leg or foot.

In the case of an arm or upper limb

- a) loss by permanent physical severance of the four fingers at or above the metacarpophalangeal joints (where the fingers join the palm of the hand); or
- b) permanent, total and irrecoverable loss of use of a complete arm or hand.

**"loss of speech"** means permanent, total and irrecoverable loss of the ability to speak.

**"medical practitioner"** means a medically qualified person other than an **insured person**, a relative or partner of an **insured person**, or an **employee** of the **insured person** or the **insured club or team**, who is currently registered with the General Medical Council in the **United Kingdom** (or foreign equivalent) to practise medicine.

**"operative time"** means the period of time within the **period of insurance** during which the **insured person** is participating **as an amateur** in official club or team events and matches organised by the **insured club or team** including official training or practice sessions and whilst travelling thereto and therefrom in an organised party under the jurisdiction of the **insured club or team**, within the Geographical Limit stated in the Schedule of Insurance.

**"paraplegia"** means the permanent, total and irrecoverable paralysis of both legs below the hip, the bladder and rectum.

**"partner"** means a person who is an **insured person's** husband or wife, civil partner, fiancé or fiancée, boyfriend or girlfriend.

**"period of insurance"** means the period between the inclusive dates as shown in the Schedule of Insurance.

**"permanent"**: means expected to last throughout the **insured person's** life, irrespective of when the cover ends, or the **insured person** retires.

**"permanent facial scarring"** means visible scar tissue in the area from the hairline to and including the lower jaw.

**"permanent bodily scarring"** means visible scar tissue on the arm, leg, neck or torso.

**"permanent total disablement"** means disablement which has lasted for at least 12 months and which in **our** opinion based on the information provided to **us** by a suitably qualified **medical practitioner** is beyond hope of recovery and will in all probability continue for the remainder of the **insured person's** life, and will prevent the **insured person** from engaging in or giving attention to:

- (a) their **usual occupation** if in gainful employment.
- (b) business, profession or occupation of any and every kind if the **insured person**:
  - (i) is not in gainful employment.
  - (ii) is employed solely in the **insured sport** or other sport.
  - (iii) has the **insured sport** or other sport as their main employment.
- (c) business, schooling, profession or occupation of any and every kind if the **insured person** is under 16 years of age or under 18 years of age and in full-time education.

**"policy"** means this Certificate, the Schedule of Insurance, the Schedule of Benefits, and any endorsement(s) attaching to this document which constitutes the insurance contract and sets out the terms of this insurance between the **insured club or team** and **us**.

**"profoundly deaf"** means the inability to hear sounds when tested by a qualified audiologist quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz.

**"quadriplegia"** means the **permanent**, total and irrecoverable paralysis of both arms below the shoulder and both legs below the hip.

**"Snellen scale"** A chart showing letters in rows of decreasing size that opticians use to measure visual ability.

**"Sportsguard"** means the party on behalf of The Admin Bureau Ltd, who has arranged this insurance and who act on **our** behalf.

Address: One Overstone Heights, Overstone Road, Sywell, Northamptonshire, NN6 0AT  
Telephone: **01604 644277** Lines are open Monday to Friday 9.30am to 4pm, excluding public holidays.  
Email: [feedback@sportsguard.co.uk](mailto:feedback@sportsguard.co.uk)

**"student"** means an **insured person** who is in full-time education enrolled either with a school, college or university.

**"temporary total disablement"** means disablement which temporarily and totally prevents the **insured person** from attending to:

- (a) their **usual occupation** if in gainful employment.
- (b) business, profession or occupation of any and every kind if the **insured person**:
  - (i) is not in gainful employment.
  - (ii) is employed solely in the **insured sport** or other sport.
  - (iii) has the **insured sport** or other sport as their main employment.
- (c) business, schooling, profession or occupation of any and every kind if the **insured person** is under 16 years of age or under 18 years of age and in full-time education.

**"usual occupation"** means the tasks, duties and other functions which the **insured person** normally performs in connection with their occupation for which they are engaged in for 16 hours or more per week.

