

Pupil Based Scheme Parent/Staff Information

Personal Accident, Belongings and School Fees Insurance Academic Year 2026 ~2027

Sevenoaks School

Group Policy Number: 7130284

Contents

- Introduction
- Insurance Product Information Document (IPIDs)
- Policy Wording

Introduction

The Insurance Product Information Documents (IPIDs) and Policy Wording included in this pack provide comprehensive information on all sections that are available under the policy. However, not all sections are automatically operative.

The sections available under the policy are as follows:

- Personal Accident
- Personal Belongings
- School Fees
- Crisis Containment

Of these, your School has chosen to make the following sections operative:

- Personal Accident
- Personal Belongings

This means that only the sections specified above are active and provide cover under your School's policy. Any sections not listed as operative do not form part of your current policy coverage.

We encourage you to review the Insurance Product Information Documents and Policy Wording for full details of each section, including the scope of cover, key benefits, exclusions, and claims procedures. If you have any questions about which sections are included in your policy or require further clarification on the cover provided, please refer to your policy schedule or contact us directly for assistance.

Arranged Sale

We are not offering advice or making a personal recommendation as to the suitability of the cover for your individual needs.

School Administration

Please note, as part of the administration of this scheme, schools will be remunerated an amount equivalent to 10% of the scheme costs. This remuneration is provided to support the significant administrative work that schools undertake to implement and manage the scheme on behalf of students and their families. The payment is intended to cover the additional time and resources required by schools to ensure the smooth operation and effective delivery of the scheme.

Personal Accident Coverage for Pupils, Employees, Governors and Volunteer Helpers

Insurance Product Information Document



Company: Zurich Insurance Company Ltd

Product: Independent Schools - Personal Accident, Pupil Personal belongings, School Fees and Crisis Containment.

Zurich Insurance Company Ltd. Our FCA Firm Reference Number is 959113.

This document is a summary of the insurance cover and restrictions. It is not personalised to your individual needs. Please refer to your policy Documentation which is available from the group policyholder (the school) for full details of your cover and the terms and conditions.

What is this type of insurance?

This is a personal accident insurance policy. It provides cover in the event of death or serious injury following an accident and a range of other covers including burns and scalds, facial scarring, dental injuries and emergency dental treatment costs following an accident.



What is insured?

We will pay a benefit if you suffer an accidental bodily injury which results in:

- ✓ death;
- ✓ permanent scarring caused by third degree or greater burns or by scalding to the neck or any part of the body below the neck;
- ✓ disappearance, which leads to the reasonable presumption of death caused by accidental bodily injury;
- ✓ permanent scarring of the face or neck;
- ✓ total paralysis;
- ✓ permanent disablement. This includes:
 - loss of a digit;
 - loss of hearing;
 - loss of intellectual capacity;
 - loss of jaw, tooth, sight, speech or hearing;
 - loss of, or loss of use of limb, digit, joint or organ; or
 - any disablement which entirely prevents the person from attending their school classes or their usual occupation for a continuous period of 12 months, following which there is no prospect of improvement.

We will pay the corresponding amount shown in the table of benefits.

We will also pay:

- ✓ counselling expenses;
- ✓ dental treatment expenses (for pupils and employees);
- ✓ domestic assistance expenses;
- ✓ funeral expenses;
- ✓ home alteration expenses;
- ✓ independent financial advice expenses; and
- ✓ rehabilitation support expenses incurred with our prior agreement.



What is not insured?

Any accidental bodily injury or dental ailment arising out of or caused by:

- ✗ intoxication or the use of any drug or controlled substance, other than prescribed medication used properly;
-)(death by suicide or injury from attempted suicide or intentional self-injury;
-)(deliberate exposure to exceptional danger;
- ✗ any criminal act;
- ✗ sickness, disease, naturally occurring conditions, gradually operating causes or PTSD, unless arising as a direct result of an accidental bodily injury;
-)(active service in the armed forces;
-)(flying as a pilot or aircrew, or any other aerial activities, other than travel as a commercial passenger;
-)(participation in sports training or matches of a professional or semi-professional level; or
- ✗ war, within the person's country of permanent residence or secondment, or elsewhere if at the time of departure the FCDO advised against all but essential travel to that country.



Are there any restrictions on cover?

- ! Multiple benefits may be paid for the consequences of any accidental bodily injury, but we will not pay more than the maximum benefit amount.
- ! For burns and scalds, we will pay a percentage of the benefit, depending upon the percentage of the body that has been affected. This is set out in full in the policy wording.
- ! Governors and volunteers are covered only whilst in pursuit of occupational duties on behalf of the educational establishment.



Where am I covered?

- ✓ Anywhere in the world except Afghanistan, Iraq, Syria and Yemen.



What are my obligations?

- The education establishment must let us know if the information provided changes.
- The education establishment must take care when answering questions and ensure that all information is accurate and complete.
- Persons covered must take reasonable care to prevent accident, injury and damage.
- Persons covered or their parent or guardian must tell us as soon as possible about any claim or loss.
- Persons covered must see a suitably qualified medical practitioner for an injury or dental ailment that is covered by the policy.



When and how do I pay?

Payment is made to the education establishment, together with the payment of school fees.



When does the cover start and end?

- Cover commences on the date shown in your policy schedule.
- Cover ceases:
 - if you leave the group policyholder; or
 - if you decide to cancel the cover; or
 - upon your death; or
 - if Zurich and/or the group policyholder serve notice to end cover under the group insurance policy (whichever happens first); or
 - at the end of the period of insurance shown in the group policy schedule.



How do I cancel the contract?

You may cancel your cover at any time by giving 14 days' written notice to the group policyholder.

Zurich Insurance Company Ltd

A public limited company incorporated in Switzerland. Registered in the Canton of Zurich, No. CHE-105.833.114, registered offices at Mythenquai 2, 8002 Zurich. UK Branch registered in England and Wales no BR000105. UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ.

Zurich Insurance Company Ltd is authorised and regulated in Switzerland by the Swiss Financial Market Supervisory Authority FINMA. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. Our firm reference number is 959113.

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Personal Belongings Coverage

Insurance Product Information Document



Company: Zurich Insurance Company Ltd

Product: Independent Schools: Personal Accident, Pupil Personal belongings, School Fees and Crisis Containment

Zurich Insurance Company Ltd. Our FCA Firm Reference Number is 959113.

This document is a summary of the insurance cover and restrictions. It is not personalised to your individual needs. Please refer to the Policy Documentation which is available from the group policyholder (the school) for full details of your cover and the terms and conditions.

What is this type of insurance?

This is a personal property insurance policy. It provides cover in the event of physical loss of or damage to a pupil's personal belongings whilst at the education establishment, during a school trip or while traveling between the pupil's home and school.



What is insured?

We will cover physical loss of or damage to the pupil's personal belongings:

- ✓ whilst at the education establishment;
- ✓ during travel between their home and the school; and
- ✓ during school trips.



What is not insured?

- ✗ Damage caused by:
 - wear and tear, inherent defect, rot, fungus, mould, vermin or infestation or any gradually operating cause;
 - theft or attempted theft from an unattended vehicle unless the item is out of sight in a locked boot or locked storage compartment;
 - a computer virus or hacker; or
 - humidity, light or extreme temperatures, other than due to storm or fire.
- ✗ Damage to items left at the education establishment outside school term time, unless:
 - the establishment has given permission for the property to be left there; and
 - the damage is caused by violent or forcible entry into or exit from a securely locked room or building.
- ✗ Damage to items being cleaned or maintained.
- ✗ Damage due to any item's own failure.
- ✗ Damage to sports equipment whilst in use.
- ✗ Damage to pedal cycles, unless involving violent or forcible entry into or exit from a securely locked room or building or while the item is securely locked to an immovable object.
- ✗ Inadequate maintenance or misuse.
- ✗ Loss or distortion of information.
- ✗ Unexplained loss or disappearance.
- ✗ Indirect losses.
- ✗ War risks, or confiscation or destruction by any government or public or local authority.



