

PERSONAL ACCIDENT POLICY FOR "SENIOR" AND "YOUTH" TEAMS

CFTB Athboy Celtic AFC

Client Key: CFTB21



Date: 17/09/2024

Dear Brendan

Policy Type: Personal Accident
Broker Policy Reference: CFTB21DA02

We write with reference to the above and can confirm renewal of the policy with effect from 04/09/2024.

We have pleasure in enclosing your new insurance certificate together with a summary of the cover provided by your policy which you may wish to display on your club notice board. Can you please ensure that this is circulated to all players and that they are made aware of the policy limits (particularly the limits under physiotherapy), excesses that apply and deferment periods. We have also included information for your players on how to make a claim and the documentation that they will need to provide should they wish to do so. **We must point out that all claims must be notified within 30 days of the injury date, any claims notified later than this will require a written explanation regarding the reason for the delay. Please note, however, that any claims reported more than 60 days after the date of injury will not be covered by the insurance.**

We trust you will find everything in order however should you notice any errors on the enclosed documentation or require clarification on any aspect of your insurance policies then please do not hesitate to contact the Sports Department.

We would like to thank you for your continued loyalty to Arachas and wish your club the best of luck for the coming year.

Yours in sport

A handwritten signature in black ink, appearing to be 'M', written over a horizontal line.

Arachas

Direct Dial: 01 213 5000
E-mail:

Log on to our website www.arachas.ie for all your insurance needs

Summary of Benefits For

Personal Accident Insurance policy number PZ 569843893 in the name of CFTB Athboy Celtic AFC

Operative Dates of Cover 04/09/2024 to
04/09/2025

Number of adult teams declared 3 Number of child teams declared 1

| Level of Cover Operative | | Bronze and Child An excess will apply to all claims, you should check your policy schedule for full terms and conditions | | | |
|-----------------------------|------------------------|---|------------------------|------------------------|---|
| Benefit | Bronze Cover | Silver Cover | Gold Cover | Platinum Cover | Youth Cover |
| Death | € 45,000 | € 80,000 | € 130,000 | €150,000 | € 10,000 (increased to €80,000 if over 18) |
| Loss of Limb | € 45,000 | € 80,000 | € 130,000 | €150,000 | € 80,000 |
| Loss of Eye | € 45,000 | € 80,000 | € 130,000 | €150,000 | € 80,000 |
| Permanent Total Disablement | € 45,000 | € 80,000 | € 130,000 | €150,000 | € 80,000 |
| Temporary Total Disablement | Not Insured | Up to € 300 per week | Up to € 450 per week | Up to €750 per week | Not Insured |
| Incurred Medical Expenses | € 1,800 Excess applies | € 3,500 Excess applies | € 4,500 Excess applies | €10,000 Excess applies | € 10,000 Excess applies |
| Emergency Dental Treatment | €500 Excess applies | €500 Excess applies | €500 Excess applies | €500 Excess applies | €500 Excess applies |
| Additional Dental Cover | Not Available | Optional | Optional | Included as Standard | Optional |

Following a review by the Insurer for 2018, a decision has been made to revise the listed sums insured. Please advise you club members of these changes:

- A. Gold Temporary Disablement reduced to €450 per week**
- B. Platinum Temporary Disablement reduced to €750 per week**
- C. Youth cover increased death benefit now applies to over 18**

