

# Pupil Based Scheme Parent/Staff Information

## Personal Accident Academic Year 2020~2021

### Shebbear College

Group Policy Number: 9483624

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# Personal accident insurance for independent school pupils

Insurance product information document



**Company:** Hiscox Underwriting Ltd

**Product:** Personal accident insurance for independent school pupils

Authorised and regulated in the UK by the FCA – register number 308922

This document provides a summary of the key information relating to this personal belongings insurance policy. Complete pre-contractual and contractual information on the product is provided in the full policy documentation.

## What is this type of insurance?

This is a personal accident for school pupils insurance policy. This insurance is intended to meet the demands and needs of those who want to receive a benefit payment to a pupil or their parent or guardian if the pupil suffers an accidental bodily injury which results in the pupil's death or one of the injuries specified in the policy.



### What is insured?

We will pay a benefit to the pupil or their parent or legal guardian if the pupil suffers an accidental bodily injury which results in their:

- ✓ 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 affecting;
- ✓ organic paralysis;
- ✓ permanent disablement. This includes:
  - exposure;
  - loss of a digit;
  - loss of hearing;
  - loss of intellectual capacity;
  - loss of jaw, limb, sight, organ, speech or tooth; or
  - any disablement which entirely prevents the pupil from attending the education establishment 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 to the pupil or their parent or legal guardian:

- ✓ counselling expenses;
- ✓ dental treatment expenses;
- ✓ 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 directly or indirectly arising out of or caused by:

- ✗ intoxication or the use of any drug or controlled substance, other than prescribed medication used properly;
- ✗ the pupil committing suicide or attempting to commit suicide;
- ✗ the pupil deliberately exposing themselves 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;
- ✗ a pupil whilst on active service in the armed forces;
- ✗ a pupil flying as a pilot or aircrew, or any other aerial activities, other than travel as a commercial passenger;
- ✗ the pupil participating in sports training or matches on a professional or semi-professional level;
- ✗ war, if at the time of the pupil's departure the FCO advised against all but essential travel to the destination or location of any scheduled stop en route; or
- ✗ terrorism or nuclear risks.



### 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.
- ! If we make a payment for disappearance and the pupil is subsequently found alive, the death or disappearance benefit must be repaid to us.



### Where am I covered?

Anywhere in the world.



## 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, injury and damage.
- The pupil or their parent or guardian must tell us as soon as possible about any claim or loss.
- Any injured pupil must see a suitably qualified medical practitioner if required by us.



## 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?

From 1 September 2020, or later if you do not take cover out until a later date, until 31 August 2021, both days inclusive.



## How do I cancel the contract?

The education establishment can cancel the policy by giving 60 days' written notice. We will confirm the cancellation to the education establishment in writing. You can cancel the policy for any reason within the 14 days of receiving confirmation of cover documents. Provided no claim has been made, the education establishment will refund the premium to you in full.

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## How to make a claim

If you suffer a loss and may need to make a claim you should contact us as soon as possible.

For all claims you will need to provide your Hiscox policy number and full details of the claim, including the date, amount claimed and circumstances.

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## Complaints procedure

If you have a complaint, you can contact us using the details below and we will ensure your complaint is directed to the relevant provider's complaints handling department.

Hiscox Customer Relations  
The Hiscox Building  
Peasholme Green  
York YO1 7PR  
United Kingdom

By phone: 0800 116 4627

By phone from mobiles or abroad: +44 (0)1904 681198

By email: [customer.relations@hiscox.com](mailto:customer.relations@hiscox.com)

If you are not satisfied with the way your complaint has been handled, you may ask the Financial Ombudsman Service to review your case without affecting your statutory rights. Full details are available at [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk).

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## Governing law

Unless some other law is agreed in writing, this policy is governed by English law. If there is a dispute, it will only be dealt with in the courts of England or of the country within the United Kingdom in which your main residence is situated. We are covered by the Financial Services Compensation Scheme (FSCS). If we cannot meet our obligations you may be entitled to compensation from the scheme. Full details are available at [www.fscs.org.uk](http://www.fscs.org.uk).

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## Our services

This is a statement of the terms of business on which we agree to act and contains details of our regulatory and statutory responsibilities under the supervision of the Financial Conduct Authority. If you have any questions, please advise your usual contact in the first instance who will be pleased to assist you.

### About us

Hiscox Underwriting Ltd, registered in England no. 02372789, at 1 Great St Helen's, London EC3A 6HX is authorised and regulated by the Financial Conduct Authority. Our FS Register number is 308922. You can check this on the FS's Register by visiting website <https://register.fca.org.uk/>. The FCA is the independent watchdog that regulates financial services. Hiscox Ltd indirectly owns 100% of Hiscox Underwriting Ltd and Hiscox Insurance Company Limited.

### Our relationship with you

We only offer Hiscox insurance products. These are underwritten by Hiscox Underwriting Ltd (the intermediary) on behalf of Hiscox Insurance Company Limited (an insurer), Hiscox SA (an insurer) and partner insurers for certain parts of the cover (these will be set out in the policy schedule). We act as agent for the insurers in undertaking certain responsibilities and therefore will not be acting as an independent insurance intermediary.

Hiscox Underwriting Ltd receives commission for this from Hiscox Insurance Company Limited and Hiscox SA. If you purchase a policy that is serviced or underwritten by a third party, we will set the price you pay for this policy which will be made up of the base cost from the supplier along with an element of profit and administration costs. In addition to this we may receive a profit share from the third party. We do not charge a separate fee for arranging the insurance.

At your request we will endeavour to arrange cover based on the information you have provided. While we will provide you with information on the cover offered, you will not receive advice or a recommendation from us. Any quote documentation we provide to you is based on the information you provide us. You should check to confirm this is correct and advise us of any changes required.