Are there any restrictions on cover?

- ! For items over 12 months old, we will pay the cost of repair or replacement back to their state immediately before the loss or damage or the replacement value less an adjustment for wear and tear.



Where am I covered?

- ✓ At the education establishment, during school trips and during travel between the education establishment and your home.



What are my obligations?

- The education establishment must let us know if the information provided changes.
- The education establishment must take care when answering questions and ensure that all information is accurate and complete.
- The pupil must take reasonable care to prevent accident and damage.
- The pupil or their parent or guardian must tell us as soon as possible about any claim or loss.
- The pupil or their parent or guardian must tell the police as soon as possible about any damage caused by theft, attempted theft, arson, malicious damage, riot or civil commotion, and must obtain a crime number.



When and how do I pay?

Payment is made to the education establishment, together with the payment of school fees.



When does the cover start and end?

- Cover commences on the date shown in your policy schedule.
- Cover ceases:
 - if you leave the group policyholder; or
 - if you decide to cancel the cover; or
 - upon your death; or
 - if Zurich and/or the group policyholder serve notice to end cover under the group insurance policy (whichever happens first); or
 - at the end of the period of insurance shown in the group policy schedule.



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Independent Schools: Personal Accident, Pupil Personal Belongings, School Fees and Crisis Containment

Policy document

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Introduction

Some words and phrases used in this policy document and the schedule have a special meaning. These words and phrases will be shown in bold print. The list of these words and phrases and their meaning is shown in the list of Definitions on page 4.

This **Policy** is a contract between **You** and **Us**. All parts of this **Policy** should be read together and considered as one document.

Subject to the terms and conditions of this **Policy**, **We** will provide insurance cover as set out in those Sections identified as operative in the **Schedule**, provided that **You** have paid or agreed to pay the premium.

Our liability under this **Policy** will in no case exceed any sum insured, Benefit amount or other limit stated in this **Policy**.

It is **Your** responsibility to ensure that the **Beneficiaries** have full details of this insurance and that, as far as reasonably possible, the **Beneficiaries** agree to comply with the terms and conditions of this **Policy**.

In providing this insurance cover, **We** agree that **We** have received a clear and accessible presentation of the risk.

Claim Contact Details

Making a claim

If **You** need to make a claim, please contact **Us** as follows:



A&HClaims@uk.zurich.com



+44 (0)800 0260 184, option 3
9am to 5pm, Monday to Friday (excluding Bank Holidays)



Zurich Insurance Accident and Health, PO Box 3305, Royal Wootton Bassett, Swindon,
SN4 8WH

Crisis Containment

If an incident occurs that may give rise to a claim under Section 4, Crisis Containment, please contact **Our** third party specialist for assistance:



+44 (0)1489 868 888

Please also refer to the Claims Conditions on page 25.

Definitions

Words and phrases shown in bold print in this policy document and the schedule have a special meaning as shown below:

Absence/Absent means absence from classes (including related activities or events) arranged or provided by the **Education Establishment** that the **Covered Pupil** would normally be presumed, expected or required to attend.

Accidental Bodily Injury means an identifiable physical injury (including illness and sickness solely and directly resulting from the injury but not including any other illness, sickness, disease or naturally occurring condition), which is caused by an **Event** occurring at an identifiable time and place within the **Geographical Limits** during both

- a) the **Period of Insurance** or the **Commuting Period**; and
- b) the **Operative Time**.

Aon means Aon UK Limited, the insurance intermediary who has arranged this insurance on **Our** behalf.

Beneficiary means

- a) an **Insured Person**;
- b) the **Parent or Legal Guardian** of a **Covered Pupil** under Section 2, Pupil Personal Belongings; and
- c) the **Fee Payer** of a **Covered Pupil** under Section 3, School Fees.

For any Beneficiary under the age of eighteen (18) years at the start of the **Period of Insurance**, any rights or obligations under this **Policy** in respect of such Beneficiary will be deemed to apply to their **Parent or Legal Guardian**.

Boarding Pupil means any **Covered Pupil** who also usually resides at the premises of the **Education Establishment** during term time, including on a weekly boarding basis.

Burns and Scalds means permanent scarring caused by third degree or greater burns or scalding to the neck or any part of the body below the neck.

Business means **Your** business or profession as shown in the **Schedule**.

Commuting Period means the period during which an **Insured Person** travels uninterrupted to or from

- a) the premises of the **Education Establishment**; or
- b) the location of an **Education Establishment** activity or event held away from the premises of the **Education Establishment**.

Covered Pupil	means a) for the purpose of Section 2, Pupil Personal Belongings: any Pupil that has been, or will be i) added to the list of Pupils covered by Section 2, Pupil Personal Belongings maintained by You; and ii) included within the termly declaration numbers for Section 2, Pupil Personal Belongings reported by You to Aon. This includes any applicable parental interests of that Pupil's Parent or Legal Guardian in their Personal Belongings. b) for the purpose of Section 3, School Fees: any Pupil that has been, or will be i) added to the list of Pupils included for Section 3, School Fees maintained by You; and ii) included within the termly declaration numbers for Section 3, School Fees reported by You to Aon.
Crisis	means a time of severe difficulty in Your activities or danger to the Business as a result of an Incident that could, if left unmanaged, cause adverse or negative publicity of or media attention to You or the Business .
Crisis Containment Costs	means reasonable and necessary costs incurred in utilising the services of a crisis containment provider to limit or mitigate the impact of a Crisis .
Daily Rate	means the percentage produced by dividing the number of days that the Covered Pupil is Absent during a term by the total number of days in that term.
Damage	means accidental physical loss, physical destruction or physical damage.
Day Pupil	means any Covered Pupil who is not a Boarding Pupil .
Disease Outbreak	means an outbreak of a human infectious or human contagious disease at the premises of the Education Establishment during the Period of Insurance .
Education Establishment	means the Education Establishment stated as the Insured in the Schedule .
Employee	means any person under a contract of service or apprenticeship with You or any person You have the right to instruct in the performance of their duties.
Event	means a sudden, unforeseen and identifiable event. All events or series of events arising from or attributable to one source or original cause will be regarded as a single Event where they occur within a ten (10) mile radius and within 72 consecutive hours of the one source or original cause.
Facial Scarring	means scarring affecting at least 1cm ² or a scar at least 2cm long occurring to the face or neck.

Fee Payer	means the person(s) who has entered into a contractual obligation with You to pay School Fees. In the event of the Fee Payer's death, this shall include such person's closest living relative(s) or legal guardian(s).
Geographical Limits	means the Geographical Limits as stated in the Schedule .
Governor	means a member of Your board of governors and who is not an Employee .
Incident	means an incident, act or problem that in Your good faith opinion could potentially give rise to a covered claim being made under Sections 1, 2 or 3 of this Policy .
Insured Person	means any person or category of persons as stated in the Schedule below the age of 80 at the start of the Period of Insurance, who is legally resident in Great Britain, Northern Ireland, the Channel Islands or the Isle of Man, provided that such person a) i) is a Pupil (and including any applicable parental interests of that Pupil's Parent or Legal Guardian); ii) is an Employee or volunteer of Yours working at or for the Education Establishment during the Period of Insurance; or iii) is a Governor during the Period of Insurance; and b) has been, or will be i) added to the list maintained by You of Insured Persons covered by Section 1, Personal Accident of this Policy; and ii) included within the termly declaration numbers for Section 1, Personal Accident of the Policy reported by You to Aon unless otherwise stated in the Schedule.
Loss of Digit	means permanent loss of or permanent total loss of use of, a thumb, finger or toe.
Loss of Hearing	means total and permanent loss of hearing in one or both ears.
Loss of Intellectual Capacity	means persistent disorder or disability of the mind or significant impairment of intelligence and social functioning which is quantitatively evaluated by psychological examination and assessment.
Loss of Jaw	means surgical removal of the jaw or the lower jaw. This includes any remaining part of the jaw which must be fixed in position with permanent and total loss of movement in the joint between the jaw and the skull.
Loss of Limb	means permanent loss of, or permanent total loss of use of, an arm, hand (this includes permanent loss of or total loss of use of the entire four fingers), wrist, shoulder, elbow, leg, foot, ankle, knee or hip.
Loss of Organ	means permanent loss of or permanent total loss of use of, a kidney, lung or spleen.