However, if the **insured person** is placed in an alternative to their **usual occupation** by their employer at the same weekly wage that they would be paid when working in their **usual occupation** we will not pay any benefit. If the weekly wage for the alternative occupation is lower than the **weekly wage** for an **insured person's usual occupation**, we will pay the benefit proportionally based on the percentage difference between the **insured person's usual weekly wage** and the lower weekly wage.

If the average gross weekly amount for the alternative occupation is less than the average gross weekly amount for their **usual occupation**, we pay the difference in accordance with the **policy** terms and conditions.

**"United Kingdom"** means England, Scotland, Wales, Northern Ireland and the Isle of Man.

**"we/our/us"** means in Section 1, Maiden Life Försäkrings AB, UK Branch, and in Section 2 (Personal Accident cover), American International Group UK Limited.

**"weekly wage"** means the average of the gross weekly amount (or in the case of salaried employees 1/52nd of the **annual salary**) payable to the **insured person** as a wage or salary for services provided as set out in the **insured person's** contract of employment, (excluding bonus and overtime payments) in the 13 weeks immediately preceding the date of commencement of the period of **temporary total disablement**.

**"working day"** means each complete day of **temporary total disablement** during which, had it not been for the disablement, the **insured person** would normally have been working or engaging fully in their **usual occupation**.

**"you/your"** means the **insured club or team** or the **insured person**.

## **Section 1**

### **Cover for Death by Natural Causes**

**We** will pay the sum insured in accordance with the Schedule of Benefits in the event of the **insured person's death by natural causes** only.

Provided always that:

1. benefit will not be paid by **us** if the death of the **insured person** occurred as a result of an **accident**.
2. benefit will not be paid by **us** if prior to the event giving rise to a claim the **insured person**:
  - (a) had been given a terminal prognosis due to natural causes; and
  - (b) had passed their 55th birthday, unless specified otherwise in the Schedule of Insurance.

## Section 2

### **Cover for Personal Accident**

**We** will pay the sum insured in accordance with the Schedule of Benefits in the event of the **insured person** sustaining **bodily injury**.

Provided always that:

- (a) benefit shall not be payable under more than one of the **loss of sight, loss of limb, loss of speech, loss of hearing, quadriplegia, paraplegia**, permanent partial disablement or **permanent total disablement** benefits;
- (b) no **temporary total disablement** benefit shall become payable until the total amount thereof has been calculated and agreed. Where any payment is made for **temporary total disablement** benefit, the amount so paid shall be deducted from any lump sum subsequently payable in respect of the same **accident**.

The total sum payable under this section in respect of any one or more **accident** to any one **insured person** shall not exceed in all the largest benefit under any one of the **loss of sight, loss of limb, loss of speech, loss of hearing, quadriplegia, paraplegia**, permanent partial disablement or **permanent total disablement** benefits; except for any of the covered benefits 1 to 25 of the "**ADDITIONAL BENEFITS APPLICABLE TO PERSONAL ACCIDENT**" which are payable in addition.

- 1. if death by **accident** in the Schedule of Benefits is not covered, then no claim shall be payable, other than for:
  - (i) **temporary total disablement**; and
  - (ii) any of the covered benefits 6 to 25 of the "Additional Benefits";in respect of any **accident** which would have given rise to a claim for death had that item been covered.
- 2. if death by **accident** of the Schedule of Benefits is covered and an **accident** causes the death of the **insured person** within 12 months following the date of the **accident** and prior to the definite settlement of the benefit for disablement provided for under:
  - (i) the **loss of sight, loss of limb, loss of speech, loss of hearing, quadriplegia, paraplegia**, permanent partial disablement or **permanent total disablement** benefits; and
  - (ii) any of the covered benefits 1 to 5 of the "**ADDITIONAL BENEFITS APPLICABLE TO PERSONAL ACCIDENT**";

there shall be paid only the benefit provided for in the case of death.