<b>Table of benefits and limits</b>
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<b>Maximum benefit amount</b>	£600,000 or £1,000,000 any one insured person
<b>Multiple benefit uplift threshold</b>	£250,000
<b>Multiple benefit uplift amount</b>	£600,000 any one insured person

Benefit amount:

Accidental death	£15,000
Disappearance	£15,000
Facial disfigurement	£6,000
Burns and scalds	£10,000
Total organic paralysis	£600,000 or £1,000,000
Total loss of intellectual capacity	£600,000 or £1,000,000
Total loss of sight in both eyes	£500,000
Loss of or total loss of use of both arms or both hands	£500,000
Loss of or total loss of use of both legs or both feet	£500,000
Loss of or total loss of use of one arm and one leg	£500,000
Loss of or total loss of use of one hand and one foot	£500,000
Total loss of speech	£500,000
Loss of or total loss of use of one arm or one hand	£120,000
Loss of or total loss of use of one leg or one foot	£120,000
Total loss of sight in one eye	£120,000
Total loss of hearing in both ears	£120,000
Total loss of use of a lung	£120,000
Total loss of hearing in one ear	£25,300
Loss of or total loss of use of a thumb	£63,250
Loss of or total loss of use of a finger	£25,300
Loss of or total loss of use of a big toe	£37,950
Loss of or total loss of use of any other toe	£7,590
Loss of or total loss of use of a shoulder or elbow	£75,900
Loss of or total loss of use of a wrist	£63,250
Loss of or total loss of use of a hip, knee or ankle	£100,000
Loss of or total loss of use of a kidney	£37,950
Loss of or total loss of use of a spleen	£19,250
Loss of jaw	£50,000
Loss of tooth	£7,500

<b>Special limits (included within and not in addition to the maximum benefit amount above)</b>
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Limit:

Counselling expenses	£2,500
Dental treatment expenses	£10,000
Domestic assistance expenses	£50 per week up to £1,000
Funeral expenses	£5,000
Home alteration expenses	£25,000
Independent financial advice expenses	£2,500
Retraining expenses	£10,000
Rehabilitation support expenses	£2,500
Recruitment expenses	£5,000

The General terms and conditions and the following terms and conditions all apply to this section.

## Special definitions for this section

<b>Accidental bodily injury</b>	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 a sudden, unexpected, specific event occurring at an identifiable time and place during both: <ol style="list-style-type: none"> <li>1. the <b>period of insurance</b> or the <b>commuting period</b>; and</li> <li>2. the <b>active time</b>,</li> </ol> and which results in the <b>insured person's</b> death, <b>permanent disablement</b> , <b>facial disfigurement</b> or <b>dental injury</b> , within 24 calendar months of the date of the event.
<b>Active time</b>	The time period stated in the schedule as the 'active time', being the time when the <b>insured person</b> is covered for <b>accidental bodily injury</b> under this section.
<b>Burns and scalds</b>	Permanent scarring caused by third degree or greater burns or scalding to the neck or any part of the body below the neck of an employee of the <b>education establishment</b> or a <b>pupil</b> falling within the definition of an <b>insured person</b> .
<b>Commuting period</b>	The period during which an <b>insured person</b> travels uninterrupted to or from the premises of the <b>education establishment</b> .
<b>Counselling expenses</b>	Reasonable cost of psychological counselling by a suitably licensed and qualified psychological wellbeing practitioner, in connection with a covered claim under this section for <b>permanent disablement</b> of an employee of the <b>education establishment</b> or <b>pupil</b> falling within the definition of an <b>insured person</b> .
<b>Disappearance</b>	The disappearance of an <b>insured person</b> which leads to the reasonable presumption of death caused by <b>accidental bodily injury</b> .
<b>Dental injury</b>	Damage to teeth or any dental prostheses caused by an unforeseen and unexpected direct extra-oral impact, occurring at an identifiable time and place during both the <b>period of insurance</b> and the <b>active time</b> . This definition also includes accidental tooth breakage not caused by direct extra-oral impact.
<b>Dental treatment expenses</b>	The reasonable cost of treatment by a suitably licensed and qualified dentist to repair <b>dental injury</b> .
<b>Domestic assistance expenses</b>	Reasonable expenses incurred with <b>our</b> prior written consent in employing a bona fide domestic services company for domestic assistance provided to the <b>insured person</b> at their home in connection with a valid claim for <b>permanent disablement</b> of that <b>insured person</b> under this section.
<b>Exposure</b>	Unavoidable exposure to extreme hot or cold conditions.
<b>Facial scarring</b>	Scarring affecting at least 1cm <sup>2</sup> or a scar at least 2cm long occurring to the face or neck of an <b>insured person</b> as a result of an <b>accidental bodily injury</b> .
<b>Funeral expenses</b>	Reasonable costs of funeral provision and expenses reasonably incurred in connection with a valid claim under this section for an <b>insured person's</b> death arising directly from <b>accidental bodily injury</b> . This includes repatriation expenses.
<b>Home alteration expenses</b>	Reasonable expenses incurred with <b>our</b> prior written consent in making necessary alterations and adjustments to the <b>insured person's</b> home, and if relevant, their family vehicle and place of work in connection with a valid claim for the <b>permanent disablement</b> of that <b>insured person</b> under this section.