How to make a claim

senanedwards@gmail.com

1. Report the incident to your club Secretary or _____ within 30 days, the incident will then be reported to Arachas either by telephone or email via our website www.odon.com and your claim will be registered. Please note that **any claims reported more than 60 days after the date of the injury will not be covered by the policy**
2. A claim form will be sent to the club which must be fully completed by you, the medical certificate must be completed by your doctor and the fully completed form should then be returned to your club Secretary to be counter-signed before being sent back to Arachas ***(please note, if any of the questions on the claim form are left unanswered Arachas will be unable to process your claim)***
3. If you are claiming for medical expenses you must send all **original** invoices and receipts to Arachas with your claim form. If your treatment is ongoing you may send in additional invoices receipts as your treatment continues. However, **if you hold private medical insurance your claim must be submitted to your private health insurer first**. Any amounts not covered by that policy can then be claimed through the club's Personal Accident insurance, subject to written confirmation from VHI or similar of the payments made and/or declined
4. If you are claiming for physiotherapy treatment this must be certified by a registered medical practitioner and is limited to €250 per player per insurance year
5. If you are intending to claim for loss of earnings (Platinum, Gold and Silver Cover only) you must send in the following documentation with your claim form:
 - i) 6 payslips for the 6-week period immediately prior to the date of the injury showing your **net** weekly wage. If you are self-employed a letter from your accountant on company headed paper will be required to confirm your **net** weekly earnings for the same 6-week period
 - ii) A photocopy of your most recent P60
 - iii) A signed letter from your employer on company headed paper detailing your entitlement to receive sick pay whilst absent from work (we reserve the right to contact your employer to verify the authenticity of this letter)
 - iv) Confirmation from Social Welfare of your entitlement to receive illness benefit whilst unable to work as a direct result of your injury. If you are not entitled to receive this benefit you must obtain a letter from Social Welfare specifically stating that you do not qualify for illness benefit
 - v) Arachas will also request regular medical reports from your doctor giving an indication of the date you are expected to be fit to return to work and sport.

Please note that Arachas will be unable to process your loss of earnings claim unless all of the above documentation has been received

Once your claim for loss of earnings has been processed and approved, Arachas will endeavour to issue payment to you on a fortnightly basis

Important: If the date of the injury is before the operative dates of cover stated above, the level of cover and the policy benefits may be different.

Once all claims documentation has been received as requested by Arachas, claims are processed within 48 hours. All claims are dealt with through the club Secretary or designated club contact, all correspondence, including the issue of cheques, will be sent via the club unless Arachas are specifically requested by the club to do otherwise.

Issued: 17/09/2024

Football Club Personal Accident Policy Wording

PERSONAL ACCIDENT POLICY FOR SCHOOLBOY/GIRL TEAMS
EXCLUDING "YOUTHS" (refer to Senior Policy)



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24/01/2024

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Welcome

Thank **you** for choosing **us** for **your** insurance. This document sets out what is and what is not covered. The **schedule** shows the cover **you** have chosen and any special terms that apply. Certain words shown in **bold** in this insurance have specific meanings which are explained in the 'General definitions'.

Please check that the cover in this document and the **schedule** meets **your** needs and that **you** understand it. If **you** have any questions about **your** insurance, please contact the insurance advisor who arranged this insurance for **you**.

Contract details

This Policy Wording and **your schedule** are issued to **you** by Kiely Gaule Financial Services Limited in its capacity as agent of the Insurer (Lloyd's Insurance Company S.A.) under the Unique Market Reference on **your schedule**. In exchange for **you** paying the premium amount referenced in **your schedule**, **you** are insured in accordance with the terms & conditions contained in these documents (and any amendments made to them) for the duration of **your** policy.

Signed by

Aoife Horgan



Authorised Signatory of Kiely Gaule Financial Services



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How to make a claim

If **you** need to make a claim under this insurance, please contact **our** claims handlers using the details below.

Postal address:
Roger Rich & Co
2a Marston House
Cromwell Park
Chipping Norton
Oxfordshire
OX7 5SR

E-mail address – enquiries@rogerrich.co.uk

Telephone number – 00 44 1608 641 351

You must report any claim as soon as possible.

Please read the claim conditions on page 6 when making a claim.