- 3. Entitlement to compensation under the **loss of sight, loss of limb, loss of speech, loss of hearing, quadriplegia, paraplegia**, permanent partial disablement and **permanent total disablement** benefits and any of the covered benefits 1 to 5 of the "Additional Benefits" shall cease on the **insured person** attaining 75 years of age, unless specified otherwise in the Schedule of Insurance;
- 4. Entitlement to compensation under the **temporary total disablement** benefit shall not be payable to **insured persons** under 16 years of age.
- 5. Entitlement to compensation under the **temporary total disablement** benefit in respect of **insured persons** in gainful employment is 65% of the **insured person's weekly wage** or the amount specified in the schedule of benefits for **insured persons** in gainful employment, whichever is the lesser. This is subject to a minimum payment of the amount specified in the schedule of benefits for **insured persons** not in gainful employment.

## General exclusions applicable to the whole of this policy

This insurance does not cover claims in any way caused or contributed to by:

1. War, military action, either between nations or resulting from civil war or revolution.
2. Radioactive contamination from any fissile material emitting ionizing radiation or radioactivity.
3. The **insured person** engaging or taking part in a sport or activity other than the **insured sport**.
4. Suicide or attempted suicide.
5. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) however this has been acquired or may be named.
6. The **insured person's** deliberate exposure to exceptional danger (except in an attempt to save human life or stop serious injury) or the **insured person's** own criminal act or the **insured person** being under the influence of alcohol or drugs or solvents.
7. Failure of the **insured person** to follow the rules relating to participation in the **insured sport** or to wear such mandatory protective equipment as may be stipulated by the appropriate governing body of the **insured sport**.
8. The **insured person's** participation in the **insured sport** against medical advice.
9. The **insured person** taking part in the **insured sport** whilst under medical treatment for **bodily injury**.
10. Any medical condition caused by, prolonged by or aggravated by any psychiatric, mental or nervous disorder of the **insured person**, including anxiety and/or depression.
11. The **insured person's** participation in motorcycling other than in respect of mopeds or scooters up to 50cc.
12. The **insured person's** participation in social events of the **insured club or team** which includes but are not limited to fireworks, bonfires, driving events, bouncy castles, water sports or any activity above 3 metres off the ground.
13. The **Insured person** suffering any from any repetitive stress (strain) injury or syndrome or any other conditions that develop over time and aren't caused by a single accident. For example, **we** won't cover an **insured person** if they lose their hearing or sight gradually or if they develop conditions like carpal tunnel syndrome, tennis elbow, arthritis, or **concussion** resulting from more than one **accident**.
14. Death or disablement caused deliberately or accidentally by the use of, or inability to use, any application, software or programme in connection with any electronic device (for example a computer, laptop, smartphone, tablet or internet-capable electronic device).
15. No benefits are payable where the disablement is attributable to arthritic or other degenerative conditions in the joints, bones, muscles, tendons, ligaments, or in the tissue, nerve fibres or blood vessels of the brain.



## General conditions applicable to the whole of this policy

### 1. Proportionate temporary total disablement benefit

Where a period of **temporary total disablement**, or part thereof, is less than a complete week the amount payable for each **working day** shall be pro rata of the **insured person's weekly wage**.

### 2. Making a claim

#### (a) Death by natural causes

In the event of claim for death under Section 1, death by natural causes, notice must be sent to the insurers for this section via Sportsguard as soon as is reasonably practicable.

The contact details of **Sportsguard** are:

**Phone:** 01604 644277

**Email:** [feedback@sportsguard.co.uk](mailto:feedback@sportsguard.co.uk)

**By post:** One Overstone Heights, Overstone Road, Sywell, Northamptonshire, NN6 0AT

Alternatively, you can also contact the insurers for this section via Sportscover Europe Limited

The contact details of **Sportscover Europe Limited** are:

**Phone:** +44 (0)20 7444 1784

Lines are open between 9:00am and 5:00pm Monday to Friday (except on public holidays).

