ANGLING TRUST
GROUP PERSONAL ACCIDENT INSURANCE

Injuries in sport are not uncommon and can, unfortunately, prove to be so serious that the injured person no longer enjoys a normal life or career prospects.

Permanent total disablement can involve a traumatic change in lifestyle - a move to single storey accommodation, ramps to replace stairs, new bathroom and toilet facilities, mobility, and special nursing care. It all costs money and if a substantial compensation sum were immediately available to help rebuild a life, sport and sports participation would be that much more attractive.

Perkins Slade has arranged a facility for Group Personal Accident which provides the following benefits in the event of injuries sustained whilst participating in **organised sports, physical education or recreation activities:**

PERSONAL INJURY INSURANCE – SCHEDULE OF BENEFITS

Insured Persons	Any full or associate Member of the Group Policyholder aged 3 years or over but under 80 years
Effective Time	a) Whilst an Insured Person is participating in any activity recognised by the Group Policyholder, or the Association to which they are affiliated, anywhere in the world: and
	b) For activities within the United Kingdom, Isle of Man, The Channel Islands or the Republic of Ireland, travelling thereto and therefrom

	BENEFIT DESCRIPTION	BENEFIT AMOUNT
Accidental Bodily Injury resulting in:	1. **Death**	£10,000
	2. **Permanent Total Disablement** *	£50,000
	3. **Permanent Disabling Injuries** *	£50,000
	Temporary Total Disablement Benefit Period: 26 weeks Deferment Period: 28 days	Not Insured
	4. **Dental Injury** *	Up to £500
	5. **Hospital Confinement** Benefit Period: Maximum any one accident	£30 per day 25 days £750
	6. **Convalescence**	£100
	7. **Broken Bones** ** Arm, wrist or hand: Leg, ankle or foot: Maximum any one accident	 £100 £200 £500

Scale of Benefits	
A. Loss of Sight in both eyes	100%
B. Loss of Speech	100%
C. Loss of Hearing in both ears	100%
D. Loss of more than one Limb	100%
E. Loss of one Limb	100%
F. Loss of Sight in one eye	100%
G. Loss of Hearing in one ear	20%
H. Loss of or total loss of use of:	
i. a foot below the level of the ankle (talo-tibial joint)	50%
ii. a hip, knee, ankle or thumb	20%
iii. a forefinger or big toe	15%
iv. any other finger:	10%
v. any other toe	5%
I. Loss of use of:	
i. the back or spine below the neck with no damage to the spinal cord	40%
ii. the neck or cervical spine with no damage to the spinal cord	30%
iii. a shoulder, elbow or wrist	25%

* The Benefit Amount shall be reduced by 50% in respect of Insured Persons aged 70 years or over.
** The Benefit Amount and the maximum amount payable shall reduce by 50% in respect of Insured Persons aged 65 years or over.

Aggregate Limit(s) of Liability:

a) per Event for Insured Persons whilst travelling in any one aircraft £250,000
b) per Event overall £500,000

EXCESS

£50 - Each and every claim in respect of dental injury

INSURER

The cover is provided by ACE European Group Limited

SIGNIFICANT OR UNUSUAL EXCLUSIONS OR LIMITS - Please see Insurers' Key Facts as attached

COST

Option 1 – Committee and Maintenance Teams only or Option 2 – All Members of the Club

£2.00 per person, subject to a minimum premium of £75.00
Premiums include insurance premium tax at the current rate

NB: Where choosing Option 2 - **ALL** MEMBERS MUST BE INCLUDED

ADMINISTRATION CHARGE

An additional £15 policy administration fee will be charged.

PREMIUM PAYMENT

You can pay in full by cheque, credit or debit card (Visa, MasterCard, Switch or Delta) or BACS payment, or alternatively, spread the premium payment as follows:

- Premiums up to £500: Monthly Direct Debits over 10 months, at an interest charge of 6.95%
- Premiums above £500: Monthly Direct Debits over 10 months at an interest rate of 6.50%

Please contact us for a direct debit mandate should you wish to pay by monthly instalments, or for BACS payment, our bank details are: Barclays Bank Plc, Sort Code 20-97-78, Account Number 40093475 please quote the name of your organisation on your bank instruction.

If you decide to pay by instalments your details will be passed to our Third Party Instalment Premium Provider, Premium Credit PLC (PCL). They will send you a welcome pack detailing their full terms and conditions.

PCL will also provide you with written confirmation of the amounts due no later than 7 days before the first collection. If, at any time, money is debited from your account incorrectly, the bank guarantees to refund it. No changes to the amount debited can be made without notifying you in writing at least 7 days in advance. You have the right to cancel your Direct Debit at any time by writing to your Bank or Building Society. A copy of the Direct Debit safeguards will be included with your Credit Agreement.

If you have any questions about your instalments, you should contact Premium Credit on 0844 736 9836.

We will continue to pass your details to Premium Credit at renewal if you indicate that you wish to pay by this method on the Remittance Advice.