Loss of Sight	means total loss of sight which will be deemed to have occurred a) in both eyes when the condition is shown to Our satisfaction 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; or b) in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and We are satisfied that the condition is permanent and without expectation of recovery.
Loss of Speech	means total and permanent loss of the power of audible and intelligible speech.
Loss of Tooth	means loss of a tooth, including the death of a nerve in a tooth, and which is beyond repair. This does not include any milk teeth.
Maximum Amount	means the Maximum Amount as stated in the Schedule which is the most We will pay per Insured Person for all Benefits and Expenses under Section 1, Personal Accident in respect of any one Event .
Medical Practitioner	means a legally qualified medical practitioner who is registered or licenced to practice medicine or dentistry (as applicable) under the laws of the country in which they practice and who is not a) a Beneficiary or a member of the immediate family of a Beneficiary; b) a director (including non-executive directors) of You; or c) an Employee.
Minimum Absence Period	means the Minimum Absence Period as stated in the Schedule .
Operative Time	means the period of time and/or activities as stated in the Schedule for which an Insured Person is covered under Section 1, Personal Accident of this Policy .
Parent or Legal Guardian	means the person who a) has parental responsibility; or b) is the legal guardian in accordance with the Children Act 1989 and any subsequent replacement legislation.
Period of Insurance	means the period set out in the Schedule during which this Policy is operative, unless otherwise stated in this Policy. In respect of each Beneficiary cover applies only where the Insured Person and/or Covered Pupil (as applicable) has been included in the termly declarations to Us as provided by You.
Permanent Disablement	means a) Loss of Digit; b) Loss of Hearing;

- c) **Loss of Intellectual Capacity;**
- d) **Loss of Jaw;**
- e) **Loss of Limb;**
- f) **Loss of Organ;**
- g) **Loss of Sight;**
- h) **Loss of Speech;**
- i) **Total Paralysis;**
- j) any disablement not otherwise included by a) to i) above that entirely prevents
 - i) an **Insured Person** who is a **Pupil**, from attending their classes provided or arranged by the **Education Establishment**; or
 - ii) an **Insured Person** other than a **Pupil**, from attending to their usual business or occupation for which that person is reasonably suited by training, education or experience
 and that lasts continuously for twelve (12) calendar months and which at the end of that period is without prospect of improvement.

Personal Belongings

means personal property of any **Covered Pupil**, including purchased software on electronic devices.

Personal Belongings does not include

- a) cash, currency, bank notes, tickets, travel passes and stamps;
- b) data or information input into an electronic device by or on behalf of any **Covered Pupil**;
- c) vehicles and any related accessories; or
- d) consumables.

Policy

means exclusively this policy document, the **Schedule** and Endorsements (which shall be read together as one contract), contrary to anything contained in any other document (whether printed, written or electronic) which states or implies that such document (or any part thereof) forms part of the Policy.

Pupil

means any pupil or nursery child who is registered for attendance at the **Education Establishment** during the **Period of Insurance**.

Remote Learning

means where an **Education Establishment** provides an opportunity for **Pupils** to remain connected and engaged with the **Education Establishment's** curriculum while working from their home or other private residence. For **Boarding Pupils**, this shall also include while working from their place of residence at the **Education Establishment** premises.

Schedule

means the schedule of insurance which forms part of this **Policy**.

School Fees

means the value of fees **You** have agreed and charged to a **Fee Payer** for the attendance of a **Covered Pupil** at the **Education Establishment**, calculated on a per term basis.

Table of Benefits	means the Table of Benefits as stated in the Schedule . If "Not Insured" is shown against a Benefit for a category of Insured Persons , that Benefit does not apply for such Insured Persons .
Table of Expenses	means the Table of Expenses as stated in the Schedule . If "Not Insured" is shown against an Expense Item for a category of Insured Persons , that Expense item does not apply for such Insured Persons .
Total Paralysis	means complete and permanent loss of use and sensation of limbs.
Travel Back Home	means the period during which the Covered Pupil travels uninterruptedly from the premises of the Education Establishment to their home within the Geographical Limits , provided this travel commences during the Period of Insurance .
Travel From Home	means the period during which the Covered Pupil travels uninterruptedly from their home within the Geographical Limits to the premises of the Education Establishment , provided this travel commences during the Period of Insurance or up to fourteen (14) days before the Period of Insurance .
Trips	means any domestic or overseas trip within the Geographical Limits arranged for Covered Pupils by You , provided the trip commences during the Period of Insurance or up to thirty-one (31) days after the Period of Insurance .
We/Us/Our	means Zurich Insurance Company Ltd.
Working Hours	means the hours between 09:00 and 17:00 on any day other than Saturday, Sunday or a public holiday.
You/Your	means the Education Establishment .

Section 1, Personal Accident

What is covered

If an **Insured Person** sustains **Accidental Bodily Injury** that within twenty-four (24) calendar months of the **Event** results in such **Insured Person's**

- a) death;
- b) **Burns and Scalds**;
- c) **Facial Scarring**; or
- d) **Permanent Disablement**,

We will pay to or for such **Insured Person** the corresponding Benefit amount stated in the **Table of Benefits** and in accordance with the Payment of Benefit(s) and Expenses provisions below.

Payment of Benefit(s) and Expenses

The following provisions apply in respect of any amount payable under this Section of the **Policy**:

1. No payment will be made by **Us** for any Benefit or Expense item shown in the **Table of Benefits** or **Table of Expenses** as "Not Insured".
2. Any payment by **Us** in respect of a **Pupil** may be made to such **Pupil's Parent or Legal Guardian**.
3. In the event of an **Insured Person's** death, any payment by **Us** in respect of such **Insured Person** shall be made to their legal representative(s).
4. More than one Benefit and Expense item may be payable for each **Insured Person** in respect of the consequences of any one **Event**, but the most **We** will pay in respect of any one **Event** for an **Insured Person** is the applicable **Maximum Amount**.
5. If an **Insured Person** sustains a **Permanent Disablement** that is not listed in the **Table of Benefits**, **We** will calculate the Benefit payable according to the degree of **Permanent Disablement** assessed by **Us** in relation to the types of **Permanent Disablement** listed in the **Table of Benefits**.
6. For **Burns and Scalds**, **We** will pay the following percentage of the Burns and Scalds Benefit stated in the **Table of Benefits**:
 - a) 30%, where **Burns and Scalds** affect between 4% and 14% of the body surface area below the face;
 - b) 60%, where **Burns and Scalds** affect between 15% and 24% of the body surface area below the face;
or
 - c) 100%, where **Burns and Scalds** affect 25% or more of the body surface area below the face.

Extensions to cover

Subject to the Payment of Benefit(s) and Expenses provisions above, the following additional covers apply:

1. Counselling Expenses

If an **Insured Person** sustains **Accidental Bodily Injury** resulting in a Benefit payable by **Us** under this Section for death, **Burns and Scalds**, **Facial Scarring**, **Loss of Tooth** or **Permanent Disablement**, **We** will also pay for the reasonable cost of psychological counselling for such **Insured Person** (or their family in the event of the **Insured Person's** death) by a suitably licensed and qualified psychological wellbeing practitioner. Provided that the most **We** will pay in respect of each **Insured Person** is the Counselling Expenses amount stated in the **Table of Expenses**.