**Email:** [claims@active-risk.com](mailto:claims@active-risk.com)

When calling Sportscover Europe Limited please advise **you** are wishing to make a claim for Life Insurance under the Sportsguard scheme.

#### (b) All other claims

In the event of a claim for any **accident** cause under Section 2 – Personal Accident (including death by **accident**), notice must be sent to the insurers for this section via **Sportsguard** as soon as is reasonably practicable.

The contact details of **Sportsguard** are:

**Phone:** 01604 644277

**Email:** [feedback@sportsguard.co.uk](mailto:feedback@sportsguard.co.uk)

**By post:** One Overstone Heights, Overstone Road, Sywell, Northamptonshire, NN6 0AT

Alternatively, you can also contact the insurers for this section via American International Group UK Limited

The contact details of American International Group UK Limited are:

**By phone:** +44 (0)345 602 9429

Lines are open between 9:15am and 5:00pm Monday to Friday (except on public holidays).

**By email:** [aigdirect.claims@aig.com](mailto:aigdirect.claims@aig.com)

**By post:** Claims Department, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG

Telling **us** about the **accident**

The **insured club or team** or **insured person** should get in touch with **our United Kingdom** based claims experts as soon as possible if an **insured person** is injured in an accident. If the **insured club or team** or **insured person** doesn't – and the claims handlers can't get the information they need – **we** might need to reduce the amount **we** pay or reject the claim altogether.

The injuries suffered by the **insured person** need to have first appeared no more than 12 months after the date of the **accident**.

The **insured club or team** or **insured person** should either contact **Sportsguard** or by contact **our** claims handlers to get a claim form using the contact information above.

- (i) As soon as reasonably practicable of any **accident** which may give rise to a claim under this Certificate. The **insured person** must as early as possible place themselves under the care of a **medical practitioner**. Failure to do so or not to follow their advice may result in **our** rejection of the claim if it is made so long after the event that **we** are unable to investigate it fully or may result in the **insured person** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay or not following medical advice. The doctor or consultant will need to complete a section of the claim form. **You** will be responsible for any costs they charge for providing this.
- (ii) The **insured person** or their representatives must agree that all medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition shall be made available on request to any medical advisor appointed by **us** and that such medical advisor shall be allowed so often as may be deemed necessary to make an examination of the **insured person** for the purpose of reviewing the claim. If **we** do not receive the information **we** need, **we** may reject the claim or withhold payment until the information **we** may reasonably require has been received. The **insured person** can ask to see this information before it's sent to **us**.

If an **insured person** dies, **we** might need to ask for a post-mortem to confirm they died from an **accident**.

For claims made under **temporary total disablement**, **we** will need a completed claim form and statement of fitness to work certificates (Fit note). This is to evidence the **insured person's** inability to go to work, undertake business, schooling, or their profession or occupation. If they are still unable to be disabled after six weeks **we** may require additional medical evidence.

**We** will accept the **insured person** self-certifying for a period of up to 7 days before they obtain the first fit note at the start of the claim.

- (iii) To make the claims process quicker, the **insured person** may want to take the claim form with them when they see their doctor or consultant. They can then complete their section during the appointment. **You** will be responsible for any costs they charge for providing this.

**We** might ask for updates on the **insured persons** condition from time to time to see how they are recovering. **We** may ask to speak to their doctor or consultant if **we** have a query with their fit note. **We** might require a representative of ours to visit them and interview them at their home.

Sometimes claims take a while to process and be paid. If this is the case, and the cause of the delay is outside of our control, **we** won't pay any interest on the amount **we** pay. This will be the case even if the payment is delayed.

### **Additional Support**

Please tell **our** claims handlers when making a claim if an **insured person** requires any additional support due to their personal circumstances. **We** will look to adapt the claims process to meet the **insured persons** additional needs where possible.

### **3. Due diligence**

The **insured club or team** and the **insured person** shall use due diligence and do all things reasonably practicable to avoid or diminish any loss under this **policy** and shall maintain all sporting equipment in good order.