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Personal Accident – What is insured

If an **insured person** suffers **bodily injury** during the **period of insurance** and during the **operative time** shown on page 4, **we** will pay up to the relevant **sum insured** (shown in the table below) depending on which cover option is applicable to the **insured person** as shown in **your schedule**.

| | SUMS INSURED PER COVER OPTION PER INSURED PERSON | | | | | | |
|---|--|--------------------|--------------------|--------------------|----------------|-------------|-------------------|
| | Adult Option 1 (a) | Adult Option 1 (b) | Adult Option 2 (a) | Adult Option 2 (b) | Adult Option 3 | Youth Team | Schoolboys /girls |
| Accidental Death | EUR 90,000 | EUR 90,000 | EUR 120,000 | EUR 120,000 | EUR 40,000 | EUR 15,000 | EUR 15,000 |
| Loss of a limb | EUR 90,000 | EUR 90,000 | EUR 120,000 | EUR 120,000 | EUR 40,000 | EUR 80,000 | EUR 80,000 |
| Loss of sight in one eye | EUR 90,000 | EUR 90,000 | EUR 120,000 | EUR 120,000 | EUR 40,000 | EUR 80,000 | EUR 80,000 |
| Loss of two or more limbs | EUR 90,000 | EUR 90,000 | EUR 120,000 | EUR 120,000 | EUR 40,000 | EUR 80,000 | EUR 80,000 |
| Loss of sight in both eyes | EUR 90,000 | EUR 90,000 | EUR 120,000 | EUR 120,000 | EUR 40,000 | EUR 80,000 | EUR 80,000 |
| Loss of one limb and loss of sight in one eye | EUR 90,000 | EUR 90,000 | EUR 120,000 | EUR 120,000 | EUR 40,000 | EUR 80,000 | EUR 80,000 |
| Permanent Total Disablement | EUR 90,000 | EUR 90,000 | EUR 120,000 | EUR 120,000 | EUR 40,000 | EUR 80,000 | EUR 80,000 |
| Temporary total disablement (per week) | EUR 325.00 | EUR 325.00 | EUR 500.00 | EUR 500.00 | Not Insured | Not Insured | Not Insured |
| Temporary total disablement deferment period | 14 Days | 28 Days | 14 Days | 28 Days | Not Insured | Not Insured | Not Insured |
| Temporary total disablement benefit period | 52 Weeks | 52 Weeks | 52 Weeks | 52 Weeks | Not Insured | Not Insured | Not Insured |
| Medical Expenses | EUR 6,000 | EUR 6,000 | EUR 6,000 | EUR 6,000 | EUR 6,000 | EUR 6,000 | EUR 5,000 |
| Dental sub-limit | EUR 800 | EUR 800 | EUR 800 | EUR 800 | EUR 800 | EUR 800 | EUR 800 |

Special Conditions

- Under the accidental death benefit, **we** will also pay the **sum insured** for death if an **insured person** disappears, is not found within fifty two (52) weeks and **we** receive enough evidence to assume that a **bodily injury** caused their death.
- If a loss or disablement covered by this insurance results in death (within fifty two (52) weeks of an **accident**) before **we** have paid any claim for loss or disablement, **we** will only pay the amount shown in the **schedule** for the accidental death benefit.
- For **insured persons** under 16 years of age, the most **we** will pay for accidental death is EUR 15,000.
- Under the **temporary total disablement** benefit, while an **insured person** continues to be disabled **we** will pay the weekly benefit shown in the **schedule** for up to fifty two (52) weeks from the date of an **accident**, less the **deferment period**.
- The most **we** will pay in total for an **accident** involving more than one **insured person** is EUR 1,000,000. If a claim goes over this limit, **we** will pay each **insured person** an amount equal to this limit divided by the number of **insured persons** you are claiming for.

Extra benefits

The benefits detailed below are included automatically within **your** policy at no additional premium.

1. Extra permanent disability cover

Cover is extended to include the following permanent disabilities (a – e) an **insured person** suffers as a result of **bodily injury**. The amounts **we** will pay are shown as a percentage of the **sum insured** in the **schedule** for insured **permanent total disablement**.