2. Dental Injury – Loss of Tooth

As shown in the **Table of Benefits**, this cover does not apply for volunteers or **Governors**.

If an **Insured Person** sustains **Accidental Bodily Injury** that results in such **Insured Person's** **Loss of Tooth**, **We** will pay in respect of such **Insured Person** the Loss of Tooth Benefit amount stated in the **Table of Benefits**.

3. Dental Treatment Expenses

As shown in the **Table of Expenses**, this cover does not apply for volunteers or **Governors**.

a) Damage or Breakage (treatment and repair)

If an **Insured Person** sustains

- i) damage to teeth or any dental prostheses caused by an unforeseen and unexpected direct extra-oral impact; or
- ii) accidental tooth breakage

occurring at an identifiable time and place within the **Geographical Limits** during both the **Period of Insurance** and the **Operative Time**, **We** will

- 1) deem such damage or breakage as resulting from **Accidental Bodily Injury**; and
- 2) pay for the reasonable cost of treatment and repair (where repair is possible) of such damage or breakage, including for any emergency dental costs necessarily incurred to alleviate severe pain or discomfort.

Provided that the most **We** will pay in respect of each **Insured Person** is the Dental Treatment Expenses (Damage or Breakage) amount stated in the **Table of Expenses**.

b) Emergency Dental Treatment (non-damage or breakage)

If during the **Period of Insurance** an **Insured Person** suffers severe dental pain or discomfort that

- i) is not caused by damage or breakage as described in a) above; and
- ii) requires urgent dental treatment to alleviate such pain or discomfort

We will pay for the reasonable costs incurred by such **Insured Person** during the **Period of Insurance** for emergency dental treatment.

Provided that the most **We** will pay in respect of each **Insured Person** is the Emergency Dental Treatment Expenses amount stated in the **Table of Expenses**.

c) Other Dental Benefits

We will pay an **Insured Person**

- i) £125 per tooth for surgical extraction of such **Insured Person's** wisdom teeth first diagnosed and extracted during the **Period of Insurance**;
- ii) £125 per night spent by that **Insured Person** in hospital during the **Period of Insurance** for the purpose of receiving dental treatment; and
- iii) up to £125 for the reasonable expenses incurred by that **Insured Person** (and in respect of a **Pupil**, their **Parent or Legal Guardian**) for transport to a dental appointment during the **Period of Insurance**. Provided that this does not include transport expenses to a routine examination, unless such examination is directly related to another item payable under this Extension or Benefit payable elsewhere under this Section of the **Policy**.

Any payment by **Us** under this item 3.c) Other Dental Benefits shall be in addition to any amount payable under item 3.a) Damage or Breakage (treatment and repair), or item 3.b). Emergency Dental Treatment (non-damage or breakage).

Any dental treatment, repair, extraction or similar as provided by this Extension 3. Dental Treatment Expenses must be undertaken by a suitably licensed and qualified dentist.

4. Disappearance

If an **Insured Person** disappears and such disappearance leads to the reasonable presumption of that **Insured Person's** death caused by **Accidental Bodily Injury**, **We** will pay the applicable Benefit amount for death as stated in the **Table of Benefits**.

5. Domestic Assistance Expenses

If an **Insured Person** sustains **Accidental Bodily Injury** resulting in a Benefit payable by **Us** under this Section for **Permanent Disablement**, **We** will also pay reasonable expenses incurred with **Our** prior consent for engaging the services of a domestic assistance provider for such **Insured Person** at their home arising from the **Permanent Disablement**.

Provided that the most **We** will pay in respect of each **Insured Person** is the Domestic Assistance Expenses amount stated in the **Table of Expenses**.

6. Exposure

If an **Insured Person** sustains exposure to severe weather conditions during both

- a) the **Period of Insurance** or the **Commuting Period**; and
- b) the **Operative Time**

that within twenty-four (24) months solely and independently of any other cause results in such **Insured Person's** death or **Permanent Disablement**, **We** will deem such death or **Permanent Disablement** as resulting from **Accidental Bodily Injury** and pay in respect of such **Insured Person** the applicable Benefit amount(s) stated in the **Table of Benefits**.

7. Funeral Expenses

If an **Insured Person** sustains **Accidental Bodily Injury** resulting in the Benefit for death being payable by **Us** under this Section, **We** will also pay the reasonable costs of such **Insured Person's** funeral provision and other expenses reasonably incurred in connection with their death. This includes expenses for repatriation of the **Insured Person's** body or ashes to their usual country of residence.

Provided that the most **We** will pay in respect of each **Insured Person** is the Funeral Expenses amount stated in the **Table of Expenses**.

8. Home Alteration Expenses

If an **Insured Person** sustains **Accidental Bodily Injury** resulting in Benefit for **Permanent Disablement** being payable by **Us** under this Section, **We** will also pay reasonable expenses incurred with **Our** prior consent in making necessary alterations and adjustments to the **Insured Person's** home and, if relevant, their family vehicle and place of work.

Provided that the most **We** will pay for such **Insured Person** is the Home Alteration Expenses amount stated in the **Table of Expenses**.

9. Independent Financial Advice Expenses

If an **Insured Person** sustains **Accidental Bodily Injury** resulting in a Benefit payable by **Us** under this Section for death, **Burns and Scalds**, **Facial Scarring**, **Loss of Tooth** or **Permanent Disablement**, **We** will also pay reasonable expenses incurred with **Our** prior consent to engage an independent financial advisor to provide one session of professional financial advice to such **Insured Person** (or their **Parent or Legal Guardian** or legal representatives).

Provided that

- a) **We** will not make any payment for any financial advice provided by **You** or any relative of the **Insured Person**; and
- b) the most **We** will pay in respect of each **Insured Person** is the Independent Financial Advice Expenses amount stated in the **Table of Expenses**.

10. Multiple Benefits

This Benefit does not apply for volunteers or **Governors**.

If an **Insured Person** who is either a **Pupil** or an **Employee** sustains **Accidental Bodily Injury** resulting in two or more Benefits payable by **Us** under this Section, and the sum of those Benefits plus any related Expenses payable by **Us** under this Section equals or exceeds £250,000, **We** will pay either

- a) the sum of such Benefits and related Expenses; or
- b) £600,000

whichever is the greater.

11. Prosthetic Expenses

If an **Insured Person** sustains **Accidental Bodily Injury** resulting in Benefit payable by **Us** under this Section for **Loss of Limb** or **Loss of Sight**, **We** will also pay reasonable expenses for the necessary acquisition and fitting of an artificial limb(s) or artificial eye(s) for such **Insured Person**.

Provided that the most **We** will pay in respect of each **Insured Person** is the Prosthetic Expenses amount stated in the **Table of Expenses**.

12. Recruitment Expenses

This cover is for the purpose of the policyholder only and does not form part of the **Maximum Amount**.

If an **Employee** who is an **Insured Person** sustains **Accidental Bodily Injury** resulting in a Benefit payable by **Us** under this Section for death, **Burns and Scalds**, **Facial Scarring** or **Permanent Disablement**, **We** will also pay **You** up to £5,000 for reasonable expenses incurred by **You** with **Our** prior consent in connection with the recruitment and selection process for the replacement of that **Employee** resulting from such **Accidental Bodily Injury**.

13. Rehabilitation Support Expenses

If an **Insured Person** sustains **Accidental Bodily Injury** resulting in Benefit payable by **Us** under this Section for **Loss of Tooth** or **Permanent Disablement**, **We** will also pay reasonable expenses incurred by or on behalf of that **Insured Person** with **Our** prior consent for the provision of rehabilitation support relating to such **Loss of Tooth** or **Permanent Disablement**.