### **4. Membership of the insured club or team**

The **insured person** or their representative shall provide **us** via **Sportsguard** with proof of registration and membership of the **insured club or team** if required prior to the payment of any claim.

## 5. Fraudulent claims by the insured club or team or the insured person

By the **insured club** or **team**:

If the **insured club or team** makes any fraudulent or exaggerated claim, **we** will refuse to pay the claim and the **insured club or team** must pay back any benefits they have already received in respect of such claim. **We** may also terminate this **policy** from the date of the fraud or exaggeration. If **we** terminate the **policy**, **we** will not refund any premiums.

By the **insured person**

If an **insured person** makes a fraudulent or exaggerated claim, **we** will only refuse to pay that **insured person's** claim and **we** may only terminate the cover for that **insured person**, leaving the remainder of the **policy** and the rights of other **insured persons**, unaffected. In such a case, **we** will not refund any premium in respect of that **insured person**.

## 6. Assignment

Subject to General Condition 7, 'Payment of benefits', the benefits under this Certificate may not be assigned by the **insured person**. **We** shall not be bound to accept or be affected by any notice or any trust, charge, lien, purported assignment or other dealing in relation to this Certificate.

## 7. Payment of benefits

Notwithstanding General Condition 6, 'Assignment', where in relation to any claim the **insured club or team** at its discretion, directs **us** to do so, **we** shall pay benefits to the following beneficiaries:

Benefit	Beneficiary
death from natural causes	See below
death by <b>accident</b>	See below
all benefits other than <b>death by natural causes</b>	<b>insured person</b>
or death by <b>accident</b>	(If the <b>insured person</b> is under 18 years <b>we</b> will pay the parent or legal guardian of the <b>insured person</b> ).

In the event of a claim under the **death by natural causes** or death by **accident** benefit in the Schedule of Benefits, **we** will pay the **insured person's** legal representative where the **insured person** has died leaving a will. Where the **insured person** has died without leaving a will the rules of intestacy according to the laws of England and Wales shall apply. **We** are required to comply with applicable anti-money laundering and anti-terrorist financing law which includes anti-money laundering checks as part of the claims handling process. Further information is available on: <https://www.gov.uk/inherits-someone-dies-without-will>

Payment of benefits under this Certificate and receipt of such payment shall be a full discharge of **our** liability in respect of any claim.

**We** will not pay interest on any amount paid under this Certificate.

## **ADDITIONAL BENEFITS APPLICABLE TO PERSONAL ACCIDENT**

The following additional benefits are applicable to the personal accident section of this **policy**, where shown as 'Covered' in the "**ADDITIONAL BENEFITS APPLICABLE TO PERSONAL ACCIDENT**" section of the Schedule of Insurance.

The sums insured for each additional benefit shall apply in addition to any other covered benefits for **loss of sight, loss of limb, loss of speech, loss of hearing, quadriplegia, paraplegia**, permanent partial disablement or **permanent total disablement**. The following endorsements shall apply in respect of such additional benefits and are subject to the terms, conditions, limitations and exclusions of this Certificate.

### **1. Fracture of a bone**

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in **fracture of a bone**, **we** will pay the sum insured as shown in the Schedule of Benefits. In the event of multiple fractures of a bone as a result of the same **accident** the sum insured will apply only once. **We** will consider a fractured growth plate (also known as a Salter Harris Type 1) to be a **fracture of a bone**.

In the event of the fracture and **dislocation** of a joint due to the same **accident**, only the **fracture of a bone** benefit in the Schedule of Benefits will be paid.

### **2. Dislocation of the hip, kneecap, shoulder or elbow**

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in a **dislocation**, **we** will pay the sum insured as shown in the Schedule of Benefits. The sum insured shown is the maximum **we** will pay for all **dislocations** due to one **accident**.

**We** will not pay for **dislocation** of the hip, kneecap, shoulder or elbow if the joint has previously been dislocated.

