

# Group Personal Accident Insurance Policy

Ref: CAHPGroup

# Contents

<u>Section 1</u>	<u>Insuring Agreement</u>
<u>Section 2</u>	<u>Specification Pages</u>
<u>Section 3</u>	<u>Endorsements</u>
<u>Section 4</u>	<u>Personal Accident Coverage</u>
<u>Section 5</u>	<u>Definitions</u>
<u>Section 6</u>	<u>Exclusions</u>
<u>Section 7</u>	<u>Insurance Conditions</u>

**Personal Accident Insurance Policy**

**Section 1**

**Insuring Agreement**

**Policy Number** 64809187  
**Group Policyholder** The Joint Morris Organisation  
**Group Policyholder Address** c/o Michael Stimpson, PO Box 115, Rickmansworth,  
Hertfordshire, WD3 1WB

is hereby insured by **Chubb Insurance Company of Europe S.E.** (referred to herein as the Company), in consideration of payment of the required premium, and in accordance with the attached Policy, Specification(s) and any Endorsement(s).

**Effective Date** 26th January 2011 (both dates inclusive and any subsequent period for  
**Expiry Date** 25th January 2012 which payment for the renewal of this policy is  
made and the Company agrees to accept)

**Policy Limits**

Maximum Benefit Any One Insured Person (Personal Accident Benefits 1 to 5)	£6,000	
Maximum Benefit Any One Insured Person (Personal Accident Benefits 6 and 7)	£60	per week

**Premium** £4654.71 p Deposit

**Insurance Premium Tax or other applicable Tax** £279.29p

**Total Payable** £4934.00p

Each section of this Policy, the Specifications and any Endorsement(s) together with this Insuring Agreement and the Definitions, Exclusions and Conditions shall read as one document.

Wherever a word or series of words appear in bold, they are defined to be given the specific meaning set out in the Section 5 – Definitions or in the Endorsement(s) to this Policy. They will carry the same meaning throughout wherever they appear within this Policy.

The terms of this Policy shall not be waived or changed, except by Endorsement(s) issued to form part of this Policy.

This Policy shall not be valid unless it has been initialled by an authorised employee of Chubb Insurance Company of Europe S.E.

Signed on behalf of Chubb

**Date 28th April 2011**

## Group Personal Accident Insurance Policy

### Section 2

#### Personal Accident Specification

**Policy Number:** 64809187

**Insured Persons:** Any member of a Morris Side who is a member of the Morris Federation, the Morris Ring or the Open Morris resident in the United Kingdom

**Operative Time:** Whilst dancing or whilst at an event where a dancing display is taking place, whilst at practice or in transit to or from either location

<b><i>Benefit per Insured Person per Event:</i></b>	<b><i>Sum Insured</i></b>
1.Accidental Death:	£6,000
2.Loss of Limb(s) (one or more) and/or Loss of Eye(s) (one or both):	£6,000
3.Permanent Total Disablement:	£6,000
4.Total Loss of Hearing	
a) in both ears	£6,000
b) in one ear	25% of £6,000
5.Total Loss of Speech	£6,000
6.Temporary Total Disablement:	£60 per week
Benefit Period:	104 weeks
Deferment Period:	28 days
7.Temporary Partial Disablement	£24 per week
Benefit Period:	104 weeks
Deferment Period	28 days
8.Medical Expenses:	Up to 20% of amounts paid under Benefits 1 through 5, or 30% of amounts paid under Benefit 6, whichever is the greater amount, up to a maximum of £20,000
9.Emergency Dental Expenses	Up to £2,000

## Group Personal Accident Insurance Policy

### Section 3

#### Endorsements

##### Endorsement No 1

It is hereby noted and agreed that based on the underwriting information provided by the Group Policyholder prior to the Effective Date, no known or anticipated journeys have been declared by the Group Policyholder or any Insured Person to any of the following specified countries;

Israel (West Bank, Gaza and the Occupied Territories only)

Afghanistan

Iraq

Consequently, the cover provided by this Policy does not include any coverage to these specified countries without prior notification to and acceptance by the Company.

The Company reserves the right to add countries to or remove countries from the specified list contained in this endorsement. Any alteration to this specified list will be advised by the Company in writing and will result in the Group Policyholder having to declare any exposure to a country not previously contained on the specified list.

