



Skyline

Personal Accident and Other Benefits

Certificate of Insurance

Underwritten by certain underwriters at Lloyd's

THIS IS TO CERTIFY that in accordance with the authorisation granted to Accident & Health Underwriting Limited (who administer this Insurance on behalf of Underwriters) under a Contract (the number of which is specified in the Schedule) by certain syndicates at Lloyd's (hereafter referred to as the Underwriters), whose definitive numbers and the proportions underwritten by them, which will be supplied on application, can be ascertained by reference to the said Contract which bears the Seal of Lloyd's Policy Signing Office, and in consideration of the payment of the premium specified herein, the said Underwriters are hereby bound, severally and not jointly, their Executors and Administrators, to insure the person(s) shown in the Schedule for the Benefits herein.

CONTENTS

	Page
Operative Time	1
General Definitions	2 and 3
General Exclusions	3
General Conditions:	4
Other Occupations, Cancellation Of This Insurance, Information Given To The Underwriters Claims Notification, Fraudulent Claims	
General Conditions:	5
Accumulation Limit, Other personal Accident Or Personal Accident and Illness Insurance, Subrogation, Non-Payment Of Premium	
Claims Administrators	5
Financial Services Compensation Scheme	5
Contracts Act 1999, Law and Jurisdiction	6
Complaints Procedure	6
Data Protection Clause	7
Your Personal Information Notice	7
Section 1 – Death and Capital Benefits	
Schedule of Compensation	8
Permanent Disabilities Extension	8 and 9
Section 2 – Loss Of Earnings Indemnity	
Schedule of Compensation	9
Medical Expenses Extension	9
Additional Definitions applicable to Section 2	9 and 10
Provisos To Sections 1 and 2	10
Section 3 – Charter of Air Ambulance	11
Section 4 – Personal Property and Money	11 and 12
Section 5 – Personal Liability	12

OPERATIVE TIME

This Certificate shall only be operative whilst the **Insured Person** is engaged on a sky diver or parachute jump. Such cover shall commence upon the **Insured Person's** arrival at the jump centre and shall cease upon his departure from the jump centre.

GENERAL DEFINITIONS
(Applicable to the whole Certificate of Insurance)

Throughout this Certificate and attaching Schedule and Endorsements, all words in bold type shall have the following meaning.

“**ACCIDENT**” means a sudden, unexpected, unusual, specific event, which is external to the body and occurs at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which the **Insured Person** is travelling.

Accident shall also include disappearance. If the **Insured Person** is not found within 90 days of disappearing, and sufficient evidence is produced satisfactory to the Underwriters that leads them inevitably to the conclusion that the **Insured Person** has sustained **Bodily Injury** and that such injury caused their death, the Underwriters shall pay the death benefit, where applicable, under this Insurance, provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to the Underwriters if the **Insured Person** is subsequently found to be living.

“**ACCUMULATION LIMIT**” means the maximum amount payable by the Underwriters under this Insurance due to a sudden, unexpected, unusual and specific event occurring at an identifiable time and place.

The duration and extent of such event shall be limited to 72 consecutive hours and within a 10-mile radius.

“**ASSURED**” means the company, organisation or individual shown within the Schedule.

“**BODILY INJURY**” means identifiable physical injury which: -

- a) Is sustained by the **Insured Person** and
- b) Is caused by an **Accident** during the Period of Insurance and
- c) Solely and independently of any other cause, except sickness or disease directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the **Insured Person** within twelve months from the date of the **Accident**.

“**COUNTRY OF DOMICILE**” means the country in which the **Insured Person** normally resides.

“**ILLNESS**” means sickness or disease of the **Insured Person**, the symptoms of which first appear during the Period of Insurance and which results solely and independently of any other cause in the total disablement of the **Insured Person** within twelve months after the symptoms first appear.

“**INSURED PERSON**” means the person(s) shown within the Schedule.

“**LOSS OF HEARING**” means the permanent, total and irrecoverable loss of hearing resulting in the **Insured Person** being unable to hear sounds quieter than 90 decibels across frequencies between 500Hz and 3,000 Hz when tested by a qualified audiologist.