In the event of the **dislocation** and **fracture of a bone** due to the same **accident**, only the **fracture of a bone** benefit in the Schedule of Benefits will be paid.

### **3. Snapped/ruptured achilles tendon, anterior cruciate ligament, posterior cruciate ligament or medial collateral ligament**

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting within 12 months in the requirement for surgery for either a repair to a snapped/ruptured achilles tendon, anterior cruciate ligament, posterior cruciate ligament or medial collateral ligament, **we** will pay the sum insured as shown in the Schedule of Benefits.

If as an alternative to surgery a defined treatment and physiotherapy plan is put in place under the care of a consultant, **we** will pay the sum insured as shown in the Schedule of Benefits.

### **4. Loss of internal organ**

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** and as a direct result of that **bodily injury** the **insured person** sustains **loss of internal organ**, **we** will pay the sum insured as shown in Schedule of Benefits, for one or more organs.

## 5. Facial and bodily scarring

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in:

- (a) **permanent facial scarring** (in the area from the hairline to and including the lower jaw) of more than 4 centimetres in length; or
- (b) **permanent bodily scarring** of more than 15 centimetres in length (on the arm, leg, torso or neck);

**we** will pay the sum insured as shown in the Schedule of Benefits.

## 6. Emergency dental expenses

If during the **operative time** an **accident** occurs solely by a force external to the mouth and causes **bodily injury** to an **insured person's** sound and natural teeth which necessitates emergency pain relief, with 7 days of the **accident**, **we** will pay up to the sum insured as shown in the Schedule of Benefits in respect of **emergency dental expenses**.

## 7. Hospital confinement

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in a **hospital confinement** of at least 24 hours **we** will pay the sum insured for up to the benefit period, both as shown in Schedule of Benefits, for each day of confinement.

## 8. Concussion

If **bodily injury** solely caused by a **concussion** results in **permanent total disablement** and the permanent involuntary ending by the relevant sporting authority and a **medical practitioner** of an **insured person's** active participation in training and competition **we** will pay the sum insured as shown in Schedule of Benefits.

To validate such a claim being paid the following will be required:

- access to the **insured person's** medical records that show clearly that the **insured person** has suffered a **concussion**.
- independent medical examination of the **insured person** to be performed to validate that **bodily injury** arising from the **concussion** is expected to be **permanent**.
- Independent medical examination by a specifically qualified **medical practitioner** concludes that in all probability the **concussion** arose specifically from the **accident** during the **operative time** during the **period of insurance** and is not caused by one or more previous concussions.

The amount payable will be in addition to any payment made under **permanent total disablement** and shall only be payable once a period of one hundred and eighty (180) days have elapsed commencing from the date of **permanent total disablement** and the ending by the relevant sporting authority and a **medical practitioner** of the active participation in training and competition.

## 9. Rehabilitation retraining expenses

In the event of a valid claim under one of the following benefits in the Schedule of Benefits:

- (a) **quadriplegia**; or
- (b) **paraplegia**; or
- (c) **permanent total disablement** benefit;

**we** will pay for reasonable expenses necessarily incurred within 24 months of the date of an **accident** to rehabilitate and/or retrain the **insured person** for an alternative occupation, up to the sum insured as shown in Schedule of Benefits.

This benefit is subject to **our** prior approval being obtained.

#### 10. Academic examination re-sit

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in a valid claim under one of the following benefits in the Schedule of Benefits:

- (a) **temporary total disablement**; or
- (b) 'Student tutorial expenses';

**we** will pay up to the sum insured as shown in the Schedule of Benefits where the **insured person** is unable to attend their academic examinations. **We** will pay the irrecoverable examination re-sit fees in respect of all reasonable costs necessarily incurred in re-sitting the examinations such as exam board re-sit changes and reasonable travel costs to attend examination centres, for a period of up to 12 consecutive weeks or less.

To validate such a claim the following will be required:

- medical Certificates to confirm the **insured person** is unable to attend the school, college or university academic examination;
- invoices/receipts to evidence costs the **insured person** incurs from the examination board for the re-take examination.