##### Endorsement Two

It is hereby noted and agreed that this policy is adjustable on 22nd March 2011 and the Company have allocated a Minimum Deposit Premium for the **Policy Period** based on 2466 dancers as declared at inception.

It is further noted and agreed that the actual number of dancers for the **Policy Period** will be supplied to the Company by the Insured by 22<sup>nd</sup> March 2011. The Company shall then calculate if any Additional Premium in addition to the Minimum Deposit Premium is payable and advise the Insured accordingly.

The Insured shall arrange payment of any Additional Premium within sixty days of the expiry of the **Policy Period**.

## Group Personal Accident Insurance Policy

### Section 4

#### Personal Accident Coverage

In the event an Insured Person sustains **Bodily Injury** during the Operative Time, the Company shall pay the Insured Person (in accordance with Insurance Condition 12) in accordance with the Scale of Benefits stated in the Personal Accident Specification.

In respect of any one Insured Person, a benefit shall not be payable under more than one of Benefits 1 to 5 of the Personal Accident Specification. Any benefit payable under Benefit 6 or Benefit 7 shall immediately cease should a benefit under one of Benefits 1 to 5 subsequently be payable by the Company to the Insured Person.

In respect of any Insured Person under the age of 16 years, the maximum compensation payable under Benefit 1 (Accidental Death) will be £15,000.

#### Permanent Partial Disablement Scale

In the event of permanent and irrecoverable disablement which is the sole and direct cause of **Bodily Injury** and which will in all probability last for the remainder of the Insured Person's life, without reference to the Insured Person's occupation, we will pay the following percentages of the Sum Insured as defined under Benefit 7 of the Personal Accident Specification:

	<i>Percentages of Sum Insured</i>
I. Permanent total deafness in one ear	25%
II. Loss of one joint of thumb of either hand	15%
III. Loss of more than one joint of thumb of either hand	25%
IV. Loss of one joint of forefinger	10%
V. Loss of more than one joint of forefinger	20%
VI. Loss of one joint of any other finger	5%
VII. Loss of more than one joint of any other finger	10%
VIII. Loss of both joints of one big toe	15%
IX. Loss of one joint of one big toe	10%
X. Loss of both joints of any other toe	5%
XI. Loss of one joint of any other toe	2%
XII. Permanent total loss of use of shoulder or elbow	25%
XIII. Permanent total loss of use of wrist, hip, knee or ankle	20%
XIV. Removal by surgical operation of lower jaw	30%

#### Conditions to the Permanent Partial Disablement Scale

- a) If compensation is payable in respect of one Insured Person under more than one form of Permanent Partial Disablement as a result of one accident the total payable shall not exceed 100% of the Sum Insured defined under Benefit 7 of the Personal Accident Specification.
- b) In the event an Insured Person sustains a Permanent Disability not scheduled above, payment shall be calculated by assessing the degree of disability relative to the above schedule without reference to the Insured Person's occupation.

c) If compensation is payable for loss of, or loss of use of a whole member of the body, the Company shall not pay for parts of that member.

#### **Coverage Extensions**

##### **Coma Benefit**

In the event an Insured Person sustains **Bodily Injury** resulting in a continuous unconscious state, the Company agrees to pay the Insured Person the sum insured shown in the Personal Accident Specification under **Coma Benefit** for each full week of continuous unconsciousness of the Insured Person, up to a maximum period of 104 weeks.

##### **Convalescence Benefit**

In the event that an Insured Person has been admitted to hospital on an in-patient basis as a result of **Bodily Injury** for at least seven (7) consecutive days, the Company shall pay the Insured Person the sum insured shown in the Personal Accident Specification for each full week of **Convalescence**, up to a maximum of four (4) weeks.

##### **Disappearance**

If an Insured Person disappears and it is reasonable to believe that such Insured Person has died as a result of **Bodily Injury** occurring during the Operative Time, the Company shall pay the Insured Person (in accordance with Insurance Condition 12) the Accidental Death Benefit shown in the Personal Accident Specification, provided the Insured Person provides a signed undertaking that if the death is subsequently found to be incorrect, the Accidental Death Benefit paid shall be refunded to the Company.

##### **Emergency Dental Expenses**

In the event an Insured Person incurs **Emergency Dental Expenses** as a result of **Bodily Injury**, the Company shall pay the Insured Person up to the sum insured shown in the Personal Accident Specification.

##### **Exposure**

Death and/or injury to an Insured Person as a direct result of unavoidable **Exposure to the Elements** shall be deemed to have been caused by **Bodily Injury**.