“**LOSS OF LIMB**” means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle, and includes permanent total and irrecoverable loss of use of a hand, arm or leg.

“**LOSS OF SIGHT**” means the permanent and total loss of sight which shall be considered to have happened: -

- a) In both eyes if the **Insured Person**'s name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist, or
- b) In one eye if, after correction, the degree of sight the **Insured Person** has left is 3/60 or less on the Snellen scale.

“**MEDICAL EXPENSES**” means expenses properly incurred by the **Insured Person** for Medical, Hospital, Surgical, Manipulative, Massage, Therapeutic, X-ray or Nursing treatment, including the cost of medical supplies and ambulance hire.

“**MONEY**” means

- (a) Cash, bank or currency notes, travellers cheques, passports, green cards, petrol coupons or travel tickets,
- (b) Credit cards, charge cards, or banker's cards, resulting in the fraudulent use thereof.

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GENERAL DEFINITIONS (continued)

“**PERMANENT TOTAL DISABLEMENT**” means disablement which entirely prevents the **Insured Person** from attending to any business or occupation of any and every kind and which lasts 12 months and at the expiry of that period is beyond hope of improvement..

“**PERSONAL PROPERTY**” means property owned by or in the custody or control of the **Insured Person**.

“**SUM INSURED**” means the limit of Underwriters liability, as shown in the Schedule and any attaching endorsement.

“**TERRORISM**” means an act or series of acts, including the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s), committed for political, religious or ideological purposes including the intention to influence any government and/or to put the public in fear for such purposes.

“**UNATTENDED**” an article will be deemed to be unattended if it is not close enough to the **Insured Person** for them to prevent unauthorised interference with such article by a third party. This shall not include baggage left in the custody of a carrier or in a locked: hotel room, safe, apartment, holiday residence or boot of a motor vehicle.

“**UNITED KINGDOM**” means England, Scotland, Wales and Northern Ireland. In respect of persons not resident in the **United Kingdom** reference to the **United Kingdom** is amended to read “**Country of Domicile**”.

“**VALUABLES**” means spectacles, sunglasses, contact or corneal lenses, sports equipment, watches, furs, jewellery, cameras, camcorder and any accessories, telecommunication, audio and computer equipment or game consoles, including accessories.

GENERAL EXCLUSIONS

(Applicable to the whole Certificate of Insurance)

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

1. The **Insured Person** whilst engaged in or taking part in military, air force or naval service or operations (other than reserve or volunteer training).
2. The **Insured Person's** intentional self-injury, suicide or attempted suicide, provoked assault, fighting (except in bona fide self-defence), or from the **Insured Person's** own criminal act, or whilst engaged in or taking part in civil commotions or riots of any kind.
3. War, whether war be declared or not, invasion or civil war.
4. **Terrorism** involving the actual or threatened use of pathogenic or poisonous biological or chemical materials.
5. The **Insured Person** being in a state of insanity, whether temporary or otherwise.
6. Nuclear reaction, nuclear radiation or radioactive contamination.
7. Any claim for disablement arising from the interaction between **Bodily Injury** and another medical condition, whether diagnosed or not.

The Underwriters shall not be liable to pay: -

8. 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 them to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.
9. Any claim or benefit to the extent that the provision of such cover, payment of such claim or provision of such benefit would contravene local laws or regulations.
10. Any claims for **Insured Persons** aged 89 years or over at commencement of the Period of Insurance.

GENERAL CONDITIONS

(Applicable to the whole Certificate of Insurance)

Other Occupations

If the **Insured Person** shall engage in any occupation in which greater risk may be incurred than in the occupation disclosed in this Certificate without first notifying the Underwriters and obtaining their written agreement to the amendment of this Certificate (subject to the payment of such reasonable additional premium as the Underwriters may require as the consideration for such agreement), then no claim shall be payable in respect of any **Accident** or **Illness** arising out of or in the course of such occupation.