- Total bodily paralysis – 100%
- Permanent and total **loss of hearing** in both ears – 40%
- Permanent and total **loss of hearing** in one ear – 10%



- d) Permanent and total loss of speech – 40%
- e) Severe brain damage which entirely prevents an **insured person** from performing at least four of the following activities of daily living without using special equipment of another person helping them – 100%.

| | |
|-----------------------|---|
| Feeding and eating | Cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils. |
| Dressing | Dressing (including fastening zips and buttons), getting clothes from wardrobes and drawers. |
| Bathing and grooming | Turning on taps, getting in and out of a bath or shower, washing face and hands and so on, drying and combing hair. |
| Toileting | Moving into and out of the bathroom, getting onto and off the toilet without help, recognising the need to go to the toilet in time to get there. |
| Mobility and transfer | Getting into and out of bed, transferring from one place to another (for example a chair to bed; a chair to standing; a chair to a chair). |
| Walking | Moving from one place to another, including when using a wheelchair or walking frame. |

2. Hospitalisation

We will pay EUR 50 for each full 24-hours of **hospitalisation** (after the first 72-hours), if an **insured person** suffers **bodily injury** during the **period of insurance** for which they need inpatient **hospital** treatment in Ireland. The most we will pay is up to EUR 1,000 in total.

Geographical Limitations

Insured persons are covered under this policy whilst they are within the below territories:

- Republic of Ireland
- United Kingdom of Great Britain and Northern Ireland
- plus fourteen (14) days in Europe per annum.

Operative times

Please see the relevant **operative time** in the table below depending on which type of cover option the **insured person** is included under, as shown on **your schedule**.

Any **bodily injury** must be supported by an independent witness statement from a match official, or an Accident & Emergency doctor. This statement shall confirm that the **bodily injury** occurred in accordance with the **operative time**.

| | |
|--|--|
| Adult options 1(a & b) & 2(a & b) | In respect of Senior Team players the insured person(s) will be covered only whilst: <ul style="list-style-type: none"> • playing or officiating in friendlies, league matches or tournaments under auspices of the insured at home or away fixtures; or • taking part in training organised by the insured; or • taking part in any social activity organised by the insured; or • proceeding directly to and returning from the insured's away fixtures as part of an organised party, under the insured's auspices, using private cars, motor coaches or public transport, but excluding aircraft or motor cycles. |
| Adult option 3 | In respect of Senior Team players the insured person(s) will be covered only whilst: <ul style="list-style-type: none"> • playing or officiating in league matches or tournaments under auspices of the insured at home or away fixtures; or • taking part in training organised by the insured; or • taking part in any social activity organised by the insured; or • proceeding directly to and returning from the insured's away fixtures as part of an organised party, under the insured's auspices, using private cars, motor coaches or public transport, but excluding aircraft or motor cycles. |
| Youth teams | The insured person(s) will be covered only whilst: <ul style="list-style-type: none"> • playing in league matches or tournaments for the insured; or • taking part in training organised by the insured; or • taking part in any social activity organised by the insured; or • proceeding directly to and returning from the insured's away fixtures as part of an organised party, under the insured's auspices, using private cars, motor coaches or public transport, but excluding aircraft or motor cycles. |
| Schoolboys/girls | The insured person(s) will be covered only whilst: <ul style="list-style-type: none"> • playing or officiating in league matches or tournaments of the Schoolboys/girls Affiliated Divisional Leagues at home or away fixtures; or • taking part in training organised by the leagues or member clubs; or • taking part in any social activity organised by the leagues or member clubs; or |



- proceeding directly to and returning from the **insured's** away leagues or member clubs away fixtures as part of an organised party, under the league's or any member club's auspices, using private cars, motor coaches or public transport, but excluding aircraft or motor cycles.



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Exclusions – what is not covered

We will not pay the following:

1. The **sum insured** for death if the **bodily injury** does not lead to death within fifty two (52) weeks of an **accident**.
2. **Temporary total disablement** for **insured persons** not in regular paid employment.
3. The **sum insured** for **loss of sight** or **loss of a limb(s)** if the loss results in death within fifty two (52) weeks of an **accident**.
4. The **sum insured** for **permanent total disablement** if the disability results in death within fifty two (52) weeks of an **accident**.
5. Any benefit for the **deferment period** of any claim in relation to **temporary total disablement** for each **insured person**.
6. Any claim under **temporary total disablement** for a period after fifty two (52) weeks from the date that an **accident** happened.
7. For **temporary total disablement**, any amount over 75% of an **insured person's average weekly wage** before deductions, less any social welfare benefits, sick pay and/or other recoverable income from any other source.
8. Under the Medical Expenses benefit:
 - o The **excess** as shown on **your schedule** for each and every claim
 - o **Physiotherapy costs greater than EUR 400 and up to a maximum of EUR 50 per session each and every claim**
 - o Emergency dental treatment greater than EUR 800
 - o **Claims for dental treatment received after 72 hours (or 52 weeks for Schoolboys/girls policies) from the initial accident**
 - o Costs that are recoverable under any other policy or Health Service Facility.
 - o **Claims for damage to existing dentures, caps, crowns, veneers, bridges or implants.**