##### **Facial Disfigurement Benefit**

In the event an Insured Person suffers **Facial Disfigurement** as a result of **Bodily Injury**, the Company shall pay the Insured Person the sum insured shown in the Personal Accident Specification.

##### **Funeral Expenses**

In the event of Accidental Death, the Company shall pay the Insured Person (in accordance with Insurance Condition 12) reasonable funeral expenses, up to the maximum shown in the Personal Accident Specification.

##### **Hospitalisation Benefit**

In the event an Insured Person is admitted to hospital on an in-patient basis as a result of **Bodily Injury**, the Company shall pay the Insured Person, the sum insured shown in the Personal Accident Specification for each full week of **Hospitalisation** up to a maximum of 52 weeks.

### **Medical Expenses**

In the event an Insured Person necessarily incurs **Medical Expenses** as a result of **Bodily Injury**, the Company shall pay the Insured Person, **Medical Expenses** up to the maximum Sum Insured shown in the Personal Accident Specification.

### **Relocation Expenses**

In the event an Insured Person sustains **Bodily Injury** which includes either **Paraplegia** or **Quadriplegia**, the Company shall pay the Insured Person estate agent's fees and Stamp Duty payments incurred by the Insured Person as a result of having to move from his/her permanent residence to an alternative permanent residence, up to the maximum Sum Insured shown in the Personal Accident Specification.

These expenses must have been incurred within twelve (12) months of the Insured Person receiving a benefit payment under Section 4, that includes either **Paraplegia** or **Quadriplegia** paid to the Insured Person.

## Group Personal Accident Policy

### Section 5

#### General Definitions

This Policy uses words in their plain English meaning. Words with special meanings are defined here or in the part of the Policy where they are used. Throughout the Policy, defined terms will be capitalised and bolded when used.

#### **Annual Salary**

The total annual basic salary including overtime, but excluding bonus or commission payments payable by the Insured to the Insured Person at the date **Bodily Injury** is sustained. Overtime payments shall be based on the average payments made during the 12 months immediately prior to the date of **Bodily Injury**.

#### **Benefit Period**

The total period (not necessarily consecutive) for which Benefits for **Temporary Total Disablement** and/or **Temporary Partial Disablement** are payable in respect of any one loss to any Insured Person.

Where an Insured person is employed by the Group Policyholder on a contract of fixed duration, the benefit period will cease at expiry of the contract or as otherwise defined in the Personal Accident Specification whichever is the lesser.

#### **Bodily Injury**

Injury which is caused by a sudden unforeseen and fortuitous identifiable **Event**, and which solely and independently of any other cause, results within twenty four (24) months from the date of such injury in the Insured Person's death, dismemberment or disablement.

#### **Child or Children**

Any dependant and unmarried person under 18 years of age, or 23 years of age if in full time education.

#### **Convalescence**

The period immediately following the Insured Person's **Hospitalisation** where an Insured Person is under the regular care and advice of a medical practitioner and the Insured Person is unable to carry out all parts of their normal occupation.

#### **Country of Permanent Residence**

The country where an Insured Person resides indefinitely or where an Insured Person has the intent to reside indefinitely.

#### **Country of Secondment**

The country where an Insured Person temporarily resides under a contract with the Group Policyholder for at least six (6) months and accepted by the Company in a **Country of Secondment** Endorsement attached to and forming part of the Policy.

#### **Deferment Period**

A period at the beginning of a period of Temporary Disablement during which compensation provided by Benefits for **Temporary Total Disablement** and/or **Temporary Partial Disablement** shall not be payable.

### **Emergency Dental Expenses**

Dental expenses necessarily incurred by the Insured Person if external oral impact results in damage to the Insured Person's teeth.

### **Event**

One occurrence or all series of occurrences, consequent upon or attributable to, one source or original cause.

### **Exposure to the Elements**

Death or injury of an Insured Person as a direct result of unavoidable exposure to extreme heat or cold.

### **Facial Disfigurement**

Permanent facial disfigurement to the extent of not less than two (2) square centimetres of scar tissue, or a scar of not less than two (2) centimetres in length in each case in the area from the hairline to and including the lower jaw and ears.

### **Hospitalisation**

Confinement of an Insured Person in a hospital as an in-patient that occurs as a result of **Bodily Injury** and within 12 months of **Bodily Injury**.