Cancellation Of This Insurance

If the Period of Insurance is less than 3 months and/or cover has been purchased to insure a specific event/activity: -

- The **Insured Person** can cancel this Insurance from inception and receive a full refund of premium and tax if the Certificate and Schedule is returned to the Agent shown in the Schedule within 14 days of receipt or prior to the trip commencing or the activity taking place, whichever the earlier.
- There will be no refund after this time or if a claim is made.

If the Period of Insurance is 3 months or longer and cover does not relate to a specific event/activity: -

- The **Insured Person** can cancel this Insurance from inception and receive a full refund of premium and tax if the Certificate and Schedule is returned to the Agent shown in the Schedule within 14 days of receipt.
- There will be no refund after this time or if a claim is made. However should the **Insured Person** believe that there are legitimate reasons to have cancelled mid-term, then he may request a refund and this will be considered at the Underwriters' discretion.

Information Given To The Underwriters

In deciding to accept this Insurance and in setting the terms and premium, the Underwriters have relied on information given by the **Insured Person**. The **Insured Person** must ensure that all information provided is accurate and complete.

If it is established that the **Insured Person** deliberately or recklessly provided false or misleading information, the Underwriters will treat this Insurance as if it never existed and decline all claims.

If it is established that the **Insured Person** were careless in providing the information relied upon in accepting this Insurance and setting its terms and premium, the Underwriters will: -

- Treat this Insurance as if it had never existed and refuse to pay all claims and return the premium paid. This will only happen if the Underwriters provided insurance cover which would not otherwise have been offered, or
- Amend the terms of this Insurance. The Underwriters will apply these amended terms as if they were already in place if a claim has been adversely impacted by the **Insured Person's** carelessness, or
- Charge the **Insured Person** more for this Insurance or reduce the amount the Underwriters pay on a claim in the proportion the premium paid bears to the premium which the Underwriters would have charged.

The Underwriters or the Agent shown in the Schedule will write to the **Insured Person** if any of these actions are taken.

Claims Notification

Notice must be sent to the Claims Administrators as soon as practicable of any **Accident** or **Illness** to the **Insured Person**. In no case will the Underwriters be liable to pay compensation to the **Insured Person** or to their representatives unless the medical adviser or advisers appointed by the Underwriters for the purpose shall be allowed so often as may be deemed necessary to make an examination of the person of the **Insured Person**.

Fraudulent Claims

If the **Insured Person**, or anyone acting on their behalf, makes a claim knowing it to be false or fraudulent in amount or in any other respect, which is unknown to the **Assured** (if there is an **Assured**), the insurance will become invalid in respect of that **Insured Person**. This means the Underwriters will not pay the false or fraudulent claim, or any subsequent claim, in respect of that **Insured Person**.

If the **Assured**, or anyone acting on the **Assured's** behalf, makes a claim knowing it to be false or fraudulent in amount or in any other respect, the whole insurance will become invalid. This means the Underwriters will not pay the false or fraudulent claim, or any subsequent claim, in respect of the **Assured** and all **Insured Persons**.

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GENERAL CONDITIONS (continued)

Accumulation Limit

In the event of an **Accident** involving more than one **Insured Person** and where the claim exceeds the **Accumulation Limit** shown in the Schedule, the compensation payable in respect of each **Insured Person** shall be proportionately reduced until the total does not exceed that limit.

Other Personal Accident or Personal Accident and Illness Insurance

This Certificate is issued on the condition that the **Insured Person** has no other **Accident** or **Illness** Insurance except as specifically declared to the Underwriters at inception or agreed by them during the Period of Insurance.

Subrogation

The Underwriters shall be subrogated to all the **Insured Person's** rights of recovery against any person or organisation for any claim paid or payable under this Certificate up to the limit of the Underwriters' liability in respect of such claim. The **Insured Person** shall, wherever possible, give all such information and assistance as the Underwriters may require to secure such rights.

Non Payment of Premium

If the premium has not been paid to the Agent specified in the Schedule within the payment terms agreed between the **Insured Person** and the Agent, then the Underwriters reserve the right to cancel this Insurance from inception as though cover was not taken up. The Underwriters or the Agent shown in the Schedule will write to the **Insured Person** if this action is taken.

This does not affect your statutory rights.