Provided that the most **We** will pay in respect of each **Insured Person** is the Rehabilitation Support Expenses amount stated in the **Table of Expenses**.

14. Retraining Expenses

As shown in the **Table of Expenses**, this cover does not apply for **Pupils**.

If an **Insured Person** other than a **Pupil** sustains **Accidental Bodily Injury** resulting in Benefit payable by **Us** under this Section for **Permanent Disablement**, **We** will also pay in connection with such **Permanent Disablement** reasonable expenses necessarily incurred by that **Insured Person** with **Our** prior consent for their retraining for an alternative occupation.

Provided that the most **We** will pay in respect of each **Insured Person** is the Retraining Expenses amount stated in the **Table of Expenses**.

What is not covered

The following exclusions apply in addition to the General Exclusions stated on page 24.

This Section does not cover

1. Aerial Activities

any **Accidental Bodily Injury** sustained by an **Insured Person** that is caused by their engagement in flying as a pilot or aircrew, or any other aerial activities other than travel by commercial airlines as a passenger.

2. Criminal Acts

any **Accidental Bodily Injury** or dental ailment sustained by an **Insured Person** that is caused by their engagement in a criminal act, unless for the purpose of protecting themselves or others from imminent physical harm.

3. Excluded Causes

any

- a) sickness or disease;
 - b) naturally occurring or degenerative condition;
 - c) gradually operating cause; or
 - d) post-traumatic stress disorder
- other than as a direct result of **Accidental Bodily Injury**.

4. Intoxication or Drug Use

any **Accidental Bodily Injury** or dental ailment sustained by an **Insured Person** that is caused by their intoxication or use of any drug or controlled substance (other than drugs prescribed by their **Medical Practitioner** and used properly).

5. Not Avoiding Danger

any **Accidental Bodily Injury** or dental ailment sustained by an **Insured Person** that is caused by their deliberate exposure to exceptional danger unless trying to save a human life.

6. Sports

any **Accidental Bodily Injury** or dental ailment sustained by an **Insured Person** that is caused by their participation in sports training sessions or matches on a professional or semi-professional basis.

7. Suicide or Self-Injury

an **Insured Person's** death by suicide, or injury or disablement resulting from attempted suicide, or intentional self-injury.

Section 2, Pupil Personal Belongings

What is covered

If a **Covered Pupil's Personal Belongings** suffer **Damage**

1. while at the premises of the **Education Establishment** during the **Period of Insurance**;
2. during **Travel From Home**;
3. during **Travel Back Home**; or
4. during **Trips**

We will pay the **Parent or Legal Guardian** of the **Covered Pupil** the value of **Personal Belongings** that have suffered **Damage** or, at **Our** option, **We** will pay the cost of repair or replacement on the following basis:

- a) for **Personal Belongings** up to twelve (12) months old, the cost of repair or replacement as new; and
- b) for **Personal Belongings** more than twelve (12) months old, the cost of repair or replacement to their condition immediately before the **Damage**, or the replacement value less an adjustment for wear and tear

provided that the most **We** will pay for any one incident of **Damage** for any one **Covered Pupil** is the Personal Belongings limit stated in the **Schedule**.

Extension to cover

The following additional cover applies:

1. Early Arrival

If following **Travel From Home** a **Covered Pupil** arrives at the premises of the **Education Establishment** before the start of the **Period of Insurance**, such **Covered Pupil's Personal Belongings** will, in accordance with the terms of this Section, be covered for **Damage** whilst at the premises of the **Education Establishment** from the date of their arrival.

What is not covered

The following exclusions apply in addition to the General Exclusions stated on page 24.

This Section does not cover

1. Computer Viruses

Damage caused by a computer virus or hacker.

2. Confiscation

Damage caused by or consisting of confiscation, nationalisation, requisition, expropriation, deprivation or destruction of or to property by or under the order of any government or public or local authority.

3. Failure

Damage to any item of **Personal Belongings** directly resulting from its own failure.

4. Gradual Causes

Damage caused by

- a) wear and tear, inherent defect, rot, fungus, mould, vermin or infestation or any gradually operating cause; or
- b) dryness, humidity, or exposure to light or extreme temperatures, unless the **Damage** is caused by high winds of a destructive nature, rainstorm, hailstorm, snowstorm or fire.

5. Indirect Losses

any indirect losses resulting from the incident that led to the claim.

6. Information

loss or distortion of information resulting from error or malfunction of **Personal Belongings**, or the value to a **Covered Pupil** or their **Parent or Legal Guardian** of any lost or distorted information.

7. Losses Outside of the School Term

Damage to **Personal Belongings** left at the premises of the **Education Establishment** outside of the school term, unless

- a) the **Covered Pupil** or their **Parent or Legal Guardian** had obtained **Your** permission to leave their **Personal Belongings** at the premises of the **Education Establishment** prior to the **Damage** occurring; and
- b) such **Damage** involves violent or forcible entry into or exit from a securely locked room or building.

8. Misuse or Maintenance

Damage to **Personal Belongings** caused

- a) by misuse, faulty workmanship, inadequate or inappropriate maintenance, defective design or the use of faulty materials; or
- b) while being cleaned, worked on or maintained.

9. Pedal Cycles

Damage to pedal cycles unless involving violent or forcible entry into or exit from a securely locked room or building or while the item is securely locked to an immovable object.

10. Sports Equipment in Use

Damage to sports equipment while in use.

11. Theft from Unattended Vehicles

Damage caused by theft or attempted theft from an unattended vehicle unless the item is out of sight in a locked boot or locked storage compartment.

12. Unexplained Losses

unexplained loss or disappearance.

Section 3, School Fees

What is covered

If a **Covered Pupil** is **Absent** and such **Absence** is solely and directly caused by

1. **Accidental physical injury**

the **Covered Pupil** sustaining identifiable physical injury or injuries caused by an **Event** occurring at an identifiable time and place within the **Geographical Limits** during the **Period of Insurance**;

2. **Illness, sickness or disease**

the **Covered Pupil** suffering illness, sickness or disease which first manifests itself during the **Period of Insurance**; or

3. **Accidental Death**

1. above resulting in the **Covered Pupil's** death

We will pay to the **Fee Payer** or the **Education Establishment** such **Covered Pupil's School Fees**, in accordance with the Payment of School Fees provisions below, provided that

- a) the **School Fees** are legally required to be paid to **You**;
- b) in respect of item 2. Illness, sickness or disease, the **Covered Pupil** is unable to fully engage in available **Remote Learning**;
- c) the period of **Absence** equals or exceeds the **Minimum Absence Period**; and
- d) consecutive **Absence** of fourteen (14) days or longer arising from
 - i) the same **Event** in respect of item 1.; and
 - ii) the same illness, sickness or disease in respect of item 2.

is validated by a **Medical Practitioner** unless otherwise agreed by **Us**.

Payment of School Fees

The following provisions apply in respect of payment by **Us** of **School Fees** under the "What is covered" section above:

1. **Amount**

a) **Accidental physical injury and Illness, sickness or disease**

The amount **We** will pay for any one period of **Absence** under "What is covered" item 1. and item 2. shall be

- i) in respect of a **Day Pupil**:

the sum produced by applying the **Daily Rate** to the **School Fees** for the term during which the **Covered Pupil** was **Absent**, calculated from the first day of **Absence**, but subject to a maximum of

- 1) five (5) continuous terms; or
- 2) eighteen (18) months

of **School Fees**, whichever is the lesser.

