Group Policy Schedule



Schools' £600,000 Personal Accident (Incorporating Dental) Insurance

Policy Number:	UKBCHD05097
The Group Policyholder:	Sunnylands Limited trading as St Peter's School
Address:	Sunnylands, 52 Headlands, Kettering, Northamptonshire, NN15 6DJ, United Kingdom
Renewal Date:	01 September 2023
Period of Insurance:	 a) i) From: 1 September, 2022 (the Start Date) ii) To: 31 August 2023 (both dates inclusive) If the term commences before the 1st September 2022 cover will commence from 00.01 hours local standard time on the earliest date. Cover will expire on 24.00 hours local standard time on 31st August 2023 b) Any subsequent period for which We shall agree to accept a renewal premium
Period of Cover:	Cover in respect of each Insured Person will commence on the Start Date or the date which the Insured Person is advised by the Group Policyholder that their cover is operative if after the Start Date
Premium (inclusive of Insurance Premium Tax at the applicable rate):	To be declared
Applicable Policy Wording:	C1507/11 0722
Date of issue:	1st August 2022

Insured Persons			
Category A	Category A Any Pupil enrolled at the Group Policyholder's school. Insured		
Category B	Any Employee	Not Insured	
Category C	Any member of the board of governors (school governor) of the Group Policyholder's school.	Insured	
Category D	Any person who is acting in a capacity as a volunteer, assistant or helper under the direction of the Group Policyholder .	Insured	
Effective Time			

Effectiv	e Time			
Category A	24 hours a day for the duration of each Term during the Period of Insurance , including;			
	 a. the uninterrupted journey to the Group Policyholder's school prior to the commencement of a Term; and 			
	b. the holiday break that immediately follows the end of Term .			
	If a Pupil is not returning to the Group Policyholder's school at the start of a Term due to;			
	 a. the Pupil transferring to another primary or secondary school within the United Kingdom, cover will continue until the commencement of the uninterrupted journey to the new school; or 			
	b. the Pupil completing their secondary education or transferring to a school outside the United Kingdom , cover will continue during the holiday break following the end of Term , but only whilst the Pupil is participating in official organised activities under the auspices of the Group Policyholder , including uninterrupted travel between the location of the activity and their home; or			
	c. any reason other than in a. or b. above, cover ceases at the end of the Pupil's uninterrupted journey home at the end of their last day at the Group Policyholder's school.			
Category B	24 hours a day anywhere in the world.			
Categories	Whilst undertaking duties of the Group Policyholder ;			
a. in the United Kingdom excluding travel directly between home a location the school duties are being undertaken; or				
	b. outside the United Kingdom including travel directly between home and the location the school duties are being undertaken.			

Schedule of Benefits – £600,000 Plan

The maximum amount payable for any one Claim under Sections 1, 3 and 4 in total is; £600,000 for Pupils and Employees

£100,000 for school governors, volunteers, assistants or helpers (except under Items 14 to 17)
See Section 4 Supplemental Benefit for full details of cover

Cover only applies to those Categories of Insured Persons stated as 'Insured' in the Group Policy Schedule.

SECTION 1. Serious Injury

		Benefit Amount		
Item	Benefit Description	Insured Persons Categories A & B	Insured Persons Categories C & D	
1	Organic paralysis	£250,000	£100,000	
2	Loss of intellectual capacity	£250,000	£100,000	
3	Loss of sight in both eyes	£250,000	£100,000	
4	Loss of upper limbs (both)	£250,000	£100,000	
5	Loss of lower limbs (both)	£250,000	£100,000	
6	Loss of upper limb (one) and Loss of lower limb (one)	£250,000	£100,000	
7	Loss of sight in one eye	£120,000	£48,000	
8	Loss of upper limb (one)	£120,000	£48,000	
9	Loss of lower limb (one)	£120,000	£48,000	
10	Loss of hearing in both ears	£120,000	£48,000	
11	Total loss of or total loss of use of:			
	a. lung	£120,000	£48,000	
	b. a hip, knee or ankle	£100,000	£40,000	
	c. the back or spine below the neck with no damage to the spinal cord	£100,000	£40,000	
	d. the neck or cervical spine with no damage to the spinal cord	£75,000	£30,000	
	e. a shoulder or elbow	£75,000	£30,000	
	f. a thumb or wrist	£65,000	£26,000	
	g. the jaw	£40,000	£17,000	
	h. a kidney	£35,000	£14,000	
	i. a big toe	£35,000	£14,000	
	j. a finger	£25,000	£10,000	
	k. spleen	£20,000	£8,000	
	l. any other toe	£10,000	£4,000	
12	Loss of hearing in one ear	£25,000	£10,000	
13	Loss of smell and Loss of taste	£25,000 £10,000		
14	Hemiplegia*	£300,000	£300,000	
15	Paraplegia*	£300,000	£300,000	
16	Quadriplegia*	£600,000	£600,000	

