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Group Policy Schedule

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

Policy Number:	UKBCHD05097
The Group Policyholder:	St Peter's School & Sunnylands Nursery
Address:	Sunnylands, 52 Headlands, Kettering, Northamptonshire, NN15 6DJ, United Kingdom
Renewal Date:	01 September 2026
Period of Insurance:	a) i) From: 1 September, 2025 (the Start Date) ii) To: 31 August 2026 (both dates inclusive) If the term commences before the 1st September 2025 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 2026 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:	CR1507/16 0924
Date of issue:	4th July 2025

Insured Persons

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

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 C & D	Whilst undertaking duties of the **Group Policyholder**; a. in the **United Kingdom** excluding travel directly between home and the 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 15 to 18)
See Section 4 Enhanced 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	**Loss of Reproductive Organs**	£30,000*	Not Insured
15	**Hemiplegia****	£300,000	£300,000

16	**Paraplegia****	£300,000	£300,000
17	**Quadriplegia****	£600,000	£600,000
18	**Triplegia****	£600,000	£600,000
19	To ensure an **Insured Person** is provided with a payment for a **Permanent Disability** that is not listed above, Chubb will assess medical evidence to calculate the degree of disablement relative to this scale. No account shall be taken of the **Insured Person's** occupation. For example if **Bodily Injury** results in 25% of the loss of sight in one eye, Chubb will pay 25% of the **Benefit Amount** for item 7 in this Scale.		

***Note:** Cover for Category B **Insured Persons** only

****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** or **Paraplegia** is in addition to any **Benefit Amount** payable under Section 1 Item 1 – 14 or Item 19 up to the maximum **Benefit Amount** of £600,000.

SECTION 2.
Accidental 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 3.
Disfigurement 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

SECTION 4.
Enhanced Benefit -Cover for Category A (Pupils) & Category B (Employees) only

		Benefit Amount
Item	**Benefit Description**	**Insured Persons Categories A & B**
1	Enhanced Benefit If an **Insured Person** described in Category A (**Pupil**) or Category B (**Employee**) sustains more than one **Bodily Injury** resulting in a **Permanent Disability** insured under Items 1 to 16 and/or 19 of Section 1 (Serious Injury) and/or Section 3 (Disfigurement or scarring of the Face and Body) and the total **Benefit Amount** payable exceeds £300,000, the insurer will increase the total **Benefit Amount** payable to £600,000. This Section does not apply to **Insured Persons** described in Categories C (school governors) and D (volunteers, assistants or	Up to £300,000

helpers). The Enhanced Benefit is not payable to those **Insured Persons**.

SECTION 5. 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 **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 6. Fractures		
		Benefit Amount
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
5	Dislocation	£500
	Maximum amount payable for all **Fractures** due to one **Accident**	£5,000

SECTION 7. Additional Benefits payable following certain valid claims under Section 1. Serious Injury or Section 2 Accidental Death				
		Benefit Amount		
		Insured Persons		
Item	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 1
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 £3,500	Up to £3,500	Up to £3,500
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 £3,000	Up to £3,000
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 £7,500	Up to £7,500
17	Retraining	Not Insured	Up to £15,000	Up to £15,000
18	Retraining for a Partner	Not Insured	Up to £25,000	Up to £25,000

SECTION 8. Automatic Additional Benefits				
		Benefit Amount		
		Insured Persons		
Item	Benefit Description	Category A	Category B	Categories C & D
1	Coma within Country of Domicile (Up to 730 days maximum)	£140 a day	£140 a day	Not Insured
2	Hospital Stay within Country of Domicile (Up to 365 days maximum)	£50 a day	£150 a day	£150 a day
3	Hospital Transfer	Up to £5,000	Up to £5,000	Up to £5,000
4	Hospital Visiting	Up to £100 a day	Up to £100 a day	Up to £100 a day £5,000

	Maximum amount payable for any one **Claim**	£5,000	£5,000	
5	Lifesaver**	£25,000	£25,000	£25,000
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 £5,000	Up to £5,000	Up to £5,000
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
Assistance

Item	Benefit Description
1	Assistance Services

SECTION 10
Crisis Management

Item	Benefit Description	Benefit Amount
1	Crisis Management	Up to £75,000 per **Crisis**
	Aggregate Limit in any one **Period of Insurance**	£75,000

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