#### 11. Disability assistance expenses

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in a valid claim under one of the following benefits in the Schedule of Benefits:

- (a) **quadriplegia**; or
- (b) **paraplegia**; or
- (c) **permanent total disablement**.

**we** will pay up to the sum insured as shown in the Schedule of Benefits for reasonable expenses necessarily incurred for alterations that have to be made to the **insured person's** home and/or car to cater for the practical changes involved in living with the disablement.

#### 12. Emergency medical expenses

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person**, **we** will pay up to the sum insured as shown in the Schedule of Benefits for any additional reasonable medical expenses necessarily incurred for immediate and urgent treatment including the cost of radiography after referral from a qualified **medical practitioner** within the **United Kingdom**.

#### 13. Student tutorial expenses

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in a valid claim under the **temporary total disablement** benefit in the Schedule of Benefits, **we** will pay after the **excess period**, up to the sum insured as shown in Schedule of Benefits for expenses which relate to providing a personal home tutor or necessary additional expenses required to attend the usual school, college or university where the **insured person** is a **student**.

To validate such a claim the following will be required:

- medical Certificates to confirm the **insured person** is not able to undertake their usual duties at the school, college or university;
- invoices or receipts to evidence additional costs the **insured person** has incurred.

#### 14. Coma benefit

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in the **insured person** falling into a coma, **we** will pay the sum insured for up to the benefit period, both as shown in the Schedule of Benefits, for each day the **insured person** is in a continuous unarousable state.

#### 15. Medical certification expenses

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in a valid claim under one of the following benefits in the Schedule of Benefits:

- (a) **loss of sight**; or
- (b) **loss of limb**, or
- (c) **loss of speech**, or
- (d) **loss of hearing** in one or both ears, or
- (e) **quadriplegia**, or
- (f) **paraplegia**, or
- (g) **permanent total disablement**; or
- (h) **loss of internal organ**;

**we** will pay up to the sum insured shown in the Schedule of Benefits to reimburse costs incurred for the issuance of a medical certificate by a **qualified medical practitioner**.

#### 16. Funeral expenses

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in a valid claim under the death by **accident** benefit in the Schedule of Benefits, **we** will pay up to the sum insured as shown in the Schedule of Benefits towards the receipted costs of funeral arrangements.

#### 17. Specialist consultant fees

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** and due to that **bodily injury** the **insured person** is referred to a private medical consultant by a **qualified medical practitioner** in order to obtain a specialist medical opinion, **we** will pay up to the sum insured as shown in the Schedule of Benefits towards the receipted cost of such consultant's fees.

#### 18. Pre-paid season or travel tickets

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in a valid claim under the **temporary total disablement** benefit in the Schedule of Benefits, **we** will pay up to the sum insured as shown in the Schedule of Benefits in respect of all irrecoverable prepaid receipted expenses that have been incurred for travel tickets, training courses, subscription fees and permits from which the **insured person** is unable to benefit as a result of such **bodily injury**.

#### 19. Physiotherapy benefit

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in a valid claim under one of the following benefits in the Schedule of Benefits:

- (a) **temporary total disablement** benefit; or
- (b) **fracture of a bone** benefit; or
- (c) **dislocation** of the hip, kneecap, shoulder or elbow benefit; or
- (d) snapped, ruptured achilles tendon, anterior cruciate ligament, posterior cruciate ligament or medial collateral ligament;



**we** will pay 50% of the receipted cost of each session of necessary physiotherapy up to the sum insured as shown in Schedule of Benefits for each session and the maximum number of sessions, subject to all physiotherapy sessions being completed within six months of the date of the **bodily injury**. This cover does not apply if the physiotherapy sessions have been received under the National Health Service (NHS) or claimed for under a private medical insurance or any other insurance or from any other source.

## 20. Additional travel costs

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** and as a direct result of that **bodily injury** the **insured person** incurs additional expenses to travel to a **hospital** or medical treatment centre, **we** will pay up to the sum insured as shown in Schedule of Benefits in respect of reasonable and documented travel costs.