<b>Inception</b>	Start date of the <b>period of insurance</b> as stated in the schedule.
<b>Independent financial advice expenses</b>	Reasonable expenses incurred with <b>our</b> prior written consent to engage an independent financial advisor to provide one session of professional financial advice to the <b>insured person</b> or their <b>parent or legal guardian</b> in connection with a valid claim for the death or <b>permanent disablement</b> of that <b>insured person</b> under this section. <b>We</b> will not make any payment for any financial advice provided by any relative of the <b>insured person</b> or provided by the <b>education establishment</b> .
<b>Insured person</b>	<p>Any person aged 79 years old or younger, who is legally resident in the United Kingdom of Great Britain and Northern Ireland, the Channel Islands or the Isle of Man, provided that such person:</p> <ol style="list-style-type: none"> <li>1. <ol style="list-style-type: none"> <li>a. is a <b>pupil</b> who is registered for attendance at the <b>education establishment</b> during the <b>period of insurance</b>. This includes any applicable parental interests of that <b>pupil's parent or legal guardian</b>;</li> <li>b. is an employee or volunteer working at the <b>education establishment</b> during the <b>period of insurance</b>; or</li> <li>c. is a member of the <b>education establishment's</b> board of governors during the <b>period of insurance</b>; and</li> </ol> </li> <li>2. has been, or will be: <ol style="list-style-type: none"> <li>a. added to the list of insured persons covered by this section maintained by the <b>education establishment</b>; and</li> <li>b. included within the termly declaration numbers for this section of the <b>policy</b> reported by the <b>education establishment</b> to <b>Aon</b>;</li> </ol> </li> </ol> <p>unless otherwise stated in the schedule.</p>
<b>Loss of digit</b>	Total loss of or use of a thumb, finger or toe.
<b>Loss of hearing</b>	Total loss of hearing in an ear.
<b>Loss of intellectual capacity</b>	Persistent disorder or disability of the mind or significant impairment of intelligence and social functioning which is quantitatively evaluated by psychological examination and assessment.
<b>Loss of jaw</b>	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.
<b>Loss of limb</b>	Loss by physical separation of, or loss of use of an arm or hand at or above the wrist, or of a foot or leg at or above the ankle, or total loss of use of a complete arm, hand, foot or leg.
<b>Loss of organ</b>	Total loss of use of a kidney, lung or spleen.
<b>Loss of sight</b>	Total loss of sight in an eye.
<b>Loss of speech</b>	Total loss of speech.
<b>Loss of tooth</b>	Loss of a tooth, including the death of a nerve in a tooth. This does not include milk teeth.
<b>Maximum benefit amount</b>	The most <b>we</b> will pay per <b>insured person</b> for all benefits and expenses in respect of any one event as shown in the schedule.
<b>Multiple benefit uplift threshold</b>	If the <b>insured person</b> is eligible, the minimum amount shown in the schedule that a combination of benefits payable in respect of a valid claim must equal or exceed before <b>we</b> will pay an additional amount up to the <b>multiple benefit uplift amount</b> .
<b>Multiple benefit uplift amount</b>	If the <b>insured person</b> is eligible, the amount, shown in the schedule, which <b>we</b> will pay if the <b>multiple benefit uplift threshold</b> amount has been reached by the sum of two or more benefit payments in respect of a valid claim. Please check the schedule to see if the <b>insured person</b> is eligible for this uplift.
<b>Organic paralysis</b>	Loss of operation of voluntary muscles because of structural wounds of the nervous or

muscular system.

<b>Permanent disablement</b>	<ol style="list-style-type: none"> <li>1. <b>Exposure, loss of digit, loss of hearing, loss of intellectual capacity, loss of jaw, loss of limb, loss of organ, loss of sight, loss of speech, loss of tooth; organic paralysis, or</b></li> <li>2. any disablement which entirely prevents the <b>pupil</b>, falling within the definition of <b>insured person</b>, from attending the <b>education establishment</b> and which lasts continuously for 12 calendar months and which at the end of that period is without prospect of improvement, or</li> <li>3. any disablement which entirely prevents the <b>insured person</b>, other than <b>pupils</b>, from attending to their usual business or occupation for which that person is reasonably suited by training, education or experience and which lasts continuously for 12 calendar months and which at the end of that period is without prospect of improvement.</li> </ol>
<b>Recruitment expenses</b>	Reasonable expenses incurred by the <b>education establishment</b> with <b>our</b> prior written consent in the recruitment and selection process for the replacement of an employee of the <b>education establishment</b> , falling within the definition of an <b>insured person</b> , in connection with a valid claim for the death or <b>permanent disablement</b> of that employee under this section.
<b>Rehabilitation support expenses</b>	Reasonable expenses incurred by an <b>insured person</b> or their <b>parent or legal guardian</b> with <b>our</b> prior written consent in the rehabilitation support of an <b>insured person</b> , in connection with a valid claim for the <b>permanent disablement</b> of that <b>insured person</b> under this section.
<b>Retraining expenses</b>	Reasonable expenses incurred with <b>our</b> prior written consent by an employee of the <b>education establishment</b> falling within the definition of an <b>insured person</b> , in the retraining of that employee, for an alternative occupation in connection with a valid claim for the <b>permanent disablement</b> of that employee under this section.
<b>Table of benefits</b>	The table labelled "table of benefits" shown in the schedule.

## What is covered

Permanent disablement	<p><b>We will pay:</b></p> <ol style="list-style-type: none"> <li>1. <ol style="list-style-type: none"> <li>a. the employee of the <b>education establishment</b>;</li> <li>b. the <b>pupil</b> or their <b>parent or legal guardian</b>:</li> </ol> <p>falling within the definition of <b>insured person</b>, the corresponding benefit listed in the <b>table of benefits</b> if that employee or <b>pupil</b> suffers <b>accidental bodily injury</b> which results in their <b>burns and scalds, death, disappearance, facial scarring, organic paralysis or permanent disablement</b>.</p> </li> <li>2. <ol style="list-style-type: none"> <li>a. the volunteer of the <b>education establishment</b>;</li> <li>b. the member of the board of governors of the <b>education establishment</b>:</li> </ol> <p>falling within the definition of <b>insured person</b>, the corresponding benefit listed in the <b>table of benefits</b> if that volunteer or member suffers <b>accidental bodily injury</b> which results in their death, <b>disappearance, facial scarring, organic paralysis, or permanent disablement</b> other than <b>loss of jaw or loss of tooth</b>.</p> </li> </ol>
<b>Additional cover</b>	<p><b>We will also pay:</b></p> <ol style="list-style-type: none"> <li>1. <ol style="list-style-type: none"> <li>a. the employee of the <b>education establishment</b>;</li> <li>b. the <b>pupil</b> or their <b>parent or legal guardian</b>:</li> </ol> <p>falling within the definition of <b>insured person</b>, <b>counselling expenses, dental treatment expenses, domestic assistance expenses, funeral expenses, home alteration expenses, independent financial advice expenses and rehabilitation support expenses</b> incurred by or on behalf of that employee or <b>pupil</b> with <b>our</b> prior written</p> </li> </ol>

consent.