- ii) in respect of a **Boarding Pupil**:
the sum produced by applying the **Daily Rate** to the **School Fees** for the term during which the **Covered Pupil** was **Absent**, calculated from the first day of **Absence**, but subject to a maximum of 90% of
 - 1) five (5) continuous terms; or
 - 2) eighteen (18) monthsof **School Fees**, whichever is the lesser.

b) **Accidental Death**

The amount **We** will pay under “What is covered” item 3. shall be the amount of the **School Fees** calculated from the first day of **Absence**, but subject to a maximum of

- i) five (5) continuous terms; or
- ii) eighteen (18) months

of **School Fees**, whichever is the lesser, but excluding any amount already paid by **Us** under item a) above in respect of the same **Absence**.

2. **Recipient**

Payment shall be made to the **Covered Pupil's Fee Payer**, other than in respect of the **Covered Pupil's** death in which event payment will be made directly to the **Education Establishment**.

Extensions to cover

The following additional covers apply:

1. **Accidental Death of the Fee Payer**

If a **Covered Pupil's Fee Payer** suffers an **Event** occurring at an identifiable time and place within the **Geographical Limits** during the **Period of Insurance** that within twelve (12) months results in such **Fee Payer's** accidental death, **We** will pay in respect of such **Covered Pupil** the **School Fees** the **Fee Payer** is legally required to pay to **You**, but subject to a maximum of

- a) five (5) continuous terms; or
- b) eighteen (18) months

of **School Fees**, whichever is the lesser.

Payment will be made to the **Fee Payer's** legal representative(s).

However, **We** will not make any payment under this Extension if the **Fee Payer** is

- i) eighty (80) years old or more at the time of death; or
- ii) a trustee of a fund from which **School Fees** are paid for the **Covered Pupil**.

2. **Localised Disease Outbreak**

If a **Covered Pupil** is **Absent** and

- a) such **Absence** is solely and directly caused by closure of all or part of the premises of the **Education Establishment** due to an outbreak of a human infectious or human contagious disease at the **Education Establishment's** premises during the **Period of Insurance**; and
- b) the **Education Establishment** is unable to conduct any **Remote Learning** as a replacement during such full or part closure for the **Covered Pupil**

We will pay to such **Covered Pupil's Fee Payer** the **Covered Pupil's School Fees** for the period of the **Absence**, subject to the following:

- i) the **School Fees** are legally required to be paid to **You**;
- ii) the period of **Absence** equals or exceeds the **Minimum Absence Period**; and
- iii) the amount **We** will pay shall be the sum produced by applying the **Daily Rate** to the **School Fees** for the term during which the **Covered Pupil** was **Absent**, up to a maximum of two (2) weeks of **School Fees**.

3. Withdrawal of a Pupil

If a **Covered Pupil** is withdrawn from the **Education Establishment** during the **Period of Insurance** for

- a) disciplinary reasons:

We will pay to **You** the balance of unpaid **School Fees** legally required to be paid to **You** for the period from

- i) the date of expulsion
 - to
 - ii) the end of the term in which the **Covered Pupil** is withdrawn
- provided that within such period the **Covered Pupil's** place is not filled.

The most **We** will pay is one term of **School Fees** for each withdrawn **Covered Pupil**.

- b) any other reason:

We will pay to **You** up to 75% of the balance of unpaid **School Fees** legally required to be paid to **You**, from the date of withdrawal to the end of the term in which the **Covered Pupil** is withdrawn, provided that **You** receive less than one term of notice of such withdrawal.

The most **We** will pay is 75% of one term of **School Fees** for each withdrawn **Covered Pupil**.

What is not covered

The following exclusions apply in addition to the General Exclusions stated on page 24.

This Section does not cover:

1. Aerial Activities

any **Absence**, death or withdrawal resulting from a **Covered Pupil** or **Fee Payer** flying as a pilot or aircrew or participating in any other aerial activities, other than travel by commercial airlines as a passenger.

2. Epidemics or Pandemics

any **Absence**, death or withdrawal arising out of any declared medical epidemic or pandemic, or any fear or threat thereof.

3. Discontinuation

any amount that would otherwise be payable under this Section 3 for the period following the date **Your** activities are discontinued permanently or the date a liquidator or receiver is appointed.

4. Extended Absence

any **Absence** that continues longer than the **Covered Pupil's Medical Practitioner** deems necessary for the **Covered Pupil's** medical condition. However, this exclusion will not apply if that **Medical Practitioner** confirms the **Covered Pupil** is not medically fit to attend the classes (including related activities or events) arranged or provided by the **Education Establishment** without risk of permanent impairment to their health.

5. Not Avoiding Danger

any **Absence** or death resulting from a **Covered Pupil** or **Fee Payer** deliberately exposing themselves to exceptional danger unless trying to save a human life.

6. Pre-existing Conditions and Investigations

Any **Absence** of a **Covered Pupil** due to such **Covered Pupil's** physical defect or medical condition

- a) that existed at birth; or
- b) for which the **Covered Pupil** has
 - i) received a diagnosis, treatment or advice; or
 - ii) which is undiagnosed but under investigationprior to the **Period of Insurance**.

However, if policy cover for such **Covered Pupil's** absence has been maintained with **Us** with no break since the first such policy issued by **Us**, this exclusion 6.b) shall apply only to those defects or conditions for which the **Covered Pupil** had received a diagnosis, treatment or advice, or which were undiagnosed but under investigation, prior to that first policy issued by **Us**.

7. Pregnancy or Childbirth

any **Absence**, death or withdrawal resulting from pregnancy or childbirth.

8. Vaccinations

any **Absence** as a result of a **Covered Pupil** receiving an inoculation or other preventative treatment, unless **You** insist on such measures to counter a disease outbreak.

Section 4, Crisis Containment

What is covered

We will pay **Crisis Containment Costs** incurred with **Our** prior written consent as a direct result of a **Crisis** commencing during the **Period of Insurance**.

Outside working hours discretionary crisis mitigation costs

We will also pay **Crisis Containment Costs** incurred without **Our** consent in carrying out immediate work outside of **Working Hours** to limit or mitigate the impact of the **Crisis**. Any such work done by a crisis containment provider will not be confirmation of cover under this or any other Section of this **Policy**.

What we will pay

We will pay **You** for **Crisis Containment Costs** covered under this Section of the **Policy**.

The most **We** will pay under this Section is the Crisis Containment Costs Limit shown in the **Schedule**, irrespective of the number of **Crises** or **Incidents**.

All **Crises** arising from the same original cause, a single source or a repeated or continuing problem will be regarded as one **Crisis**. This includes such **Crises** arising after, as well as during, the **Period of Insurance**.

We will not make any payment for Crisis Containment unless you notify any crisis in accordance with either of the following:

1. If a crisis arises during working hours

If **You** first become aware of the **Crisis** during **Working Hours** **You** must notify **Us** of it immediately by phoning **Us** on the Crisis Containment number stated on page 3 of this **Policy**.

We will then determine if the **Incident**, act or problem that **You** have notified would give rise to a covered claim under any other Section of this **Policy**.

If **We** determine that the **Incident**, act or problem that **You** have notified would not result in a covered claim under any other Section of this **Policy** then **We** will not make any payment under this section.

You must co-operate fully with **Us** and any of **Our** representatives in the management of the **Crisis**.

2. If a crisis arises outside of working hours

If **You** first become aware of the **Crisis** outside of **Working Hours** **You** must notify **Us** of the **Crisis** as soon as possible within **Working Hours** by telephoning the Crisis Containment number stated on page 3 of this **Policy**.

You must co-operate fully with a crisis containment provider in the management of the **Crisis**.

What is not covered

This Section does not cover

1. Alternate Cover

costs which are covered under any other Section of this **Policy**.