### **Loss of Eye(s)**

**Loss of Eye(s)** shall include total and irrecoverable loss of sight, which shall be deemed to have occurred:

- a) in both eyes when the condition is shown to the satisfaction of the Company to be permanent and without expectation of recovery and the Insured Person's name has been added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist;
- b) in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and the company is satisfied that the condition is permanent and without expectation of recovery.

### **Loss of Limb(s)**

- a) in the case of a lower limb by permanent physical severance at or above the ankle or permanent total loss of use of an entire leg or foot;
- b) in the case of an upper limb loss by permanent physical severance of the entire four fingers through or above the metacarpo phalangeal joints or permanent total loss of use of an entire arm or hand.

### **Medical Expenses**

All reasonable costs for hospital, surgical or other diagnostic or remedial treatment given or prescribed by a qualified medical practitioner. Dental or optical expenses are excluded.

**Minor**

Any Insured Person under the age of 18 years.

**Paraplegia**

The permanent and total paralysis of the two lower limbs.

**Parent or Legal Guardian**

A person with parental responsibility, or a legal guardian both being in accordance with the Children Act 1989 and any statutory amendment modification or re-enactment of it.

**Partner**

Spouse, co-habiting partner, civil partner as registered under a civil partnership and/or any other person recognised as the lawful partner of the Insured Person under common law.

**Permanent Total Disablement**

Disablement, caused other than by **Loss of Limb(s)**, **Loss of Eye(s)**, **Total Loss of Hearing** or **Total Loss of Speech** which will in all probability entirely prevent the Insured Person from engaging in any and every occupation for the remainder of his/her life.

**Quadriplegia**

The permanent and total paralysis of all four limbs of the body.

**Temporary Partial Disablement**

Temporary disablement which prevents the Insured Person from engaging in more than 60% of his/her usual occupation.

**Temporary Total Disablement**

Temporary disablement which completely prevents the Insured Person from engaging in or giving attention to all elements of his/her usual occupation.

**Total Loss of Hearing**

Total, permanent and irrecoverable loss of hearing.

**Total Loss of Speech**

Total, permanent and irrecoverable loss of speech.

**United Kingdom**

England, Scotland, Wales, Northern Ireland, the Isle of Man, and the Channel Islands.

**War**

**War** shall mean armed conflict between nations including forces acting for any international authority, whether **War** be declared or not, invasion, civil war, any attempt to usurp power, or any activity arising out of an attempt to participate in military force between nations.

**Group Personal Accident Insurance Policy**

**Section 6**

**Exclusions**

The following Exclusions apply.

The Company shall not be liable for any **Bodily Injury**, loss or expense suffered as a result of:

- a) an Insured Person engaging in active service in any of the Armed Forces of any nation;
- b) **War** within the Insured Persons **Country of Permanent Residence** or **Country of Secondment**;
- c) an Insured Person who has attained the age of 80 years, unless such **Bodily Injury**, loss or expense occurs during the Policy Period in which the Insured Person attains the age of 80 years.
- d) any loss or expenses arising from sickness, disease, any naturally occurring condition, any gradually operating cause or post traumatic stress disorder, other than as a direct result of **Bodily Injury** caused by an **Event**;
- e) any loss or expenses arising from an Insured Person committing or attempting to commit suicide, or intentionally inflicting self injury;
- f) any loss or expenses arising from an Insured Person engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft;
- g) an Insured Person participating in any sport as a professional where earnings therefrom exceed 50% of **Annual Salary**.
- h) an Insured Person's own criminal act.

## Group Personal Accident Insurance Policy

### Section 7

#### Insurance Conditions

These conditions apply to the Policy as a whole and to each Coverage Part in it.

##### **1. CANCELLATION**

The Policy may be cancelled by the Group Policyholder by giving the Company 30 days prior written notice. The Policy may be cancelled by the Company by giving Group Policyholder 30 days prior written notice at the last known address of the Group Policyholder, except that five (5) days prior written notice will be given when cancellation is for non-payment of premium. Notice shall be made via recorded delivery.

In the event the Policy is cancelled by the Group Policyholder, the Company shall return a pro-rata of the premium, subject to a minimum retention by the Company of £500 or one third of the premium whichever is greater, provided no claim has been paid or is payable, and no incident has occurred which could give rise to a claim under this Policy. If the Policy is cancelled by the Company, it shall retain the pro-rata earned premium hereunder for the period during which this Policy has been in force or the pro-rata minimum premium, whichever is greater. Premium adjustment shall be made as soon as practicable after cancellation, but the failure of the Company to tender premium refunds at the time notice of cancellation is given shall not affect the validity of such notice.