If there is an **Assured** named in the Schedule, these Conditions shall also apply to **Assured**.

Claims Administrators

All claims should be notified to: -

Accident & Health Claims Services LLP
7-8 Ducketts Wharf
South Street
Bishops Stortford
Hertfordshire
CM23 3AR

Tel: +44 (0) 1279 713 860
email: claims@ahclaimsservices.com

Accident & Health Claims Services LLP have internal complaints handling procedures, which are available upon request.

Compensation

Lloyd's insurers are covered by the Financial Services Compensation Scheme.

You may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to you under this contract.

If you were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this contract. Further information about the Scheme is available from:

Financial Services Compensation Scheme
10th Floor, Beaufort House
15 St Botolph Street
London EC3A 7QU

Website: www.fscs.org.uk

Contracts (Rights of Third Parties) Act 1999 Clarification Clause

A person who is not a party to this contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this contract but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

Notice to the Assured / Insured Person

Law Applicable

The cover referred to in this Insurance is subject to English Law and English Courts alone shall have jurisdiction in any dispute arising hereunder.

Complaints Procedure

Our aim is to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing you with the highest standard of service.

Details of Lloyd's complaints procedures, including timescales for resolution, are set out in a leaflet "Your Complaint – How We Can Help" available at www.lloyds.com/complaints.

If you are dissatisfied about your insurance or the handling of a claim, you should contact:

The Complaints Department, Ark Syndicate Management Ltd, 30 Fenchurch Avenue, London EC3M 5AD
Email: complaints@arkunderwriting.com

In the event that you remain dissatisfied and wish to take the matter further you can do so at any time by referring to the complaints team at Lloyd's. The contact details are:

Complaints, Lloyd's, Fidentia House, Walter Burke Way, Chatham Maritime, Chatham, Kent ME4 4RN

Tel: +44 (0) 20 7327 5693 Fax: +44 (0) 20 7327 5225 E-mail: complaints@lloyds.com

If you remain dissatisfied after Lloyd's has considered your complaint, you may refer your complaint to the Financial Ombudsman Service (FOS). The contact details for the FOS are:

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

Telephone: 0800 0234567 (calls to this number are free from mobiles and "fixed lines" in the UK) or 0300 1239123 (calls to this number are charged at the same rate as 01 and 02 numbers in the UK).

Email: complaint.info@financial-ombudsman.org.uk.

Further information is available at: www.financial-ombudsman.org.uk

This complaint procedure is without prejudice to your right to take legal proceedings.

Amendments to this Certificate

Should the **Insured Person** (or **Assured**, if named in the Schedule) wish to amend this Insurance, notification of such amendment should be given to the Agent shown in the Schedule.

Are there charges for cancellation or amendment?

There may be a charge payable to the Agent shown in the Schedule for cancelling or amending the Certificate. If a charge is payable the amount will be advised to you by the Agent at the time of the notification.

Data Protection Clause

The **Assured** and/or **Insured Persons** should understand that any information about them will be processed by the Underwriters in compliance with the General Data Protection Regulation ((EU) 2016/679), for as long as this is directly applicable to the UK, and the Data Protection Act 2018 (and any successor legislation) for the purposes of providing insurance and handling any claims or complaints, if any, which may necessitate providing such information to other parties.

Your Personal Information Notice

Who we are

We are the Lloyd's underwriter(s) identified in the contract of insurance and/or in the certificate of insurance.

The basics

We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us

Where you provide us or your agent or broker with details about other people, you must provide this notice to them.

Want more details?

For more information about how we use your personal information please see our full privacy notice(s), which is/are available online on our website(s) or in other formats on request.

Contacting us and your rights

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice(s), please contact us, or the agent or broker that arranged your insurance who will provide you with our contact details at:

FAO: Compliance
Ark Syndicate Management Limited
30 Fenchurch Avenue
London
EC3M 5AD

Tel: 020 3023 4020
Email: arkGDPR@arkunderwriting.com
Website: https://arkunderwriting.com/privacy_notice_insured/

The Underwriters will pay the **Sum Insured** to the **Insured Person**, or their Executors or Administrators, in accordance with the following Schedule of Compensation in the event of the **Insured Person** sustaining **Bodily Injury** or **Illness**, subject to the terms, Definitions, Exclusions and Conditions, contained in this Certificate.