If any direct debit or other payment due in respect of the credit agreement you enter into with PCL to pay insurance premiums is not met when presented for payment, or if you end the credit agreement with PCL, or if you do not enter into a credit agreement with PCL, or if you do not provide underwriting information as requested by PCL, we will be informed of such events by PCL.

If you do not then make other arrangements with us to pay the insurance premiums, you acknowledge and agree that we may, at any time after being so informed, instruct the relevant insurer on your behalf to cancel the insurance (or, if this occurs shortly after the start or renewal of the insurance, to notify the insurer that the policy has not been taken up) and to collect any refund of premiums which may be made by the insurer and, if any money is owed to PCL under your credit agreement, pay it to PCL or, if PCL have debited us with the amount outstanding, use it to offset our costs.

You will be responsible for paying any time on risk charge and putting in place any alternative insurance and/or payment arrangements you need.

THIS INSURANCE WILL NOT COMMENCE UNTIL THE INSURERS HAVE INDICATED THEIR ACCEPTANCE OF THE PROPOSAL. THE INSURERS RESERVE THE RIGHT TO DECLINE ANY PROPOSAL.

PLEASE NOTE - FINANCIAL SERVICES AUTHORITY LEGISLATION STATES THAT WE ARE REQUIRED TO BANK ALL CHEQUES ON THE DAY OF RECEIPT, HOWEVER THIS ACTION DOES NOT CONFIRM THAT INSURERS HAVE ACCEPTED YOUR PROPOSAL.

ANGLING TRUST
PROPOSAL FOR GROUP PERSONAL ACCIDENT INSURANCE

Name of Club / Association			
Contact Name **Correspondence Address**			**Post Code**
Daytime Telephone Number		**Email Address**	
Name of sporting governing body that you are affiliated to, and the affiliation / membership number			
Description of all Activities to be Included			
Date of Commencement of Insurance			

Cover Options & Premium

Option 1 – Committee and Maintenance Teams only ☐ Yes ☐ No

or

Option 2 – All Members of the Club ☐ Yes ☐ No

Number of Persons		**Premium**
NB: Where choosing Option 2 - **ALL** members must be included	**@ £2.00 per person** **Subject to a Minimum Premium of £75.00**	**£**
	Add Administration Charge	**£ 15.00**
	Total Remittance	**£**

Claims Experience

Have any incidents or claims arisen in the past 5 years, whether insured or not? ☐ Yes ☐ No

If Yes, please give details below (continue on a separate sheet if necessary) or attach insurers confirmed claims experience, if presently or previously insured

Date of Accident	Brief Details of Loss	Amount of Claim

DECLARATION

On behalf of my association / club, I apply for cover which will be effective from the date of formal acceptance by Perkins Slade Ltd, or the date requested, whichever is the latest.

TO BE COMPLETED IN ALL CASES		
Have you or any official of the organisation after enquiry:		
• Ever been refused cover?	☐ Yes	☐ No
• Had special terms imposed upon you?	☐ Yes	☐ No
• Been convicted, or have a prosecution pending for any offence involving dishonesty of any kind?	☐ Yes	☐ No
• Been made aware of any circumstance which might give rise to a claim against the proposer, or any of its directors, officers or committee members?	☐ Yes	☐ No
• Ever been declared bankrupt?	☐ Yes	☐ No
If Yes to any of the above, please provide details on a separate sheet		

I/We declare to the best of my/our knowledge and belief that the above statements are true and complete and will form part of the contract between me/us and the Insurer.

I/We declare there are no known incidents or circumstances that might give rise to a claim and there are no Material Facts that should be disclosed to insurers. (If you are in any doubt about whether facts are material, you must tell us. Failure to do so could affect the validity of your policy).

You may obtain a copy of the full policy wording by contacting Perkins Slade Ltd on 0121 698 8000.

Copy Information – You should keep a record of all information you have given us.

Methods of Payment

Please tick the payment method you wish to use:

BACS		Please remember to quote the name of your organisation on your bank instruction
Cheque		Please attach your cheque made payable to Perkins Slade Ltd
Direct Debit		Monthly instalment facilities are available - Please contact Perkins Slade Ltd for details
Credit/Debit Card		Please complete the details below

Credit Card Details

Visa		MasterCard		Switch		Delta	
Cardholders name							
Card number							
Expiry date		Issue date				Issue no.	

Signed		Status/position	
Name (block capitals)		Date	

Please return the completed proposal form to:
PERKINS SLADE LTD., 3 BROADWAY, BROAD STREET, BIRMINGHAM B15 1BQ
together with a cheque or credit/debit card details for the total premium if you have elected to pay by this method.

TEL: 0121 698 8000 **FAX: 0121 625 9000** **EMAIL: sports@perkins-slade.com**

Financial Services Authority legislation states that we are required to bank all cheques on the day of receipt; however this action does not confirm that insurers have accepted your proposal.

The personal information you provide to Perkins Slade Ltd will be used to process your application for insurance, as part of this process we will need to pass this information on to the insurer(s) providing cover.

Perkins Slade Ltd may also use the information you provide to send you details of products and services that might be of interest to you. If you do not wish to receive this information please tick the box. ☐

Perkins Slade Ltd. is authorised and regulated by the Financial Services Authority.