This insurance does not cover death, loss, disablement or expense directly or indirectly caused by, contributed to by, resulting from or in connection with the following:

9. Any **pre-existing condition**.
10. Any **insured person** who was over the age of 65 at the beginning of the **period of insurance**.
11. **War** or acts of **terrorism**.
12. Any act of **war** or **terrorism** involving the use of, or release of, a threat to use any nuclear weapon or device or chemical or biological agent .
13. An **insured person** engaging in **active war**.
14. **Nuclear risks**.
15. Suicide, attempted suicide, intentional self-injury or an **insured person** having any psychiatric, mental or nervous disorder including stress or depression, post-traumatic stress disorder or form of dementia.
16. An **insured person** being under the influence of alcohol or non-prescribed drugs, or abusing prescribed drugs where there is sufficient evidence to conclude that the use of alcohol or drugs contributed to a **bodily injury**.
17. An **insured person** taking part in any criminal act.
18. An **insured person** participating in professional sports.
19. An **insured person** participating in operational duties as a member of the Armed Forces.
20. An **insured person** flying, other than as a passenger in an aircraft licensed to carry passengers.
21. An **insured person** taking part in any activity other than as described in the **operative time**, unless **we** have agreed to provide cover in writing or by adding an **endorsement** to the policy.
22. Any surgery or treatment that is not medically necessary, cosmetic surgery, reversing cosmetic surgery, or any corrective treatment needed as a result of previous cosmetic surgery.



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Important Information

Cancelling Cover

If we wish to cancel cover

If this cover does not meet **your** needs, **you** may cancel the insurance, without giving reason, by notifying **us** within fourteen (14) days of the date **you** arranged cover or within fourteen (14) days of the date **you** received the insurance documents, whichever is later. **Our** contact details are given below.

Kiely Gaule Financial Services Limited
88 The Quay
Waterford
Republic of Ireland

Tel: 051-872537

We will make a charge equal to the period of cover **you** have had and refund any unused premium, providing **you** have not made a claim and do not intend to make a claim. This charge will be at least EUR 25 plus insurance levy in Ireland.

If you wish to cancel cover

You can cancel this insurance at any other time by giving **us** fourteen (14) days notice. If this happens, as long as **we** have not paid a claim or are not due to pay one, **we** will refund any unused premium for the period up to the end of the fourteen (14) day notice period. **We** will apply a minimum charge of EUR 50 plus insurance levy.

We may cancel this insurance by sending **your** insurance advisor thirty (30) days' notice in writing. **We** will refund the part of **your** premium which applies to the remaining **period of insurance**. Some examples of where **we** may cancel cover include:

- where **you** have deliberately or recklessly misrepresented any information **you** have supplied, or withheld any information which we or **your** Broker have asked for;
- where **we** suspect, or have evidence of, criminal or fraudulent activity or
- where **you** have failed to pay the premium to **your** advisor when it becomes due. If this happens, **you** will be contacted requesting payment within 14 days. If **we** do not receive payment within this period, **you** will be written to again notifying **you** that **your** policy will be cancelled.

Claim Conditions

The following conditions apply to any claim under this insurance.