17	Triplegia*	£450,000	£450,000
18	To ensure an Insured Person is provided with a paymen listed above, Chubb will assess medical evidence to calculat scale. No account shall be taken of the Insured Person's results in 25% of the loss of sight in one eye, Chubb will pay this Scale.	te the degree of disablem occupation. For exampl	ent relative to this e if Bodily Injury

^{*}Note: Only one Benefit Amount may be paid for Hemiplegia, Paraplegia, Quadriplegia or Triplegia. The Benefit Amounts are not cumulative.

Any **Benefit Amount** payable for **Hemiplegia**, **Paraplegia** or **Triplegia** is in addition to any **Benefit Amount** payable under Section 1 Item 1 – 13 or Item 18 up to the maximum **Benefit Amount** of £600,000.

SECTIO	The payable under Section 1 Item 1 – 13 of Item 10 up to the maximum benefit	
	ntal death	
Item	Benefit Description	Benefit Amount
1	Accidental death – Category A (Pupils)	£7,500
2	Accidental death – Category B, C & D (Employees , School Governors / Volunteers/ Helpers / Assistants)	£100,000
SECTION Disfigu	ON 3. rement or scarring of the Face and Body	
		Benefit Amount
Item	Benefit Description	Insured Persons Categories A, B, C, D
1	A. Face	
	i. Minimum Benefit at least one square centimetre or two centimetres in length	£250
	ii. Maximum Benefit whole area of the Face	£5,000
	B. Body	
	4% or more of the Total Body Surface Area	£3,000
	15% or more of the Total Body Surface Area	£6,000
	25% or more of the Total Body Surface Area	£10,000
SECTIO		
Supple	mental Benefit -Cover for Category A (Pupils) & Category B (Empl	oyees) only
		Benefit Amount
Item	Benefit Description	Insured Persons Categories A & B
1	If an Insured Person described in Category A (Pupil) or Category B (Employee) sustains Bodily Injury resulting in a Permanent Disability insured under Items 1 to 15, 17 and/or 18 of Section 1 (Serious Injury) and/or Section 3 (Disfigurement or scarring of the Face and Body) and the total Benefit Amount payable reaches £250,000, a Supplemental Benefit of £350,000 is also payable making a total Benefit Amount payable of £600,000. This Section does not apply to Insured Persons described in Categories C (school governors) and D (volunteers, assistants or helpers). The Supplemental Benefit is not payable to those Insured Persons .	£350,000
SECTIO		
Dental	Injury and Dental Emergency Treatment	

		Benefit Amount
Item	Benefit Description	Insured Persons
		Categories A, B, C & D
1	Dental Injury	
	Total loss of permanent natural teeth	
	a. Total permanent physical loss of anterior tooth (canine or incisor)	£2,000 per tooth
	b. Total permanent physical loss of posterior tooth (molar or pre-molar)	£1,250 per tooth
	Partial loss of natural teeth	
	c. Partial loss of anterior and / or posterior tooth	Up to £500 per tooth
	Loss of Vitality	
	d. The total Loss of Vitality of a permanent natural tooth	£500 per tooth
	Total amount payable in respect of any one \textbf{Claim} under Items c & d	£2,000
	e. Dental Treatment following Dental Injury (Insured Persons under age 18 years)	Up to £10,000
	f. Dental Treatment following Dental Injury (Insured Persons age 18 years and over)	Up to £10,000
	Total amount payable for any one Claim under Items e & f (Dental Treatment that exceeds £750 must first be approved by Chubb)	£10,000
	g. Dental Treatment following Dental Injury requiring Dental Implant(s)	Up to £2,000 per Dental Implant
	Total amount payable for any one Claim under Item g	£10,000
2	Emergency Dental Treatment	Up to £2,000
3	Surgical Extraction of Third Molars (Wisdom Teeth)	£125 per tooth
4	In-patient Hospital Stay (up to 365 nights maximum)	£125 per night
5	Mouth Cancer treatment	Up to £12,000
6	Incidental Expenses	Up to £125