2. Excluded Causes

any **Crisis Containment Costs** directly or indirectly due to:

- a) any **Incident**, act, investigation or problem that affects **Your** profession or industry; or
- b) governmental regulations which affect another country or **Your** profession or industry; or
- c) socioeconomic changes or business trends which affect **Your Business** or **Your** profession or industry.

3. Invalid Claims

Crisis Containment Costs relating to any claim or part of a claim not covered by this **Policy**.

General Exclusions

We will not be liable for any injury, illness, disease, death, damage, loss or expense under this **Policy**

1. Active Service

in respect of an **Insured Person**, **Covered Pupil** or **Fee Payer** as a result of their direct participation in military operations in any of the armed forces of any nation.

2. War Risks

as a result of 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, occurring

- a) within an **Insured Person's**, **Covered Pupil's** or **Fee Payer's** country of permanent residence or country of secondment; or
- b) within a country other than as described in a) where at the time of the **Insured Person's**, **Covered Pupil's** or **Fee Payer's** departure to such country (whether as the final destination or a scheduled location stop en route to the final destination) the British Foreign, Commonwealth & Development Office advise against all but essential travel to that country.

Claims Conditions

The following Claims Conditions apply to all Sections of this **Policy**.

1. Action by You and the Beneficiaries

If any injury, illness, disease, damage, event or other circumstance arises that could give rise to a claim under this **Policy**, **You** or a **Beneficiary** must notify **Us** as soon as reasonably possible.

In addition:

a) in respect of Section 1, Personal Accident:

treatment for an **Insured Person's Accidental Bodily Injury** or dental ailment must be sought from a **Medical Practitioner** as soon as reasonably possible and any medical advice provided by a **Medical Practitioner** followed;

b) in respect of Section 2, Pupil Personal Belongings:

Damage to a **Covered Pupil's Personal Belongings** arising from theft, attempted theft, arson, malicious damage, riot or civil commotion, must be reported to the police or relevant local authority, as soon as reasonably possible and a crime reference number obtained;

c) in respect of Section 3, School Fees:

reasonable efforts must be made for treatment and/or advice for a **Covered Pupil's** injury, illness or disease from a **Medical Practitioner** as soon as reasonably possible and any medical advice provided by a **Medical Practitioner** followed.

2. Action by Us

We reserve the right to

- a) take such steps as **We** deem necessary to prevent, mitigate or minimise a loss under this **Policy**;
- b) request an independent medical examination of an **Insured Person** or **Covered Pupil** in respect of a claim under Section 1, Personal Accident or Section 3, School Fees. Any such examination will be at **Our** expense and upon reasonable notice to the **Insured Person** or **Covered Pupil** (or their **Parent or Legal Guardian**); and
- c) pursue all rights or remedies available to **You** whether or not payment has been made.

3. Assistance and Co-operation

In respect of any claim made under this **Policy**, **You** and/or the **Beneficiary** must provide **Us** or **Our** appointed representatives with

- a) all assistance, documents, records and information as **We** or **Our** appointed representatives may reasonably require;
- b) forward immediately to **Us** or **Our** representatives any letter, writ or other document received in connection with any claim made under this **Policy**;
- c) assist and concur with all reasonable arrangements for an independent medical examination, as described in Claims Condition 2.b) above.

4. Fraudulent Claims

In the event of a fraudulent claim:

- a) by **You, We**
 - i) are not liable to pay the claim;
 - ii) may recover from **You** any sums paid in respect of the claim; and
 - iii) may by notice to **You** cancel this **Policy** from the date of the fraudulent act without any return of the premium.
- b) by or on behalf of a **Beneficiary** and not on behalf of **You, We**
 - i) are not liable to pay the claim;
 - ii) may recover from the **Beneficiary** any sums paid in respect of the claim; and
 - iii) may by notice to **You** and the **Beneficiary** cancel such **Beneficiary's** cover under this **Policy** from the date of the fraudulent act without any return of the premium.

Our liability under this **Policy** prior to the date of the fraudulent act shall be unaffected. It is for **Us** to demonstrate that a claim has been made fraudulently and/or that a fraudulent act has taken place.

5. Interest

No sum payable under this **Policy** will carry any interest.

6. Other Insurance

We will not make any payment under this **Policy** where **You** or any **Beneficiary** would be entitled to be paid under any other insurance if this **Policy** did not exist except in respect of any amount in excess of the amount that would have been payable under such other insurance had this **Policy** not been effected. If such other insurance is provided by **Us**, the most **We** will pay under this **Policy** will be reduced by the amount payable under such other insurance.

General Conditions

The following General Conditions apply to all Sections of this **Policy**.

1. Assignment

This **Policy** may not be assigned by **You** or a **Beneficiary** without **Our** prior written consent.

2. Cancellation

a) Cancellation of the Policy

Other than as stated in General Condition 7., Misrepresentation or Non-disclosure or Claims Condition 4., Fraudulent Claims, this **Policy** or any portion of it may be cancelled

- i) by **You** by sending via special delivery mail to **Our** last known address thirty (30) days' written notice of cancellation;
- ii) by **Us** by sending via special delivery mail to **Your** last known address sixty (60) days' written notice of cancellation.

We will refund to **You** the balance of premium **We** have been paid for the **Period of Insurance** calculated from the date of cancellation to expiry of the **Period of Insurance**.

You will be responsible for notifying all **Beneficiaries** of such cancellation and for distributing to each **Beneficiary** their proportion of any refund and informing them that premium will no longer be collected.

b) Cancellation of cover for a Beneficiary

Other than as stated in Claims Condition 4., Fraudulent Claims

- i) A **Beneficiary** has no right to cancel this **Policy** but may cancel their own cover under this **Policy** by giving fourteen (14) days' written notice to **You**. **You** will be responsible for sending via special delivery mail to **Us** notification of such cancellation.
- ii) **We** may cancel cover in respect of a **Beneficiary** by sending via special delivery mail to **You** thirty (30) days' written notice of cancellation. **You** will be responsible for notifying the **Beneficiary** of such cancellation.

We will refund to **You** the balance of premium **We** have been paid for the **Period of Insurance** in respect of that **Beneficiary** calculated from the date of cancellation to expiry of their **Period of Insurance**. **You** will be responsible for distributing to the **Beneficiary** any refund **We** provide.

3. Cooling-off Period

If this **Policy** does not meet the requirements of a **Beneficiary**, they can choose not to effect cover under this **Policy** by writing to **You** or **Us** within fourteen (14) days of either

- a) the start of the **Beneficiary's Period of Insurance**; or
- b) the date on which the **Beneficiary** receives their insurance documents

whichever occurs later.

We will refund to **You** the premium **We** have been paid for the **Period of Insurance** in respect of that **Beneficiary**, except that if within the relevant fourteen (14) day period any injury, illness, disease, or other loss or incident occurs that results in a valid claim under this **Policy** for such **Beneficiary**, **We** will only refund that part of the premium in proportion to the period of unused cover. **You** will be responsible for distributing such refund to the **Beneficiary**.

4. Declaration of Policy Information

You must complete and submit to **Aon** within thirty (30) days of the beginning of each school term the School Declaration Form as provided by **Aon** stating

- a) the number of all persons for whom cover has been requested;
- b) the **Period of Insurance** applicable.

Any additional premium required for that school term must be paid within a reasonable period as advised by **Us**.

5. Law Applicable and Jurisdiction

Unless otherwise agreed by **You** and **Us**, this **Policy** will be subject to the law of England and Wales, Northern Ireland, Scotland, the Isle of Man or the Channel Islands depending upon **Your** address stated in the **Schedule**. If there is any dispute as to which law applies it will be the law of England and Wales. The parties agree to submit to the exclusive jurisdiction of the English courts.

6. Material Alterations

You shall notify **Us** as soon as reasonably practicable in writing of any alteration to the **Business** or activities that materially increases the risks insured under this **Policy**.