1. Any **bodily injury** must be supported by an independent witness statement from a match official, or an Accident & Emergency doctor. This statement shall confirm that the **bodily injury** occurred in accordance with the **operative time** as given on **your schedule**.
2. **You** must tell **us** about any claim or potential claim within 30 days where practicable.
3. **We** will only pay a claim for disappearance under the death benefit if the person or people receiving the claim payment agree(s), in writing, to return the payment if the **insured person** is later found to be alive.
4. **We** will only pay for one insured event, other than any **medical expenses**, that **we** have agreed to.
5. If **we** have made any payment in relation to the weekly benefit under **temporary total disablement**, **we** will deduct this amount from any fixed benefit **we** later pay for the **accident**.
6. If the consequences of an **accident** are more serious than they would otherwise be because of a physical disability or condition that an **insured person** had before an **accident** happened, the amount **we** pay will be the amount **we** would consider to have paid if those consequences had not been so serious.
7. **You** and all **insured persons** must, in a timely fashion and within any time period specified by **us**, provide assistance and co-operate with **us** and/or **our** representatives in obtaining any records deemed necessary to investigate and evaluate an incident or claim. In no event will **we** pay a claim if **you** and/or an **insured person** does not co-operate with **us**.
7. If **we** accept **your** claim but disagree over the amount of a payment, the matter will be passed to an arbitrator who both **you** and **we** agree to. When this happens, the arbitrator must make a decision before **you** can start proceedings against **us**.
8. **We** will not pay interest on any claim payment under this policy.
9. **You** and all **insured persons** must take all reasonable care to avoid or reduce any **bodily injury** as far as possible.



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10. If, at the time of a valid claim under this policy, there is another insurance policy in force which covers **you** or an **insured person** for the same loss or expense, **we** may seek a recovery of some or all of **our** costs from the other insurer. **You** or the **insured person** must give **us** any help or information **we** may need to assist **us** with **our** loss recoveries.

Complaints

In the first instance, if **your** complaint relates to **your** insurance policy, please direct it to:

Head of Complaints Management
Lloyd's Insurance Company S.A.
Bastion Tower
Marsveldplein 5
1050 Brussels
Belgium
Tel: +32 (0)2 227 39 40

E-mail: lloydseurope.complaints@lloyds.com

or, If **your** complaint relates to a claim, please direct it to:

Postal address:
Roger Rich & Co,
2a Marston House
Cromwell Park
Chipping Norton
Oxfordshire
OX7 5SR

E-mail address - enquiries@rogerrich.co.uk

Telephone number - 00 44 1608 641 351

Your complaint will be acknowledged, in writing, within 5 (five) business days of the complaint being made. You will also be informed of the name of one or more individuals that will be your point of contact regarding your complaint until the complaint is resolved or cannot be progressed any further. You will be provided with an update on the progress of the investigation of your complaint, in writing, within twenty business days of the complaint being made.

A decision on your complaint will be provided to you, in writing, within 40 (forty) business days of the complaint being made.

Should you remain dissatisfied with the final response or if you have not received a final response within 40 (forty) business days of the complaint being made, you may be eligible to refer your complaint to the Financial Services and Pensions Ombudsman (FSPO). The contact details are as follows:

Financial Services and Pensions Ombudsman
Lincoln House
Lincoln Place
Dublin 2
D02 VH29
Republic of Ireland

Tel: +353 1 6 567 7000

E-mail: info@fspoi.ie

Website: www.fspoi.ie

If you have purchased your contract online you may also make a complaint via the EU's online dispute resolution (ODR) platform. The website for the ODR platform is www.ec.europa.eu/odr.

The complaints handling arrangements above are without prejudice to your right to commence a legal action or an alternative dispute resolution proceeding in accordance with your contractual rights.



Legal, regulatory and other information

1. Privity of Contract

A person who is not party to this contract shall not have any rights under or in connection with it.

2. Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **we** cannot meet **our** obligations to **you** under this contract. Further information can be obtained from

The Financial Services Compensation Scheme,
PO Box 300
Mitcheldean
GL17 1DY
Tel: +44 800 678 1100 (freephone) or +44 20 7741 4100
Website: www.fscs.org.uk

3. Several liability notice

This insurance is provided by certain underwriters at Lloyd's. Underwriters shall only be liable for their own individual share of the risk, and will not be responsible for the share of any co-subscribing underwriter who for any reason does not satisfy all or part of its obligations. **You** may ask for the names of the underwriters and the share of the risk each has taken on.