Section Fractu		
	Benefit Am	ount
Item	Benefit Description	Insured Persons Categories A, B, C & D
1	Hip or pelvis (excluding coccyx or thigh)	£1,000
2	Femur or heel	£500
3	Skull (excluding jaw and nose) lower leg, collar bone, ankle, elbow, upper or lower arm (including the wrist, but not a colles' fracture)	£500
4	Spine (vertebrae, but excluding coccyx)	£1,500
	Maximum amount payable for all Fractures due to one Accident	£5,000

			Benefit Amount	
		I	nsured Persons	
em	Benefit Description	Category A	Category B	Categories C & D
1	Catastrophic Accident	Not Insured	Up to £600,000	Not Insured
2	Chauffeur or Taxi	Up to 10% of benefit paid under Section 1	Up to 10% of benefit paid under Section 1	Up to 10% of benefit paid under Section
3	Child / children	Not Insured	£8,000	Not Insured
4	Cosmetic Surgery	Up to £10,000	Up to £10,000	Not Insured
5	Dependent Adult	Not Insured	£25,000	£25,000
6	Estate Administration	Up to £2,000	Up to £2,000	Up to £2,000
7	Funeral Expenses	Up to £10,000	Up to £10,000	Up to £10,000
8	Home Adaption / Relocation	£50,000	£50,000	£50,000
9	Home Help & Childcare	Not Insured	Up to £10,000	Up to £10,000
10	Independent Financial Advice	Not Insured	Up to £2,500	Up to £2,500
11	Injury Medical Expenses	Up to £30,000	Up to £30,000	Up to £30,000
12	Personnel Replacement	Not Insured	Up to £5,000	Not Insured
13	Prosthesis	Up to £10,000	Up to £10,000	Up to £10,000
14	Psychological Counselling	Up to £2,000	Up to £2,000	Up to £2,000
15	Quality of Life Improvement Advice	Not Insured	Up to £5,000	Not Insured
16	Rehabilitation Case Management & Treatment	Not Insured	Up to £5,000	Up to £5,000
17	Retraining	Not Insured	Up to £15,000	Up to £15,000
18	Retraining for a Partner	Not Insured	Up to £15,000	Up to £15,000
ECTIC	ON 8.			
utoma	atic Additional Benefits			
			Benefit Amount	
			Insured Persons	
tem	Benefit Description	Category A	Category B	Categories C & D
-	Coma within Country of Domicile (Up 730 days maximum)	o to £100 a day	£100 a day	Not Insured
1	Hospital Stay within Country of Dom (Up to 365 days maximum)	icile £50 a day	£150 a day	£150 a day
}	Hospital Transfer	Up to £5,000	Up to £5,000	Up to £5,000
ŀ	Hospital Visiting	Up to £100 a day £5,000	Up to £100 a day £5,000	Up to £100 a day
	Maximum amount payable for any on		07	£5,000

6	Loss of or Damage to Personal Belongings	Up to £2,000	Up to £2,000	Not Insured
7	Partner or Child of a Director or Employee benefit:			
	a Hemiplegia of a Parent or Child of a Category B Insured Person	Not Insured	£150,000	Not Insured
	b. Paraplegia of a Parent or Child of a Category B Insured Person	Not Insured	£150,000	Not Insured
	c. Quadriplegia of a Parent or Child of a Category B Insured Person	Not Insured	£300,000	Not Insured
	d. Triplegia of a Parent or Child of a Category B Insured Person	Not Insured	£225,000	Not Insured

Note: Only one **Benefit Amount** may be paid for **Hemiplegia**, **Paraplegia**, **Quadriplegia** or **Triplegia**. The **Benefit Amounts** are not cumulative.

8	Recruitment Expenses following suicide**	Not Insured	Up to £15,000	Not Insured
9	Return Home	Up to £2,000	Up to £2,000	Up to £2,000
10	Trauma Counselling	Up to £2,000	Up to £2,000	Up to £2,000
11	Workplace Assault	Not Insured	Up to £5,000	Up to £5,000

^{**} Note that in respect of Item 5 (Lifesaver) and Item 8 (Recruitment Expenses following suicide) the **Benefit Amount** is payable to the **Group Policyholder** only and cover applies regardless of whether Insured Persons Category B (Employees) in the **Group Policy Schedule** is stated as 'Insured' or Not Insured'.

SECTION 9

Item Benefit Description

1 Assistance Services

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Crisis Management			
enefit Description	Benefit Amount		
isis Management	Up to £75,000 per Crisis		
ggregate Limit in any one Period of Insurance	£75,000		
	enefit Description isis Management ggregate Limit in any one Period of Insurance		

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