The Company may cancel any coverage provided under the Policy in respect of **War** (whether declared or not) by sending seven (7) days prior written notice to the Group Policyholder at the Group Policyholder's last known address.

##### **2. DUE DILIGENCE**

The Group Policyholder and the Insured Person shall exercise all due diligence and care to avoid or diminish any loss or any circumstances likely to give rise to a claim under this Policy.

##### **3. DUE OBSERVANCE**

It shall be a condition precedent to any liability of the Company to make any payment under this Policy, for the Group Policyholder or the Insured Person to duly observe the Specifications, Endorsements, terms of this Policy and the truth of the statements and answers and information supplied on or in connection with any proposal.

##### **4. INTEREST**

No sum payable under this Policy shall carry interest.

##### **5. JURISDICTION AND GOVERNING LAW**

This Policy shall be governed by and construed in accordance with, English law. Each of the parties submits to the exclusive jurisdiction of the courts of England and Wales.

##### **6. MATERIAL ALTERATION**

The Group Policyholder shall advise the Company as soon as reasonably practicable in writing of any alteration which materially affects the risk insured.

## **7. MISREPRESENTATION AND FRAUD**

Coverage shall be void if the Group Policyholder (and Insured Person where appropriate) knowingly conceals or misinterprets any material fact or circumstance concerning this Policy or the subject thereof, or in the case of any fraud or false swearing by the Group Policyholder (and Insured Person where appropriate) regarding any matter relating to this Policy or the subject thereof, whether before or after a loss. Further, if the Group Policyholder (and Insured Person where appropriate) shall make any claim knowing the same to be false or fraudulent as regards amount or otherwise, or if the Group Policyholder (and Insured Person where appropriate) makes any other misrepresentation, such claim shall be excluded from coverage under this Policy. The Company also reserves the right to terminate this Policy and all future claims hereunder by the Group Policyholder and/or Insured Person may be forfeited.

## **8. SPECIAL CLAIMS CONDITIONS**

It is a condition precedent to the liability of the Company under this Policy that in the event of any circumstances which could give rise to a claim, the Insured Person shall:

- a) i) give notice to the Company as soon as reasonably possible by writing to the following address:  
Chubb Insurance Company of Europe S.E., 106 Fenchurch Street, London, EC3M 5NB, or by contacting Chubb as below;  
Telephone: +44 (0)20 7956 5000  
Facsimile: +44 (0)20 7956 5922  
Email: cahukclaims@chubb.com
  - ii) make no admission of liability without the prior written consent of the Company;
  - iii) provide the Company or their appointed representatives with:
    - a) all necessary assistance in a timely manner,
    - b) all information reasonably required,
    - c) all documentation and records necessary to establish and assess indemnity hereunder,
    - d) copies or extracts as may be reasonably required;
  - iv) prove the loss to the reasonable satisfaction of the Company;
  - v) forward immediately to the Company or their representatives any letter, writ or other document received in connection with any claim made under this Policy;
  - vi) assist and concur with all reasonable arrangements for medical and other advisers of the Company to examine any Insured Person in respect of which a claim has arisen.
- b) As often as may be reasonably required provide a statutory declaration sworn before a solicitor, justice of the peace or notary public named by the Company, on all matters connected with a claim, at such reasonable time and place as may be designated by the Company.

No act of the Company or their representatives in connection with any investigation hereunder, shall be deemed a waiver of any defence which the Company might otherwise have. All acts shall be deemed to have been made without prejudice to the Company's liability.

The Company reserves the right to:-

- a) take such steps as they deem necessary to prevent, mitigate or minimise a loss;

- b) take over and conduct the defence or settlement of claims made against an Insured Person that are covered by this Policy;
- c) pursue all rights or remedies available to the Insured Person whether or not payment has been made hereunder;
- d) require independent medical examination of any Insured Person who gives rise to a claim hereunder.

### **9. THIRD PARTY RIGHTS**

A person who is not a party to this Agreement has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this Agreement.

### **10. NON-ASSIGNMENT**

This Policy cannot be assigned without the prior written consent of the Company.