2.
  - a. the volunteer of the **education establishment**;
  - b. the member of the board of governors of the **education establishment**:  
falling within the definition of **insured person, domestic assistance expenses, funeral expenses, home alteration expenses, independent financial advice expenses** and **rehabilitation support expenses** incurred by or on behalf of that employee or member with **our** prior written consent.
3. employees of the **education establishment** falling within the definition of **insured person, retraining expenses** incurred by or on behalf of that employee where the **education establishment** has agreed with **our** prior written consent.
4. the **education establishment recruitment expenses** incurred by the **education establishment** directly as a result of death, **disappearance** or **permanent disablement** of an **insured person**.

## What is not covered

We will not make any payment for any **accidental bodily injury** directly or indirectly arising out of or contributed to by:

1. intoxication or use of any drug or controlled substance by an **insured person** (other than drugs prescribed by their medical practitioner and used properly);
2. an **insured person** committing or attempting suicide or deliberately injuring themselves;
3. an **insured person** deliberately exposing themselves to exceptional danger unless trying to save a human life;
4. any criminal act;
5. sickness, disease, naturally occurring condition, gradually operating cause or post-traumatic stress disorder other than as a direct result of **accidental bodily injury**;
6. an **insured person** engaging in **active service** as a member of any armed forces;
7. flying as a pilot or aircrew or any other aerial activities other than travel by commercial airlines as a passenger;
8. an **insured person** participating in sports training sessions or matches on a professional or semi-professional basis;
9. **war**, but only where at the time of an **insured person's** departure for travel, the British Foreign and Commonwealth Office advise against all but essential travel to the destination or to the location of any scheduled stop between the original point of departure and the final destination;
10. **terrorism** or **nuclear risks**.

## How much we will pay

Please check the schedule to see which benefits are in force.

Permanent disablement, disappearance, facial scarring, organic paralysis and death

We will pay the **insured person** or their **parent or legal guardian** the corresponding benefit listed in the **table of benefits** for death, **disappearance, facial scarring, organic paralysis** or **permanent disablement** of each **insured person**.

If the **insured person** suffers a **permanent disablement** which 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 types of **permanent disablement** which are listed in the **table of benefits**. This calculation will not take into account the **insured person's** ability to work.

Multiple benefits may be payable for each **insured person** in respect of the consequences of

any one **accidental bodily injury**, but the most **we** will pay in respect of any one **accidental bodily injury** is the **maximum benefit amount** as shown in the schedule.

Multiple benefit uplift

If:

1. an employee of the **education establishment**;
2. a **pupil**;

falling within the definition of **insured person** suffers **accidental bodily injury** which leads to a valid claim for two or more benefits stated in the **table of benefits**, and the sum of these benefits exceeds the **multiple benefit uplift threshold**, **we** will also pay the difference between the sum of those benefits and the **multiple benefit uplift amount** as stated in the schedule.

Burns and scalds

For **burns and scalds**, **we** will pay the employee of the **education establishment** or **pupil** falling within the definition of **insured person** or their **parent or legal guardian** the following percentage of the benefit listed in the **table of benefits** :

1. 30%, where **burns and scalds** affect between 4% and 14% of the body surface area below the neck;
2. 60%, where **burns and scalds** affect between 15% and 24% of the body surface area below the neck; or
3. 100%, where **burns and scalds** affect 25% or more of the body surface area below the neck.

**Special limits**

The following are also included within, and not in addition to, the **maximum benefit amount** shown in the schedule:

Counselling expenses

**We** will also pay the employee of the **education establishment** or **pupil** falling within the definition of **insured person** or their **parent or legal guardian** **counselling expenses**, up to the amount shown in the schedule, incurred in connection with each **accidental bodily injury** resulting in **permanent disablement** for each employee or **pupil**.

Dental treatment expenses

For **dental treatment expenses**, **we** will pay the employee of the **education establishment** or **pupil** falling within the definition of **insured person** or their **parent or legal guardian** the following percentages or amounts, which are all included within the benefit listed in the **table of benefits** or :

1. Up to 20% for reasonable costs of emergency dental treatment during the **period of insurance**;
2. Up to £125 per tooth for surgical extraction of wisdom teeth first diagnosed and extracted during the **period of insurance**;
3. £125 per night spent by that employee or **pupil** in hospital for the purpose of receiving dental treatment;
4. Up to £125 for the reasonable expenses incurred by that employee or **pupil** or their **parent or legal guardian** for taxis or other transport to a dental appointment.

Domestic assistance expenses

**We** will also pay the **insured person** or their **parent or legal guardian** **domestic assistance expenses**, up to the amount shown in the schedule, for each **insured person**.

Funeral expenses

**We** will also pay the **insured person** or their **parent or legal guardian** **funeral expenses**, up to the amount shown in the schedule, for each **insured person**.

Home alteration expenses

**We** will also pay the **insured person** or their **parent or legal guardian** **home alteration expenses**, up to the amount shown in the schedule, incurred in connection with each **accidental bodily injury** resulting in **permanent disablement** for each **insured person**.