## 21. Childcare expenses

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in a valid claim under one of the following benefits in the Schedule of Benefits:

- (a) **loss of sight**; or
- (b) **loss of limb**; or
- (c) **loss of speech**; or
- (d) **loss of hearing** in both ears; or
- (e) **quadriplegia**; or
- (f) **paraplegia**; or
- (g) **permanent total disablement**; or
- (h) **loss of internal organ**;

**we** will pay, after the **excess period**, up to the sum insured for up to the benefit period, both as shown in the Schedule of Benefits, for additional costs incurred in respect of childcare expenses, other than expenses charged by a close member of the **insured person's** family.

## 22. Chauffeur expenses

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in a valid claim under one of the following benefits in the Schedule of Benefits:

- (a) **loss of sight**; or
- (b) **loss of limb**; or
- (c) **loss of speech**; or
- (d) **loss of hearing** in both ears; or
- (e) **quadriplegia**; or
- (f) **paraplegia**; or
- (g) **permanent total disablement**; or
- (h) **loss of internal organ**;

**we** will pay, after the **excess period**, up to the sum insured for up to the benefit period, both as shown in the Schedule of Benefits for additional reasonable costs incurred in respect of chauffeur expenses, other than expenses charged by a close member of the **insured person's** family.

### 23. Home assistance benefits

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in a valid claim under **temporary total disablement** of the Schedule of Benefits, **we** will pay, after the **excess period**, up to the sum insured for up to the benefit period, both as shown in the Schedule of Benefits, for additional costs incurred in respect of household duties that the **insured person** is unable to perform, other than expenses charged by a close member of the **insured person's** family.

To validate such a claim the following will be required;

- Invoices or receipts to evidence additional costs.

This benefit will not be payable to any **insured person** who receives any form of income or other benefits which would include but not be limited to State benefits.

### 24. Broken or damaged sports glasses

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in the **insured person's** prescription sports glasses being broken or damaged, **we** will at **our** option replace or pay for the damage of the prescribed sports glasses up to the sum insured as shown in the Schedule of Benefits.

To validate such a claim invoices or receipts to evidence additional costs will be required.

### 25. Damage to clothing by a medical practitioner

If during the **operative time** an **accident** occurs and causes **bodily injury** to an **insured person** resulting in the **insured person's** clothing being damaged by a medical practitioner at the time of treating the **insured person**, **we** will pay up to the sum insured as shown in the Schedule of Benefits for costs incurred to replace the **insured person's** damaged clothing.

To validate such a claim invoices or receipts to evidence additional costs will be required.

### 26. Legal Advice or Counselling

During the **period of insurance**, the **insured person** may obtain personal legal advice or access to counselling in connection with a claim under this policy. To access this service please contact Sportsguard to obtain details of the assistance phone number.

Alternatively **we** will reimburse up to £500 for the costs incurred by the **insured person** in obtaining their own legal advice or counselling.

To validate such a claim invoices or receipts to evidence costs will be required.

END OF DOCUMENT

Sportsguard is a trading and product name of The Admin Bureau Ltd. Authorised and regulated by The Financial Conduct Authority.

Section 1 Death by Natural Causes of this insurance is underwritten by Maiden Life Försäkrings AB,

Maiden Life Försäkrings AB, UK Branch ("Maiden Life"). Maiden Life is authorised and regulated by the Prudential Regulatory Authority and the Financial Conduct Authority with Firm Reference Number 464517. Maiden Life is a UK Branch of Maiden Life Försäkrings AB, a life insurance company established in Sweden and regulated by Finansinspektionen (the Swedish financial regulator) with company number 516406-0468.

Section 2 Personal Accident of this insurance is underwritten by American International Group UK Limited.

American International Group UK Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN 781109). This information can be checked by visiting the FS Register ([www.fca.org.uk/register](http://www.fca.org.uk/register)).

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