

# SCHEDULE OF INSURANCE

This schedule of insurance should be read in conjunction with the certificate of insurance.

<b>UNIQUE MARKET REFERENCE NUMBER</b>	Not Applicable
<b>CERTIFICATE NUMBER</b>	POL-09062508594637/NPTON/
<b>NAME OF CLUB OR TEAM</b>	Weetabix Kettering & District Football League
<b>INSURED SPORTS</b>	Football
<b>NUMBER OF TEAMS</b>	To be advised
<b>NUMBER OF PLAYERS</b>	To be advised
<b>INSURED PERSONS</b>	All playing members including officials recorded on the team register prior to participating in team events and matches.
<b>GEOGRAPHICAL LIMIT</b>	United Kingdom
<b>OPERATIVE TIME</b>	means the period of time within the period of insurance during which the insured person is participating as an amateur in official club or team events and matches organised by the insured club or team including official training or practice sessions and whilst travelling thereto and therefrom in an organised party under the jurisdiction of the insured club or team, within the Geographical Limits stated in the Schedule of Insurance.
<b>PERIOD OF INSURANCE</b>	From: 27/08/2025 To: 26/08/2026 (both days inclusive - Greenwich Mean Time)
<b>TOTAL PREMIUM INCLUDING IPT</b>	To be advised
<b>INSURANCE PREMIUM TAX (IPT)</b>	To be advised
<b>GROSS PREMIUM*</b>	To be advised
<b>ADMINISTRATION FEE</b>	To be advised

\*including the premium for death by natural causes. No IPT is applicable.

## DEATH FROM NATURAL CAUSES SECTION

**Sportsguard** has arranged the insurance against **death by natural causes** provided under this certificate with Maiden Life Försäkrings AB, UK Branch.

## PERSONAL ACCIDENT SECTION

**Sportsguard** has arranged the insurance against **bodily injury** caused by an **accident** provided under this certificate with American International Group UK Limited (AIG UK).

# SCHEDULE OF BENEFITS

This schedule of benefits should be read in conjunction with the certificate of insurance.

Benefit	Sum Insured applicable to each <b>insured person</b>
<b>DEATH BY NATURAL CAUSES SECTION</b>	
1. <b>death by natural causes</b>	GBP 10,000
<b>PERSONAL ACCIDENT SECTION</b>	
2. death by <b>accident</b>	GBP 20,000
3. <b>loss of sight</b> in one or both eyes	GBP 100,000
4. <b>loss of limb</b> , one or more	GBP 100,000
5. <b>loss of speech</b>	GBP 100,000
6. <b>loss of hearing</b> in both ears	GBP 100,000
7. <b>loss of hearing</b> in one ear	GBP 25,000
8. <b>quadriplegia</b>	GBP 100,000
9. <b>paraplegia</b>	GBP 50,000
10. permanent partial disablement	up to GBP 25,000
11. <b>permanent total disablement</b> other than benefits states above	GBP 100,000
12. <b>temporary total disablement</b>	<p><b>insured persons</b> in gainful employment: 65% of the <b>insured person's weekly wage</b>, during the 12 months immediately prior to any claim, up to a maximum of</p> <p>GBP 200 per month</p> <p>benefit period: 52 weeks <b>excess period:</b> 14 days</p> <p><b>insured persons</b> not in gainful employment: 50% of the above</p> <p>Not Covered</p> <p>benefit period: Not Covered <b>excess period:</b> Not Covered</p>

### **PERMANENT PARTIAL DISABLEMENT SCALE**

The % of the sum insured under the permanent partial disablement benefit in respect of permanent partial disablement is as follows:

loss by amputation or permanent total loss of use of:

- (a) foot below the level of the ankle (talofibular joint) 100% \*
- (b) thumb 40% \*
- (c) one forefinger or big toe 30% \*
- (d) any other finger 20% \*
- (e) any other toe 8% \*

loss of use of:

- (a) back or spine (excluding cervical) without cord involvement 80% \*
- (b) neck or cervical spine without cord involvement 60% \*
- (c) shoulder, elbow or wrist 50% \*
- (d) hip, knee or ankle 40% \*

\* of the sum insured under item 10 of the Schedule of Benefits.