Independent financial advice expenses	<b>We will also pay the insured person or their parent or legal guardian Independent financial advice expenses</b> , up to the amount shown in the schedule, for each <b>insured person</b> .
Retraining expenses	<b>We will also pay the employee of the education establishment</b> , falling within the definition of an <b>insured person</b> , <b>retraining expenses</b> up to the amount shown in the schedule, incurred in connection with each <b>accidental bodily injury</b> resulting in <b>permanent disablement</b> for each such employee.
Rehabilitation support expenses	<b>We will also pay the insured person or their parent or legal guardian rehabilitation support expenses</b> , up to the amount shown in the schedule, for each <b>insured person</b> .
Recruitment expenses	<b>We will also pay the education establishment recruitment expenses</b> , up to the amount shown in the schedule, incurred in connection with an <b>accidental bodily injury</b> resulting in death, <b>disappearance</b> or <b>permanent disablement</b> for each employee of the <b>education establishment</b> falling within the definition of an <b>insured person</b> .

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## Your obligations

**We will not make any payment for accidental bodily injury** under this section unless:

1. the **insured person** or their **parent or legal guardian** notifies **us** promptly of any **accidental bodily injury** which might be covered under this section;
2. the **insured person** sees a suitably qualified medical practitioner as soon as possible after suffering injury and follows any medical advice they are given;
3. the **insured person** submits to independent medical examination as part of their claim if **we** determine it to be necessary;
4. in respect of a **pupil**, falling within the definition of **insured person**, who is the subject of a claim for **disappearance**, their **parent or legal guardian** provides **us** with a signed undertaking that if that **pupil** is subsequently found alive, any death or **disappearance** benefit paid shall be refunded to **us**.

The General terms and conditions and the following terms and conditions all apply to this section.

## Special definitions for this section

<b>Business</b>	The <b>education establishment's</b> business or profession as shown in the schedule.
<b>Crisis</b>	A time of severe difficulty in the <b>education establishment's</b> activities or danger to the <b>education establishment's business</b> as a result of an <b>insured incident</b> that could, if left unmanaged, cause adverse or negative publicity or of media attention to the <b>education establishment</b> or their <b>business</b> .
<b>Crisis containment costs</b>	Reasonable and necessary costs incurred in utilising the services of the <b>crisis containment provider</b> to limit or mitigate the impact of a <b>crisis</b> .
<b>Crisis containment provider</b>	The person or company named in the schedule.
<b>Insured incident</b>	An incident, act or problem that in the <b>education establishment's</b> good faith opinion could potentially give rise to a covered claim being made by the <b>education establishment</b> or a <b>beneficiary</b> under any other section of this <b>policy</b> .
<b>Working hours</b>	The hours between 09:00 and 17:00 on any day other than Saturday, Sunday or a public holiday.

## What is covered

Crisis containment costs	<b>We</b> will pay <b>crisis containment costs</b> incurred within the <b>geographical limits</b> with <b>our</b> prior written consent as a direct result of a <b>crisis</b> commencing during the <b>period of insurance</b> .
Outside working hours discretionary crisis mitigation costs	<b>We</b> will also pay <b>crisis containment costs</b> incurred within the <b>geographical limits</b> without <b>our</b> consent in carrying out immediate work outside of <b>working hours</b> to limit or mitigate the impact of the <b>crisis</b> . Any such work done by the <b>crisis containment provider</b> will not be confirmation of cover under this or any other section of this <b>policy</b> .

## What is not covered

- We** will not make any payment for:
1. **crisis containment costs** relating to any claim or part of a claim not covered by this **policy**.
  2. costs which are covered under any other section of this **policy**.
  3. any **crisis containment costs** directly or indirectly due to:
    - a. any incident, act, investigation or problem that affects the **education establishment's** profession or industry; or
    - b. governmental regulations which affect another country or the **education establishment's** profession or industry; or
    - c. any sanction, prohibition or restriction under United Nations resolutions or trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America; or
    - d. socioeconomic changes or business trends which affect the **education establishment's business** or the **education establishment's** profession or industry.

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## How much we will pay

The most **we** will pay under this section is the amount shown in the schedule, irrespective of the number of **crises** or **insured incidents**. **We** will pay the **crisis containment provider** directly for **crisis containment costs** covered under this section of the **policy**.

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**.

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## Your obligations

**We** will not make any payment under this section unless **you** notify any **crisis** in accordance with either of the following:

If a crisis arises during working hours

1. If the **education establishment** first becomes aware of the **crisis** during **working hours** the **education establishment** must notify **us** of it immediately by phoning **us** on the number stated in the schedule.

**We** will then determine if the incident, act or problem that the **education establishment** has notified would give rise to a covered claim under any other section of this **policy**. If **we** determine this to be the case then **we** will contact the **crisis containment provider** to assist the **education establishment** in the management of the **crisis**.

If **we** determine that the incident, act or problem that the **education establishment** 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.

The **education establishment** must co-operate fully with **us**, the **crisis containment provider** and any of **our** representatives in the management of the **crisis**.

If a crisis arises outside of working hours

2. If the **education establishment** first becomes aware of the **crisis** outside of **working hours** the **education establishment** must notify the **crisis containment provider** immediately by phoning them on the number stated in the schedule. The **education establishment** must also notify **us** of the **crisis** as soon as possible within **working hours** by telephoning the number stated in the schedule.

The **education establishment** must co-operate fully with the **crisis containment provider** in the management of the **crisis**.

Please read this wording, together with any **endorsements** and the schedule, very carefully. If anything is not correct, please notify **us** immediately.

This wording is fully protected by the laws of copyright. No unauthorised use or reproduction is permitted.

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## Our promise to you

In return for the premium **you** have paid, **we** agree to insure **you** in accordance with the terms and conditions of the **policy**.