If however an **Assured** is named in the Schedule, the Underwriters will pay the **Assured** and not the **Insured Person**.

This Certificate insures only those items which have a **Sum Insured** entered by them in the Schedule. Items not insured have the words "NOT COVERED" by them.

SECTION 1 – DEATH AND CAPITAL BENEFITS

SCHEDULE OF COMPENSATION

Compensation payable in respect of **Accident**

The following items only cover claims which fall within the definition of **Bodily Injury** and do not cover any claim caused or contributed to by **Illness**.

The Underwriters will pay the **Sum Insured** shown in the Schedule if the **Insured Person** suffers **Bodily Injury** during the Period of Insurance which results in their:

- 1 Death
- 2 **Permanent Total Disablement**
(other than any occurrence insured under Permanent Disabilities, below)

PERMANENT DISABILITIES

Provided **Permanent Total Disablement** is covered, the Schedule of Compensation shall be extended to include the following permanent disabilities in the event of the **Insured Person** sustaining **Bodily Injury**.

Compensation payable shall be the percentage, as shown, of the **Sum Insured** provided under Item 2 of the Schedule of Compensation.

i.	Incurable insanity totally preventing normal occupation	100%
ii.	Total organic paralysis	100%
iii.	Loss of Sight of both eyes	100%
iv.	Loss of Sight of one eye by surgical operation	30%
v.	Loss of Sight of one eye without surgical operation	25%
vi.	Loss of Hearing in both ears	40%
vii.	Loss of Hearing in one ear	10%
viii.	Loss of two or more Limbs	100%

Loss by amputation or permanent total loss of use of:

	RIGHT	LEFT
ix.	One arm or one hand at or above the wrist	60% 50%
x.	One thumb	20% 17.5%
xi.	One index finger	15% 12.5%
xii.	Any other finger	10% 7.5%
xiii.	A shoulder or elbow	25% 20%
xiv.	A wrist	20% 15%
xv.	One leg above or at the knee	50%
xvi.	One leg below the knee or one foot at or above the ankle	40%
xvii.	One big toe	10%
xviii.	Any other toe	3%
xix.	A hip, knee or ankle	20%
xx.	The lower jaw by surgical operation	30%
xxi.	A knee cap	20%
xxii.	The shortening of at least 5 centimetres of a leg	15%

CONDITIONS APPLICABLE TO PERMANENT DISABILITIES

- a) Benefit ix to xiv shall be reversed in the event of the **Insured Person** being left handed.
- b) If compensation is payable in respect of one **Insured Person** under more than one form of permanent disability as a result of one accident the total payable shall not exceed 100% of the **Sum Insured** under item 2 of the Schedule of Compensation.
- c) In the event of an **Insured Person** sustaining any permanent disability not noted above the compensation payable shall be calculated by assessing the degree of disability relative to this extension, but without reference to the **Insured Person's** occupation.
- d) 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.

SECTION 2 – LOSS OF EARNINGS INDEMNITY

SCHEDULE OF COMPENSATION

Indemnity payable in respect of **Accident**

The following item only covers claims which fall within the definition of **Bodily Injury** and do not cover any claim caused or contributed to by **Illness**.

The Underwriters will pay the **Insured Person's Net Weekly Earnings** or the **Sum Insured** shown in the Schedule, whichever is the lesser, if the **Insured Person** suffers **Bodily Injury** during the Period of Insurance which results in their:

1. **Loss of Earnings** due to **Accident**

EXTENSION TO COVER: MEDICAL EXPENSES

In the event of a valid claim under Section 2, the Underwriters will pay **Medical Expenses** incurred up to 15% of the claim admitted subject to a maximum limit of GBP 15,000.

The Underwriters will only pay expenses incurred within 2 years of the date of the **Accident** or first symptoms of **Illness**.

If the **Assured** or **Insured Person** are able to recover **Medical Expenses** under any other insurance, the Underwriters' liability shall be limited to the difference between such recovery and the total cost of **Medical Expenses** incurred (see Subrogation in the Conditions).