### **11. OTHER INSURANCE**

If at the time of an **Event** under this Policy there is any other insurance covering the same loss, damage or liability or any part thereof, the Company will only pay its rateable proportion of the claim, except where this is excluded under the specific Coverage Part.

### **12. TO WHOM BENEFITS ARE PAYABLE**

The Company will deal with Accidental Death claims as follows:

- i) If the Insured Person is aged 18 years or over the Company will pay the Benefit Amount for Accidental death to the estate of the deceased Insured Person and the receipt given to the Company by the personal representatives shall be a full discharge of liability by the Company in respect of the Claims for such Benefit Amount;
- ii) If the Insured Person is a **Minor**, the Company will pay the Benefit Amount for Accidental Death to the **Parent or Legal Guardian** of such **Minor**. The **Parent or Legal Guardian's** receipt shall be a full discharge of all liability by the Company in respect of the Claim for such Benefit Amount.

The Company will deal with all other claims as follows:

- i) If the Insured Person aged 18 years or over the Company will pay the Benefit Amount for the Claim to that Insured Person and their receipt shall be a full discharge of all liability by the Company in respect of the Claim for such Benefit Amount or the assessed percentage.
- ii) If the Insured Person is a **Minor**, the Company will pay the Benefit Amount for the Claim to the **Parent or Legal Guardian** of such **Minor**, for the benefit of that **Minor**. The **Parent or Legal Guardian's** receipt shall be a full discharge of all liability by the Company in respect of the Claim for such Benefit Amount or the assessed percentage.

### **13. CHANGES TO COVER**

There may be times when the Company may want to change the Policy. If this happens the Company will write to the Group Policyholder at their last known address with details of the changes at least 30 days before the Company makes the changes. Any changes the Company makes will be the same for Insured Persons under the Group Personal Accident Insurance Policy. The Company cannot make changes to cover that only apply to a particular Insured Person.

#### **14. CESSATION OF COVERAGE FOR INSURED PERSONS**

The insurance in respect of each Insured Person will cease at midnight of the day the following events occur:

a) their employment/membership ending with the Group Policyholder during the Period of Insurance;

or

b) the date when they die;

whichever occurs first.

#### **15. COMPLAINTS PROCEEDURE**

The Company aims to provide a first class service. If the Group Policyholder or the Insured Person is unhappy with the Company's service or have cause for complaint, they should contact:

The Manager,  
Accident and Health Department,  
Chubb Insurance Company of Europe S.E.,  
106 Fenchurch Street,  
London EC3M 5NB  
Telephone 0207 956 5000

#### **The Financial Ombudsman Service**

If the Company is unable to resolve the complaint to the Group Policyholder or Insured Person's satisfaction, they may be entitled to refer the matter to the Financial Ombudsman Service (FOS). The FOS can be contacted at the address shown below.

Financial Ombudsman Service  
South Quay Plaza,  
183 Marsh Wall,  
London E14 9SR  
Telephone 0845 080 1800

Referring the matter to the FOS will not affect the Group Policyholder or the Insured Person's legal rights to take action against the Company.

#### **16. FINANCIAL SERVICES COMPENSATION SCHEME**

The Company is covered by the Financial Services Compensation Scheme. The Group Policyholder or Insured Person may be entitled to compensation should the Company be unable to meet its financial obligations. You can obtain further information from the Company at the above address, or from the Financial Services Compensation Scheme at the following address:

Financial Services Compensation Scheme,  
7<sup>th</sup> Floor,  
Lloyds Chambers,  
1 Portsoken Street,  
London E1 8BN  
Telephone 0207 892 7300  
[www.fscs.org.uk](http://www.fscs.org.uk)

#### ***17. DATA PROTECTION NOTICE***

The Company collects and processes personal information about individuals who may receive cover under the Policy from the Group Policyholder and/or Insured Person, such as their name, address, and any other personal details which are provided to us in order to provide the insurance and claims services. The Company will treat this information in accordance with applicable data protection law. For policy administration purposes, the Company will use and store any such personal information on an electronic database, which may also be available to selected authorised representatives of member insurers of the Chubb Group of Insurance Companies operating outside Europe. The Company has taken reasonable measures to protect such personal information once it is transferred outside Europe in accordance with their normal data security policies. The Company may also disclose such personal information to outside parties, such as premium collection agencies, reinsurers, outside counsel and claims administrators, to provide the insurance and claims services, or as allowed by law.

Please ensure that the Insured Persons are aware of the same.