**Ben Horton**  
CUO, Hiscox Underwriting Ltd

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## Complaints procedure

Hiscox aims to ensure that all aspects of **your** insurance are dealt with promptly, efficiently and fairly. At all times Hiscox are committed to providing **you** with the highest standard of service. If **you** have any concerns about **your policy** or **you** are dissatisfied about the handling of a claim and wish to complain **you** should contact Hiscox at:

Hiscox Customer Relations  
The Hiscox Building  
Peasholme Green  
York YO1 7PR

by telephone: 01904 681 198 or 0800 116 4627

by email: [customer.relations@hiscox.com](mailto:customer.relations@hiscox.com)

Where **you** are not satisfied, **you** also have the right to refer **your** complaint to the Financial Ombudsman Service. For more information regarding the scope of the Financial Ombudsman Service, please refer to [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk).

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<b>General definitions</b>	Words shown in <b>bold</b> type have the same meaning wherever they appear in this <b>policy</b> . The words defined below are used throughout this <b>policy</b> . Any other definitions are shown in the section to which they apply.
<b>Active service</b>	Direct participation in military operations.
<b>Aon</b>	Aon UK Limited, the insurance intermediary who has arranged this insurance on <b>our</b> behalf.
<b>Asbestos risks</b>	<ol style="list-style-type: none"><li>The mining, processing, manufacturing, use, testing, ownership, sale or removal of asbestos, asbestos fibres or material containing asbestos; or</li><li>exposure to asbestos, asbestos fibres or materials containing asbestos; or</li><li>the provision of instructions, recommendations, notices, warnings, supervision or advice given, or which should have been given, in connection with asbestos, asbestos fibres or structures or materials containing asbestos.</li></ol>
<b>Beneficiary</b>	<ol style="list-style-type: none"><li>each 'covered pupil' or 'parent or legal guardian' as defined in the property – personal belongings insurance section of this <b>policy</b>;</li><li>each 'insured person' as defined in the personal accident insurance for independent school pupils and staff section of this <b>policy</b>; and</li><li>each 'fee payer' as defined in the school fees insurance for independent schools section of this <b>policy</b>.</li></ol>
<b>Communicable disease</b>	Any communicable, infectious, or contagious disease, Including any related variation, strain, virus, complex or syndrome.
<b>Confiscation</b>	Confiscation, nationalisation, requisition, expropriation, deprivation, destruction of or damage to property by or under the order of any government or public or local authority.
<b>Date recognition</b>	Any failure by any equipment (including any hardware or software) to correctly recognise any given date or to process any data or to operate properly due to any failure to correctly recognise any given date.
<b>Education establishment</b>	The insured shown in the schedule.
<b>Endorsement</b>	A change to the terms of the <b>policy</b> .
<b>Excess</b>	The amount <b>you</b> must bear as the first part of each agreed claim or loss.
<b>Geographical limits</b>	The geographical area shown in the schedule.
<b>Nuclear risks</b>	<ol style="list-style-type: none"><li>Any sort of nuclear material, nuclear reaction, nuclear radiation or radioactive contamination;</li><li>any products or services which include, involve or relate in any way to anything in a. above, or the storage, handling or disposal of anything in a. above;</li><li>all operations carried out on any site or premises on which anything in a. or b. above is located.</li></ol>
<b>Parent or legal guardian</b>	The person with parental responsibility for, or a legal guardian of a <b>pupil</b> falling within the definition of a <b>beneficiary</b> , both being in accordance with the Children Act 1989 and any subsequent replacement legislation.
<b>Period of insurance</b>	The time for which this <b>policy</b> is in force as shown in the schedule.
<b>Policy</b>	This insurance document and the schedule, including any endorsements.
<b>Program</b>	A set of instructions written in a computer language which tells a computer how to process data or interact with ancillary equipment.
<b>Pupil</b>	Any pupil or nursery child who is registered for attendance at the <b>education establishment</b> during the <b>period of insurance</b> .

## General terms and conditions

<b>School trips</b>	Any domestic or overseas trip arranged for <b>pupils</b> by the <b>education establishment</b> , provided the trip commences during the <b>period of insurance</b> or up to 31 days after the <b>period of insurance</b> shown in the schedule.
<b>Terrorism</b>	An act, or the threat of an act, by any person or group of persons, whether acting alone or on behalf of or in connection with any organisation or government, that: <ul style="list-style-type: none"> <li>a. is committed for political, religious, ideological or similar purposes; and</li> <li>b. is intended to influence any government or to put the public, or any section of the public, in fear; and</li> <li>c. <ul style="list-style-type: none"> <li>i. involves violence against one or more persons; or</li> <li>ii. involves damage to property; or</li> <li>iii. endangers life other than that of the person committing the action; or</li> <li>iv. creates a risk to health or safety of the public or a section of the public; or</li> <li>v. is designed to interfere with or to disrupt an electronic system.</li> </ul> </li> </ul>
<b>War</b>	War, invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power.
<b>We/us/our</b>	The insurers named in the schedule.
<b>You/your</b>	<ul style="list-style-type: none"> <li>a. The <b>education establishment</b> named in the schedule; and</li> <li>b. each <b>beneficiary</b>.</li> </ul>

