

Schedule of Insurance

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

| Agreement Reference | SKLN100 |
|--------------------------------|--|
| Unique Market Reference Number | B6089HSA027N22AA |
| Certificate Number | SG/PA/400292/2 |
| Name of insured club or team | Essex FA – Basic |
| insured sport(s) | Football |
| Number of Teams | ТВА |
| insured person(s) | All playing members including officials recorded on the team register prior to |
| | participating in team events and matches (up to 25 people per team). |
| Geographical Limits | United Kingdom |
| period of insurance | From: 01/07/2022 to: 30/06/2023 |
| pendu or insurance | (both days inclusive - Greenwich Mean Time) |
| Premium | GBP TBA |
| | including insurance premium tax (where applicable) |
| Administration Fee | GBP TBA |

Death by 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 insured person | | | |
|------|---|--|--|--|--|
| Dea | Death by Natural Causes | | | | |
| 1. | death by natural causes | GBP 10,000 | | | |
| Pers | sonal Accident | | | | |
| 2. | death by accident | GBP 30,000 | | | |
| 3. | loss of sight in one or both eyes | GBP 35,000 | | | |
| 4. | loss of limb, one or more | GBP 35,000 | | | |
| 5. | loss of speech | GBP 35,000 | | | |
| 6. | loss of hearing in both ears | GBP 35,000 | | | |
| 7. | loss of hearing in one ear | GBP 7,500 | | | |
| 8. | quadriplegia | GBP 100,000 | | | |
| 9. | paraplegia | GBP 50,000 | | | |
| 10. | permanent partial disablement | Not Covered Reducing in accordance with the attached Permanent Partial Disablement Scale | | | |
| 11. | permanent total disablement other than benefits stated above | GBP 50,000 | | | |
| 12. | temporary total disablement | insured persons in gainful employment: 65% of the insured person's weekly wage, during the 12 months immediately prior to any claim, up to a maximum of: Not Covered benefit period: 52 weeks excess period: 14 days | | | |
| | | insured persons not in gainful employment: 50% of the above: Not Covered benefit period: 26 weeks excess period: 14 days | | | |



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 c | 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.
- If compensation is payable for loss of or loss of use of a whole member of the body, then compensation for 2. 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 insured person |
|-----|---|---|
| 1. | fracture of a bone: | |
| | 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. | dislocation of the hip, kneecap, shoulder or elbow | GBP 250 |
| 3. | Snapped, Ruptured Achilles Tendon or Anterior Cruciate Ligament | GBP 250 |
| 4. | loss of internal organ | GBP 35,000 |
| 5. | Facial and Bodily Scarring | GBP 600 |
| 6. | Emergency Dental Expenses | Up to GBP 100 |
| 7. | Hospital Confinement | GBP 25 per night |
| | | benefit period: 30 nights |
| 8. | Concussion | GBP 10,000 |
| 9. | Rehabilitation Retraining Expenses | Up to GBP 2,500 |
| 10. | Academic Examination Re-sit | Up to GBP 2,500 |
| 11. | Disability Assistance Expenses | Up to GBP 10,000 |
| 12. | Emergency Medical Expenses | Up to GBP 500 |
| 13. | Student Tutorial Expenses | Up to GBP 25 per week |
| | | benefit period: 4 weeks excess period: 7 days |
| 14. | Coma Benefit | GBP 25 per day |
| | | benefit period: 365 days |
| 15. | Medical Certification Expenses | Up to GBP 50 |
| 16. | Funeral Expenses | Up to GBP 5,000 |
| 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 | Up to GBP 25 per week benefit period: 4 weeks |
|-----|--|---|
| 21. | Childcare Expenses | Not Covered benefit period: 26 weeks excess period : 14 days |
| 22. | Chauffeur Expenses | Not Covered benefit period: 26 weeks excess period : 14 days |
| 23. | Home Assistance Benefits | Not Covered benefit period: 52 weeks excess period : 14 days |
| 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 | 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

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

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