If the **Insured Person's Country of Domicile** is outside England, Scotland, Wales and Northern Ireland, this Extension may not apply (see Exclusion 9).

ADDITIONAL DEFINITIONS APPLICABLE TO SECTION 2 ONLY

“ANNUAL SALARY”

Annual Salary means annual gross basic salary on the date that **Bodily Injury** or **Illness** occurs.

Annual Salary shall exclude remuneration received in respect of bonuses, commission, dividend, overtime and the like.

“**BENEFIT PERIOD**” means the maximum (but not necessarily consecutive) period for which **Loss Of Earnings** is payable, after deduction of the **Excess Period**. In any circumstance:

- The **Benefit Period** in respect of **Accident** claims will cease after 156 weeks from expiry of the **Excess Period**;
- The **Benefit Period** in respect of **Illness** claims will cease 104 weeks from expiry of the **Excess Period**.

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ADDITIONAL DEFINITIONS APPLICABLE TO SECTION 2 ONLY (continued)

“**EXCESS PERIOD**” means the period at the commencement of each **Benefit Period** during which the **Sum Insured** is not payable.

“**GROSS WEEKLY EARNINGS**” means 1/52nd of the **Annual Salary**.

“**LOSS OF EARNINGS**” means an actual reduction to the **Insured Person’s Net Weekly Earnings** due to the disablement of the **Insured Person** (in accordance with the Schedule of Compensation) and where:

- a) Such disablement results in the **Insured Person** being unable to attend to part or all of the usual duties of their occupation (as shown in the Schedule), and
- b) The reduction in **Net Weekly Earnings** is irrecoverable from any other insurance, compensation scheme or government programme.

The maximum amount payable will be the **Insured Person’s Net Weekly Earnings** or the **Sum Insured** shown in the Schedule, whichever is the lesser.

“NET WEEKLY EARNINGS”

For **Salaried Insured Persons**, **Net Weekly Earnings** means the **Insured Person’s Gross Weekly Earnings**, less Income Tax, National Insurance (or equivalent) and any deductions normally taken.

For **Non-Salaried Insured Persons**, **Net Weekly Earnings** means the average of the **Insured Person’s** taxable earnings for the thirteen weeks immediately preceding the date that **Bodily Injury** or **Illness** occurs, less Income Tax and National Insurance. In addition, where applicable, payment will include fixed, regular costs that were contracted to be paid by the **Insured Person’s** business prior to the date that **Bodily Injury** or **Illness** occurred.

“**NON-SALARIED**” means an **Insured Person** with a temporary contract of employment or contract that does not provide an **Annual Salary**.

“**SALARIED**” means an **Insured Person** having a permanent contract of employment whereby they are paid an **Annual Salary**.

PROVISOS TO SECTIONS 1 AND 2

PROVIDED ALWAYS THAT:-

1. (a) Payment shall not be made under more than one of the items of the Schedules of Compensation in respect of the consequences of one **Accident**, or of the same **Illness**, and
(b) No **Loss Of Earnings** payment shall be made until the total amount thereof has been ascertained and agreed by the Underwriters. If, nevertheless, **Loss Of Earnings** are paid, the amount so paid shall be deducted from any lump sum becoming claimable under Section 1 in respect of the same **Accident** or **Illness**.
2. The total sum payable under this Certificate in respect of any one and all claims shall not exceed in all during the Period of Insurance the largest amount of benefit payable under any one of the items contained in the Schedules of Compensation under Section 1 or Section 2 or added to this Certificate by endorsement, except that the Underwriters will in addition pay **Medical Expenses** as herein provided.
3. If an **Accident** causes the death of the **Insured Person**, but Section 1, Item 1 – death, is not covered, then the only claims the Underwriters will be liable for are **Loss Of Earnings** and **Medical Expenses** until such time of death.
4. If Section 1, Item 1 – death, is covered and an **Accident** causes the death of the **Insured Person** within twelve months following the date of the **Accident** and prior to the definite settlement of the compensation for disablement provided for under Section 1, Items 2 to 6 of the Schedule of Compensation, there shall be paid only the compensation provided for in the case of death.
5. Any claim payments for **Loss Of Earnings** and **Medical Expenses** will cease upon the death of the **Insured Person**.
6. The **Sum Insured** by Section 1, Item 1 – Death - shall be limited to GBP 2,500 in respect of persons aged under 18 years (unless in full time remunerative employment).