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<b>General conditions</b>	The following conditions apply to the whole of this <b>policy</b> . Any other conditions are shown in the section to which they apply.
Presentation of the risk	1. In agreeing to insure <b>you</b> and in setting the terms and premium, <b>we</b> have relied on the information the <b>education establishment</b> has given <b>us</b> . The <b>education establishment</b> must provide a fair presentation of the risk and must take care when answering any questions <b>we</b> ask by ensuring that all information provided is accurate and complete. A fair presentation is one which clearly discloses in a reasonably clear and accessible manner all material facts which the <b>education establishment</b> (including the <b>education establishment's</b> senior management and those responsible for arranging this insurance) know or ought to know following a reasonable search.
If you fail to make a fair presentation	2. <ul style="list-style-type: none"> <li>a. If <b>we</b> establish that the <b>education establishment</b> deliberately or recklessly failed to present the risk to <b>us</b> fairly, <b>we</b> may treat this <b>policy</b> as if it never existed and refuse to make any payment under it. <b>You</b> must reimburse all payments already made by <b>us</b> and <b>we</b> will be entitled to retain all premiums paid.</li> <li>b. If <b>we</b> establish that the <b>education establishment</b> failed to present the risk to <b>us</b> fairly but that the <b>education establishment's</b> failure was not deliberate or reckless, the remedy <b>we</b> will have available to <b>us</b> will depend upon what <b>we</b> would have done had the <b>education establishment</b> made a fair presentation of the risk, as follows: <ul style="list-style-type: none"> <li>i. if <b>we</b> would not have provided this <b>policy</b>, <b>we</b> may treat it as if it never existed and refuse to make any payment under it. <b>You</b> must reimburse all payments already made by <b>us</b>. <b>We</b> will refund any premiums <b>you</b> have paid; or</li> <li>ii. if <b>we</b> would have provided this <b>policy</b> on different terms (other than as to premium), <b>we</b> will treat it as if it had been provided on such different terms from the start of the <b>period of insurance</b>. This may result in <b>us</b> making no payment for a particular claim or loss. <b>You</b> must reimburse any payment made by <b>us</b> that <b>we</b> would not have paid if such terms had been in effect.</li> </ul> </li> </ul>
Change of circumstances	3. The <b>education establishment</b> must tell <b>us</b> as soon as reasonably possible of any change in circumstances during the <b>period of insurance</b> which may materially affect this <b>policy</b> (a material fact or circumstance is one which might affect <b>our</b> decision to provide insurance or the conditions of that insurance). <b>We</b> may then change the terms and conditions of this <b>policy</b> or cancel it in accordance with the cancellation condition.

## General terms and conditions

- If you fail to notify us of a change of circumstances
4. a. If **we** establish that the **education establishment** deliberately or recklessly failed to:
- i. notify **us** of a change of circumstances which may materially affect the **policy**; or
  - ii. comply with the obligation in 1. above to make a fair presentation of the risk to **us** when providing us with information in relation to a change of circumstances;
- we** may treat this **policy** as if it no longer existed from the date of such change of circumstances and refuse to make any payment under it in respect of any claim made or any loss occurring after that date. **You** must reimburse all payments already made by **us** relating to claims made or losses occurring after such date. **We** will be entitled to retain all premiums paid.
- b. If **we** establish that the **education establishment** failed to notify **us** of a change of circumstances or to make a fair presentation of the risk to **us** when providing **us** with information in relation to a change of circumstances, but that the **education establishment's** failure was not deliberate or reckless, the remedy **we** will have available to **us** will depend upon what **we** would have done had the **education establishment** fairly presented the change of circumstances to **us**, as follows:
- i. if **we** would have cancelled this **policy**, **we** may treat it as cancelled from the date that such cancellation would have been effective and refuse to make any payment under it in respect of any claim made or any incident occurring after that date. **You** must reimburse any payments already made by **us** relating to claims made or losses occurring after such date. **We** will refund any premiums **you** have paid in respect of any period after the date when cancellation would have been effective; or
  - ii. if **we** would have provided this **policy** on different terms (other than as to premium), **we** will treat it as if it had been provided on such different terms from the date when the **education establishment's** circumstances changed. This may result in **us** making no payment for a particular claim or loss.
- Reasonable precautions
5. **You** must take reasonable steps to prevent accident or injury and each **pupil** must take reasonable steps to protect that **pupil's** property against loss or damage. Each **pupil** must keep any property insured under this **policy** in good condition and repair. **We** will not make any payment under this **policy** in respect of any incident occurring whilst **you** are not in compliance with this condition unless **you** can demonstrate that such non-compliance could not have increased the risk of the loss, damage, accident or injury occurring in the circumstances in which it occurred.
- Declaration reporting
7. The **education establishment** must submit a declaration to **Aon** within one month of the start of each school term as defined in the information pack that **Aon** have provided to the **education establishment**. The declaration must be fully populated with all the information requested in the declaration template that **Aon** have provided to the **education establishment**. **We** will then assess whether any additional premium is required from the **education establishment** for that school term.
- Premium payment
6. **We** will not make any payment due to the **education establishment** under this **policy** until the **education establishment** has paid the premium. **We** will not withhold payment due to any **beneficiary** due to non-payment of the premium.
- Cancellation
7. The **education establishment** or **we** can cancel the **policy** by giving 60 days' written notice.
- We** will confirm the cancellation to the **education establishment** and any relevant **beneficiary** in writing.
- We** will give the **education establishment** a pro-rata refund of the premium for the remaining portion of the **period of insurance** after the effective date of cancellation for which the **education establishment** has already paid.
- Multiple insureds
8. The most **we** will pay is the relevant amount on the schedule, regardless of the number of claims or **beneficiaries**.
- You** agree that the **education establishment** is authorised to receive all notices and agree any amendments to the **policy**.
- Aggregate limit
9. Where this **policy** specifies an aggregate limit, this means **our** maximum payment for all relevant claims or losses covered under the **policy** during the **period of insurance**.

## General terms and conditions

If the **period of insurance** is continuous, the aggregate limit will apply to all relevant claims or losses covered under the **policy** during the 12 months from the date the continuous cover starts. Each aggregate limit will be reinstated to the level shown in the schedule at each anniversary.