Upon such notification, **We** may amend the terms of the **Policy** and/or the premium from the date of the alteration(s) to reflect such changes to the **Business** or activities.

If **You** accept the revised terms and/or additional premium, **You** will be responsible for notifying each affected **Beneficiary** of those revised terms and, within fourteen (14) days of **Us** confirming any additional premium amount due, their proportionate share of such additional premium.

If a **Beneficiary**

- a) does not accept the revised terms and/or their proportionate share of any additional premium; or
- b) accepts the revised terms and/or their proportionate share of any additional premium but does not make the required payment

We or the **Beneficiary** may cancel their cover under this **Policy** in accordance with General Condition 2. b) above. Any additional premium that would apply for the period of cover from the date of the alteration to the date of cancellation shall be waived.

7. Misrepresentation and Non-disclosure

- a) At inception and renewal of this **Policy**, and also whenever changes are made to it at **Your** request, **You** must
 - i) disclose to **Us** all material facts; and
 - ii) not misrepresent any material facts.
- b) If **You** do not comply with item a) of this Condition and the non-disclosure or misrepresentation by **You** is proven by **Us** to be deliberate or reckless, **We** may from the relevant date specified in item d),
 - i) treat this **Policy** as if it had not existed; and
 - ii) not return the premium paid by **You**.
- c) If **You** do not comply with item a) of this Condition and the non-disclosure or misrepresentation by **You** is not proven by **Us** to be deliberate nor reckless, **Our** remedy shall be limited to the right to amend the premium from the relevant date specified in item d), to that which **We** could reasonably have demanded had such non-disclosure or misrepresentation not occurred.

- d) Items b) and c) apply with effect from inception, renewal or the date of the changes, depending on when the non-compliance occurred.

8. Policy Interpretation

This policy document, its **Schedule** and any endorsements are one contract in which

- a) the singular includes the plural, and vice versa;
- b) headings are descriptive only and not an aid to interpretation;
- c) unless expressly and individually stated to be such, no provision in this **Policy** will be construed as a warranty or condition precedent.

9. Reasonable Precautions

You and all **Beneficiaries** shall exercise reasonable care to avoid or diminish any injury, loss or damage likely to give rise to a claim under this **Policy**.

10. Sanction Limitation

Notwithstanding any other terms of this **Policy**, **We** will be deemed not to provide cover nor will **We** make any payment or provide any service or benefit to **You** or any other party to the extent that such cover, payment, service, benefit and/or any business or activity of **Yours** would violate any applicable trade or economic sanctions law or regulation.

11. Severability

When determining application of the General Conditions, Claims Conditions, or exclusions in each Section under "What is not covered", the act, incident or occurrence that actually or allegedly took place relating to one **Beneficiary** shall not be imputed onto any other **Beneficiary** unless they committed or condoned the act, incident or occurrence.

12. Third Party Rights

You, the **Beneficiaries** and **We** agree that no other party has the right to enforce or vary the terms of this **Policy** pursuant to the Contracts (Rights of Third Parties) Act 1999, but this does not affect any right or remedy of a third party which exists or is enforceable under the Third Parties (Rights against Insurers) Act 2010.

Reference to the Contracts (Rights of Third Parties) Act 1999 and Third Parties (Rights against Insurers) Act 2010 shall include any subsequent amendment, replacement, consolidation or re-enactments of such Acts.

Complaints

For this part 'You' (and 'Your') also applies to **Beneficiaries**

Our commitment to customer service

We are committed to providing a high level of customer service. If **You** feel **We** have not delivered this, **We** would welcome the opportunity to put things right for **You**.

Who to contact in the first instance

Many concerns can be resolved straight away. Therefore in the first instance, please get in touch with **Your** usual contact at Zurich or Aon, as they will generally be able to provide **You** with a prompt response to **Your** satisfaction.

Contact details will be provided on correspondence that **We** or Aon have sent **You**.

Many complaints can be resolved within a few days of receipt

If **We** can resolve **Your** complaint to **Your** satisfaction within the first few days of receipt, **We** will do so. Otherwise, **We** will keep **You** updated with progress and will provide **You** with **Our** decision as quickly as possible.

Next steps if you are still unhappy

If **You** are not happy with the outcome of **Your** complaint, **You** may be able to ask the Financial Ombudsman Service to review **Your** case.

We will let **You** know if **We** believe the ombudsman service can consider **Your** complaint when **We** provide **You** with **Our** decision. The service they provide is free and impartial, but **You** would need to contact them within 6 months of the date of **Our** decision.

More information about the ombudsman and the type of complaints they can review is available via their website www.financial-ombudsman.org.uk.

You can also contact them as follows:

Post: Financial Ombudsman Service, Exchange Tower, London, E14 9SR

Telephone: 08000 234567 (free on mobile phones and landlines)

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

If the Financial Ombudsman Service is unable to consider **Your** complaint, **You** may wish to obtain advice from the Citizens Advice Bureau or seek legal advice.

The Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS) which means that **You** may be entitled to compensation if **We** are unable to meet **Our** obligations to **You**.

Further information is available on www.fscs.org.uk or by contacting the FSCS directly on 0800 678 1100.

Data Protection

For this part 'You' (and 'Your') also applies to **Beneficiaries**

Zurich takes the privacy and security of **Your** personal information seriously. **We** collect, use and share **Your** personal information so that **We** can provide policies and services that meet **Your** insurance needs, in accordance with applicable data protection laws.

The type of personal information **We** will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where **You** have requested other individuals be included in the arrangement, personal information about those individuals.

We and **Our** selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet **Our** legal or regulatory obligations; (iii) where **You** have provided the appropriate consent; (iv) for **Our** 'legitimate interests'.

It is in **Our** legitimate interests to collect personal information as it provides **Us** with the information that **We** need to provide **Our** services more effectively including providing information about **Our** products and services. **We** will always ensure that **We** keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of **Our** data protection statement can be viewed via www.zurich.co.uk/dataprotection

How you can contact us

If **You** have any questions or queries about how **We** use **Your** data, or require a paper copy of the statement, **You** can contact **Us** via gbz.general.data.protection@uk.zurich.com or alternatively contact **Our** Data Protection Officer at Zurich Insurance Group, Tri-centre 1, Newbridge Square, Swindon, SN1 1HN.

Important Notes

For this part 'You' (and 'Your') also applies to **Beneficiaries**

Fraud prevention and detection

In order to prevent and detect fraud **We** may at any time:

- check **Your** personal data against counter fraud systems
- use **Your** information to search against various publicly available and third party resources
- use industry fraud tools including undertaking credit searches and to review **Your** claims history
- share information about **You** with other organisations including but not limited to the police, the Insurance Fraud Bureau (IFB), other insurers and other interested parties.

If **You** provide false or inaccurate information and fraud is identified, the matter will be investigated and appropriate action taken. This may result in **Your** case being referred to the Insurance Fraud Enforcement Department (IFED) or other police forces and fraud prevention agencies. **You** may face fines or criminal prosecution. In addition, Zurich may register **Your** name on the Insurance Fraud Register, an industry-wide fraud database.

Claims history

We may pass information relating to claims or potential claims to any relevant database.

We and other insurers may search these databases when **You** apply for insurance, when claims or potential claims are notified to **Us** or at time of renewal to validate **Your** claims history or that of any other person or property likely to be involved in the policy or claim.

This helps to check information provided and prevent fraudulent claims.

About Aon

[Aon](#) exists to shape decisions for the better — to protect and enrich the lives of people around the world. Through actionable analytic insight, globally integrated Risk Capital and Human Capital expertise, and locally relevant solutions, our colleagues provide clients in over 120 countries and sovereignties with the clarity and confidence to make better risk and people decisions that help protect and grow their businesses.

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