SECTION 3 - CHARTER OF AIR AMBULANCE

Should an **Insured Person** suffer **Bodily Injury** during the Operative Time, the Underwriters will pay up to the **Sum Insured** each **Insured Person** for charter of an air ambulance or the use of air transport including qualified attendants, certified by a doctor to be necessary for the transportation of an **Insured Person** to the nearest place where medical attention is available in the **United Kingdom**.

EXCLUSION

In addition to the GENERAL EXCLUSIONS the Underwriters shall not be liable to pay for: -

1. The cost of continuing regular medication for any medical condition in respect of which medical advice or treatment is being followed at the time of booking the jump.

SECTION 4 – PERSONAL PROPERTY AND MONEY

The Underwriters will pay up to the **Sum Insured** each **Insured Person** in the event of permanent loss of or damage to accompanied **Personal Property** and **Money** (including reasonable expenses incurred as a result of loss of **Money**), during the Operative Time, subject to: -

1. The limit shown in the Schedule for any one article or pair or set of articles
2. The limit shown in the Schedule for all **Valuables**
3. The limit shown in the Schedule for Cash.

EXCLUSIONS

In addition to the GENERAL EXCLUSIONS the Underwriters shall not be liable to pay for: -

1. Any claims due to moth, vermin, wear and tear and gradual deterioration, or **Money** shortages due to error, omission or depreciation in value.
2. Any claims in respect of **Money** or **Valuables** unless reported to the police within 24 hours of discovery, and a police statement obtained.
3. Any claims arising from confiscation or detention by customs or any other authority.
4. Any claims in respect of **Personal Property** otherwise insured except where covered under a motor policy.
5. The first GBP 20 of each and every loss, each **Insured Person**.
6. Any loss or damage whilst in the custody of a carrier, unless reported to the carrier within 24 hours and a Property Irregularity Report obtained.
7. Any claims in respect of **Valuables** or **Money** whilst in the custody of a carrier.
8. Any loss or damage to personal baggage, clothing or effects whilst left **Unattended**.
9. Any loss of or damage to **Money** whilst left **Unattended**, unless in a locked safe.
10. Any claims arising out of electrical and/or mechanical breakdown.
11. Any claims arising from the fraudulent use of credit cards, charge cards or banker's cards, if the **Insured Person** has not reported the loss of the card to the issuing bank or company, and otherwise not complied with the terms and conditions under which the card was issued. The Underwriters liability shall be limited to any loss not covered by any guarantee given by the issuing bank or company to the **Insured Person**.
12. Any claims for **Valuables** where suitable evidence is not provided as proof of ownership.

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SECTION 3 – PERSONAL PROPERTY AND MONEY (continued)

SPECIAL CONDITIONS APPLYING TO SECTION 4

In addition to the GENERAL CONDITIONS: -

1. The **Insured Person** shall, in the event of any loss or damage, take all possible steps to make a recovery.
2. **For articles less than 2 years old, where evidence of original purchase can be provided**
If the **Insured Person** purchases a comparable replacement for a lost or damaged article, the Underwriters shall pay for the replacement cost.

For articles more than 2 years old OR where evidence of original purchase cannot be provided

If the article has been damaged and can be repaired, then payment shall be based upon the repair cost.
If the article is lost or damaged beyond repair, payment shall be based upon prices at the date of loss, less a deduction for wear, tear and depreciation. This is usually 10% per annum up to a maximum of 30% deduction for items over 3 years old, at the Underwriters' discretion.
Alternatively, the Underwriters reserve the right to replace, reinstate or repair the article.

For toiletries, cosmetics and perishable items

The Underwriters will pay the purchase cost less 50%.