Rights of third parties	10. <b>You</b> and <b>we</b> are the only parties to this <b>policy</b> . Nothing in this <b>policy</b> is intended to give any person any right to enforce any term of this <b>policy</b> which that person would not have had but for the Contracts (Rights of Third Parties) Act 1999.
Other insurance	11. <b>We</b> will not make any payment under this <b>policy</b> where <b>you</b> would be entitled to be paid under any other insurance if this <b>policy</b> 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 <b>policy</b> not been effected. If such other insurance is provided by <b>us</b> the most <b>we</b> will pay under this <b>policy</b> will be reduced by the amount payable under such other insurance.
Cover under multiple sections	12. Where <b>you</b> are entitled to cover under more than one section of the <b>policy</b> in respect of the same claim or loss, or any part of a claim or loss, <b>we</b> shall only provide cover under one section of the <b>policy</b> , being the section that provides the most advantageous cover to <b>you</b> or the party entitled to cover.
Governing law	13. Unless some other law is agreed in writing, this <b>policy</b> will be governed by the laws of England.
Arbitration	14. Any dispute arising out of or relating to this insurance, including over its construction, application and validity, will be referred to a single arbitrator in accordance with the Arbitration Act then in force.

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### General claims conditions

The following claims conditions apply to the whole of this **policy**. **You** must also comply with the conditions shown in each section of the **policy** under the heading **Your obligations**.

Your obligations	<p>1. <b>We</b> will not make any payment under this <b>policy</b> unless <b>you</b>:</p> <ul style="list-style-type: none"> <li>a. give <b>us</b> prompt notice of anything which is likely to give rise to a claim under this <b>policy</b> in accordance with the terms of each section; and</li> <li>b. give <b>us</b>, at <b>your</b> expense, any information which <b>we</b> may reasonably require and co-operate fully in the investigation of any claim under this <b>policy</b>.</li> </ul> <p>2. <b>You</b> must:</p> <ul style="list-style-type: none"> <li>a. make every reasonable effort to minimise any loss, damage or liability and take appropriate emergency measures immediately if they are required to reduce any claim; and</li> <li>b. give <b>us</b> all assistance which <b>we</b> may reasonably require to pursue recovery of amounts <b>we</b> may become legally liable to pay under this <b>policy</b>, in <b>your</b> name but at <b>our</b> expense.</li> </ul> <p>If <b>you</b> fail to do so, <b>you</b> shall be liable to <b>us</b> for an amount equal to the detriment <b>we</b> have suffered as a result of <b>your</b> failure to comply with this obligation, which <b>we</b> may deduct from any payment <b>we</b> make under this <b>policy</b>.</p>
Fraud	<p>3. If <b>you</b>, or anyone else entitled to cover in respect of any claim or loss, or anyone on behalf of you or such other person, tries to deceive <b>us</b> by deliberately giving <b>us</b> false information or making a fraudulent claim under this <b>policy</b> then:</p> <ul style="list-style-type: none"> <li>a. <b>we</b> shall be entitled to give <b>you</b> notice of termination of the <b>policy</b> with effect from the date of any fraudulent act or claim or the provision of such false information;</li> <li>b. <b>we</b> shall be entitled to refuse to make any payment under the <b>policy</b> in respect of any claim made or any loss occurring after the date of any fraudulent act or claim or the provision of such false information;</li> <li>c. <b>you</b> must reimburse all payments already made by <b>us</b> relating to claims made or losses occurring after the date of any fraudulent act or claim or the provision of such false information; and</li> <li>d. <b>we</b> shall be entitled to retain all premiums paid.</li> </ul>

## General terms and conditions

This does not affect **your** rights in relation to any claim made or loss occurring before the date of any fraudulent act or claim or the provision of such false information.

4. Where this **policy** provides cover for any individual who, or entity that, is not a party to the **policy**, and where such an individual or entity (or anyone on their behalf) tries to deceive **us** by deliberately giving **us** false information or making a fraudulent claim under this **policy**, **our** rights set out in 3. above apply only to any individual or entity that gave the false information or made the fraudulent claim.

### Severability

5. When determining the applicability of the **General conditions, General 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** or the **education establishment** provided that they neither committed nor condoned such act, incident or occurrence.

However, this does not apply in the event that the **education establishment** fails to comply with the **education establishment's** fair presentation obligations under **General conditions** 1. or 3. In such circumstances, **we** shall be entitled to assert the same remedy against all entities that would otherwise receive the benefit of cover under this **policy**

## Claims / Complaint Information

### **How can I claim?**

In the event of any circumstances which could give rise to a claim, you must give notice to Hiscox as soon as reasonably possible in writing, quoting full Policy details:

#### **School Fees Remission**

Address: Van Ameyde UK Limited, 34 The Mall, Bromley, Kent, BR1 1TS, United Kingdom

E-mail: [adjusters@hiscox.com](mailto:adjusters@hiscox.com)

Telephone: 0208 315 0732

#### **Personal Accident**

Address: Van Ameyde UK Limited, 34 The Mall, Bromley, Kent, BR1 1TS, United Kingdom

E-mail: [adjusters@hiscox.com](mailto:adjusters@hiscox.com)

Telephone: 0208 315 0732

#### **Personal Belongings**

Address: Hiscox Property Claims, 25 London Road, Sittingbourne, Kent, ME10 1PE, United Kingdom

E-mail: [property.claims@hiscox.com](mailto:property.claims@hiscox.com)

Telephone: 0120 677 3899

### **How do I make a complaint?**

Our aim is to ensure that all aspects of the Insurance Scheme are dealt with promptly, efficiently and fairly. Should you wish to make a complaint, please provide details of the complaint to the School, who will in turn raise the matter with Aon.

### **I have a query on Cover**

Should you have an enquiry in respect of the cover you have selected, please provide details of the complaint to the School, who will in turn raise the matter with Aon. We will aim to respond to all cover enquiries as promptly as possible.

## Data Protection Notice

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If you register to join the Insurance Policy issued to the School, you consent to us using the information we may hold about you for the purposes of providing Insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions).

This may mean we have to give some details to third-parties involved in providing Insurance cover. These may include Insurance Carriers, Third-Party Claims Adjusters, Fraud Detection and Prevention Services, Reinsurance Companies and Insurance Regulatory Authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above.

The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

For training and quality control purposes, telephone calls may be monitored or recorded.