



One Overstone Heights, Sywell,  
Northamptonshire, NN6 0AT  
Email: [feedback@sportsguard.co.uk](mailto:feedback@sportsguard.co.uk)

Annette Harrison  
7 Wheatlands Close  
Maulden  
Bedford  
Bedfordshire  
MK45 2AQ

Tuesday, 17 October 2017

Your Policy Number: **0031825/15/WB - SKLN100**

Dear Annette,

Please find enclosed the confirmation of your team & club personal accident policy.

All of your policies are designed to be flexible to allow you to make alterations as your needs change. We're pleased to welcome you to the Sportsguard partnership. What's more, unlike other insurance brokers, we will not charge you any additional administration fee for making changes to this agreement.

Your annual premium is: **£122.00**

**This page should be used as confirmation/receipt of payment.**

It is important you check that the information in the document is correct and advise us immediately of any inaccuracies by calling 01604 644277, anytime 9am - 5pm, Monday to Friday.

**Do you have questions about the policy?**

Our Sportsguard advisers will be happy to assist you with any questions you may have about your policy, please call 01604 644277, any time between 9am - 5pm, Monday to Friday.

Thank you for choosing to insure with us.

A handwritten signature in black ink that reads "Richard Culley". The signature is written in a cursive, flowing style.

Richard Culley  
Director

**My Account**

We have launched our brand new website that allows you to log on and view your documentation at any time, this service will be available 24 hours a day, 7 days a week. You will also be able to report injuries to us and we will use our "Claims Portal" to give you access to claim forms and the status of any of the outstanding claims you have on-going. Log on today, [www.sportsguard.co.uk/dashboard](http://www.sportsguard.co.uk/dashboard).

Forgotten your password? No problem, use the link and you will be able to reset it to something more memorable.

## Schedule of Insurance

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

<b>Certificate Number:-</b>	0031825/15/WB - SKLN100
<b>Name of Assured:-</b>	Bedford Ladies
<b>Insured Sport:-</b>	Football (Soccer)
<b>Number of Teams:-</b>	2
<b>The Insured Person:-</b>	All playing members including officials recorded on the team register prior to participating in team events and matches.
<b>Geographical Limits:-</b>	United Kingdom
<b>Period of Insurance:-</b>	From: 01/07/2017 to: 30/06/2018 (both dates inclusive - Greenwich Mean Time)
<b>Contract/UMR Number:-</b>	80328C02345244-A
<b>Premium:-</b>	£122.00 including insurance premium tax (where applicable)
<b>Administration Fee:-</b>	£0.00
<b>Postal Details:-</b>	Annette Harrison 7 Wheatlands Close Maulden Bedford Bedfordshire MK45 2AQ
<b>Email Address:-</b>	annette@bedfordladies-girlsfc.org
<b>Telephone Numbers:-</b>	07970650573

## Schedule of Compensation

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

1.	Death by natural causes*****	£10,000
2.	Death by accident*****	£30,000
3.	Permanent total disablement	£60,000
4.	Permanent partial disablement (see permanent partial disablement scale)	up to £20,000
5.	Quadriplegia	£40,000
6.	Paraplegia	£20,000
7.	Disability assistance expenses	up to £10,000
8.	Loss of sight in eyes - one or both	£35,000
9.	Loss of limb - one or more	£35,000
10.	Loss of speech	£35,000
11.	Loss of hearing - in both ears	£35,000
12.	Loss of hearing - in one ear	£14,000
13.	Loss of internal organ	£35,000
14.	Additional travel expenses	up to £25 per week Benefit Period: 4 weeks
15.	Emergency medical expenses	up to £500
16.	Emergency dental expenses	up to £125
17.	Fracture of a bone in the arm, leg, collarbone, cheekbone or jaw	£200
18.	Fracture of a bone in the hand, finger, foot or toes	£50
19.	Fracture of a bone in the ribs	£50
20.	Fracture of a bone in the hip	£150
21.	Dislocation of the hip, kneecap, shoulder or elbow	£200
22.	Facial and bodily scarring	up to £600
23.	Hospital confinement	£25 per night Benefit Period: 30 nights
24.	Coma benefit	£25 per day Benefit Period: 365 days
25.	Damage to clothing by a medical practitioner	up to £50
26.	Broken or damaged prescription sports glasses	up to £50
27.	Legal advice or counselling	Covered
28.	Physiotherapy (calculated on 50% of costs)	up to £40 per session Benefit Period: 6 sessions
29.	Student tutorial expenses	up to £35 per week Benefit Period: 26 weeks Excess Period: 7 days
30.	Workplace retraining expenses	up to £2,500
31.	Academic examination re-take	up to £2,500
32.	Medical certification expenses	up to £50
33.	Temporary total disablement for those in gainful employment for more than 16 hours per week**	£30 per week Benefit Period: 104 weeks Excess Period: 14 days
34.	Temporary total disablement for those NOT in gainful employment for at least 16 hours per week**	£15 per week Benefit Period: 26 weeks Excess Period: 14 weeks

In witness, where of this schedule has been signed by Sportsguard.

A handwritten signature in black ink, appearing to read "Richard Co". The signature is written in a cursive style with a large initial 'R' and a distinct 'Co' at the end.

Date of Issue: Tuesday, 17 October 2017

## Endorsements

This Endorsement attaches to and forms part of Certificate Number: 0031825/15/WB - SKLN100

It is hereby noted and agreed that:-

1.	Funeral expenses	Not Covered
2.	Childcare expenses (Benefit Period: 13 weeks)	Not Covered
3.	Chauffeur expenses (Benefit Period: 13 weeks)	Not Covered
4.	Concussion	Not Covered
5.	Snapped / ruptured achilles tendon or anterior cruciate ligament	Not Covered
6.	Specialist consultant fees	Not Covered
7.	Pre-paid season or travel tickets	Not Covered

Subject otherwise to the Terms, Definitions, Conditions and Exclusions listed within the Schedule, Certificate of Insurance and any other attaching Endorsements.

In witness, where of this schedule has been signed by Sportsguard.



Date of Issue: Tuesday, 17 October 2017

**Additional definitions applicable to this insurance:**

\*In the event of multiple fractures, only one benefit amount is payable.

\*\*The Temporary Total Disablement benefit shall be the Sum Insured or 65% of the Insured Person's gross weekly wage, during the twelve months immediately prior to any claim, whichever is the less.

\*\*\*No cover shall apply where dislocation of the joint has occurred before. In the event of the dislocation and fracture of a joint due to the same Accident, only the fracture benefit shall be paid.

\*\*\*\*Permanent facial scarring shall mean visible scar tissue in the area from the hairline to and including the lower jaw. Permanent bodily scarring shall mean visible scar tissue on the arm, leg, neck or torso.