For prescription medication

The Underwriters will only pay the original prescription cost or similar cost of such medication in the country to which the **Insured Person** has travelled. The Underwriters will not be liable for any associated costs with regard to transportation of medication or the like.

SECTION 5 - PERSONAL LIABILITY

The Underwriters will indemnify up to the **Sum Insured** each **Insured Person**, any one event or series of events in all (including legal expenses), should they become legally liable to pay claims for accidental bodily injury to the public or accidental loss of or damage to property, occurring during the Operative Time.

EXCLUSIONS

In addition to the GENERAL EXCLUSIONS the Underwriters shall not be liable to pay for: -

1. Any claims arising out of accidental bodily injury to any member of the **Insured Person's** family or household or to any employee or business associate.
2. Any claims arising from loss of or damage to property belonging to or in the care, custody or control of the **Insured Person** or any member of his family or household or of an employee or business associate.
3. Any claims arising out of the ownership, possession or use of any horse drawn or mechanically propelled vehicle (other than golf buggies), aircraft, waterborne craft (other than sailboards, surfboards, canoes, rowing dinghies, foot or hand propelled paddle boats, and inflatable dinghies), firearms or animals.
4. Any claims arising out of the ownership, possession, occupation or use of lands or buildings.
5. Any claims arising out of the profession, occupation or business of the **Insured Person** or arising out of liability assumed under a contract, if such liability would not otherwise have attached.

SPECIAL CONDITIONS APPLYING TO SECTION 5.

In addition to the GENERAL CONDITIONS

1. The **Insured Person** must not make any admission of liability whatsoever, or make any arrangements, offer, promise or payment without the written consent of the Underwriters.
2. The Underwriters shall be entitled, if they so desire, to take over and conduct in the name of the **Insured Person**, the defence of any claim or to prosecute in the **Insured Person's** name for their own benefit any claims for indemnity or damages or otherwise against any third party, and shall have full discretion in the conduct of any negotiations or proceedings or the settlement of any claim. The **Insured Person** shall, whenever possible, give all such information and assistance as the Underwriters may require.

Personal Accident Insurance Schedule

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

Certificate Number:	SAC113/18/18 - 0000001	Renewal of:	
Insured Person(s):			
Age limit:	Under 89 years attained at inception	Proposal Dated:	No Proposal
Geographical Limits:	United Kingdom only	Endorsements applicable to this Insurance:	None at inception
Period of Insurance:	One day enter date or such other alternative date as may be booked in place of this date providing that this takes place within the course of 12 months from the date of the original booking. Cover shall commence upon the Insured Person's arrival at the jump centre and shall cease upon departure from the jump centre.		

Premium GBP 0.00	Insurance Premium Tax GBP 0.00	Total Amount Due GBP 0.00
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Agent: John Ansell & Partners Ltd 1 Great Tower Street London EC3R 5AA	Agency Reference: 2042 Contract \ UMR Number: PA999 AHU 2018 \ B6308PA999AHU2018
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Schedule of Compensation

(For a full description of the cover provided, refer to the Certificate and any attaching Endorsements)

Section 1 – Death and Capital Benefits:

Compensation payable in respect of Accident	Sum Insured (each Insured Person)
1. Death	GBP 100,000
2. Permanent Total Disablement (other than as listed under Permanent Disabilities)	GBP 100,000

Section 2 – Loss of Earnings Indemnity:

Loss of Earnings due to Accident	Up to GBP 300 per week	Benefit Period 104 weeks Excess Period 7 days
Maximum Sum Insured Any One Person	Items 1 and	GBP 100,000
	Item 3	GBP 300 per week
Accumulation Limit:	GBP 500,000	

Section 3 – Charter of Air Ambulance

Up to GBP 1,000

Section 4 – Personal Property and Money

Personal Property	Up to GBP 500
Limit for any one article, pair or set of articles	GBP 100
Personal Money	Up to GBP 200

Section 5 – Personal Liability

Up to GBP 1,000,000

In Witness whereof this Schedule has been signed by:

John Ansell & Partners Ltd
1 Great Tower Street
London
EC3R 5AA

Date of Issue: **Date Purchased**