### **PROVISIONS APPLICABLE TO THE PERMANENT PARTIALMENT SCALE**

1. If compensation is payable in respect of the **insured person** under more than one form of permanent partial disablement as a result of one **accident**, the total amount payable shall not exceed in total more than the sum insured under the permanent partial disablement benefit.
2. If compensation is payable for loss of or loss of use of a whole member of the body, then compensation for parts of that member cannot also be claimed.

### **ADDITIONAL BENEFITS APPLICABLE TO PERSONAL ACCIDENT**

The following additional benefits are applicable to the Personal Accident benefits of this policy where a sum insured is shown below. Such sums insured shall apply to each **insured person**.

<b>Benefit</b>	Sum Insured applicable to each <b>insured person</b>
<b>1. fracture of a bone:</b>	
in the arm at or above the wrist	GBP 200
in the leg at or above the ankle	GBP 200
in the hand (excluding fingers) or in the foot (excluding toes)	GBP 75
in the collarbone	GBP 200
in the cheekbone	GBP 200
in the jaw	GBP 200
in the fingers	GBP 75
in the toes	GBP 75
in the hip	GBP 200
in the rib	GBP 75
in the shoulder (scapula)	GBP 200
in a growth plate (also known as Salter Harris Type 1)	GBP 200
in the skull	GBP 200
in the spine	GBP 200
<b>2. dislocation:</b>	
of the hip	GBP 250
of the kneecap	GBP 250
of the shoulder	GBP 250
of the elbow	GBP 250
<b>3. Snapped/ruptured:</b>	
achilles tendon	GBP 250
anterior cruciate ligament	GBP 250
posterior cruciate ligament	GBP 250
medial collateral ligament	GBP 250
<b>4. loss of internal organ</b>	GBP 25,000
<b>5. Facial and bodily scarring</b>	GBP 600
<b>6. Emergency dental expenses</b>	up to GBP 150
<b>7. Hospital confinement</b>	GBP 30 per night benefit period: 30 nights
<b>8. Concussion</b>	GBP 10,000
<b>9. Rehabilitation retraining expenses</b>	up to GBP 2,500
<b>10. Academic examination re-sit</b>	up to GBP 500
<b>11. Disability assistance expenses</b>	up to GBP 10,000
<b>12. Emergency medical expenses</b>	up to GBP 250
<b>13. Student tutorial expenses</b>	Not Covered benefit period: Not Covered <b>excess period:</b> Not Covered
<b>14. Coma benefit</b>	GBP 30 per day benefit period: 365 days
<b>15. Medical certification expenses</b>	up to GBP 50

16. Funeral expenses	Not Covered
17. Specialist consultant fees	Not Covered
18. Pre-paid season or travel tickets	Not Covered
19. Physiotherapy benefit (calculated on 50% of the receipted cost of each session)	up to GBP 40 per session benefit period: 6 sessions
20. Additional travel costs	Not Covered benefit period: Not Covered
21. Childcare expenses	Not Covered benefit period: Not Covered <b>excess period:</b> Not Covered
22. Chauffeur expenses	Not Covered benefit period: Not Covered <b>excess period:</b> Not Covered
23. Home assistance benefits	up to GBP 200 per month benefit period: 52 weeks <b>excess period:</b> 14 days
24. Broken or damaged sports glasses	up to GBP 50
25. Damage to clothing by a medical practitioner	up to GBP 50
26. Legal advice	Covered

Subject otherwise to the terms, definitions, conditions and exclusions listed within the Schedule of Insurance, Certificate of Insurance and any other attaching endorsements.

In witness, where of this schedule has been signed by Sportsguard on behalf of:

**Death by Natural Causes section**

Maiden Life Försäkrings AB, UK Branch

**Personal Accident section**

American International Group UK Limited (AIG UK)



The Admin Bureau Ltd, One Overstone Heights, Sywell, Northamptonshire, NN6 0AT

Date of Issue: 09 June 2025



**ENDORSEMENTS**

It is hereby agreed that the following endorsements are applicable to the attaching schedule of insurance:

None.