4. Sanctions Suspension Clause

It is a condition of this (re)insurance, and the (re)insured agrees, that the provision of any cover, the payment of any claim and the provision of any benefit hereunder shall be suspended, to the extent that the provision of such cover, payment of such claim or provision of such benefit by the (re)insurer would expose that (re)insurer to any sanction, prohibition or restriction under any:

- a. United Nations' resolution(s); or
- b. the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Such suspension shall continue until such time as the (re)insurer would no longer be exposed to any such sanction, prohibition or restriction.

5. Data protection notice

Who we are

We are Lloyd's Insurance Company S.A. (hereafter referred to as "Lloyd's Europe") an insurance company authorised and regulated by the National Bank of Belgium (NBB) and regulated by the Financial Services and Markets Authority (FSMA). Its registered office is at Place du Champ de Mars 5, Bastion Tower, 14th floor, 1050 Ixelles, Belgium. Its company/VAT number is BE 0682.594.839, RPR/RPM Brussels. LIC is a wholly owned subsidiary of the Society of Lloyd's, 1 Lime Street, London, EC3M 3HA, United Kingdom (Society of Lloyd's).

What personal information we process about you

We collect and use relevant information about you to provide you with the insurance cover or the insurance cover that benefits you, and to meet our legal obligations and the obligations of others in the insurance chain.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover, or the cover from which you benefit. This information may include special categories of personal data details such as information about your health and any criminal convictions you may have.

Why we collect your personal information and the lawful basis for processing

We collect and use your personal data to provide you with the insurance cover. The legal basis is the contract performance with you as the data subject and the compliance with legal obligations, amongst other insurance and tax law obligations.

For processing sensitive health personal data, the general legal basis is the consent, unless there is a local statutory right to do so as a legal basis.

For processing child personal data, the legal basis is the consent given or authorised by the holder of parental responsibility over the child.



Finally, we can also process your personal data for fraud prevention and detection with legitimate interest as the legal basis.

Who we are sharing your personal data with

The way insurance works means that your information may be shared and used by several third parties in the insurance sector (inside and outside the European Economic Area-EEA). For example, insurers, insurance agents or insurance brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that is provided, and to the extent that it is needed or allowed by law.

From time to time we may need to share your personal information with third parties outside EEA and we will always take steps to ensure that any international transfer of information is carefully managed to protect your rights and interests:

- We will only transfer your personal information to countries which are recognised as providing an adequate level of legal protection or where we can be satisfied those alternative arrangements are in place to protect your privacy rights.
- Transfers to service providers and other third parties will always be protected by contractual commitments and where appropriate further assurances.
- Any requests for information we receive from law enforcement or regulators will be carefully checked before personal information is disclosed.

How long we keep your data

We keep your personal details for no longer than is necessary in offering the insurance arranged or to comply with our legal or regulatory requirements.

We will securely delete or erase your personal information if there is no valid business reason for retaining your data. In exceptional circumstances, we may retain your personal information for longer periods of time if we believe there is a prospect of litigation, in the event of any complaints or there is another valid business reason the data will be needed in the future.

Other people's details you provide to us

Where you provide us (or your insurance agent or insurance broker) with details about other people, you must ensure that this data protection notice is provided to them.

Complaints, contacting us and the regulator, and your rights

If you wish to know how we use your information or see a copy of our full Privacy policy, please contact us LloydsEurope.DataProtection@lloyds.com or go to the Privacy policy at website <https://www.lloydseurope.com> where we have full details.

You have the following rights in relation to the information we hold about you:

Right to access, right to rectification, right to erasure, right to restriction of processing, right to data portability, right to object, right to withdraw consent.

If you wish to exercise your rights, you need to contact the insurance agent or insurance broker that arranged your insurance at:

[Insert name, email address, and contact details of the insurance agent or insurance broker that arranged the contract.]

You have the right to lodge a complaint with the competent data protection authority, but we encourage you to contact us before doing so.

Consent

For processing health or genetic personal data, and for processing child personal data below the age of 16, in connection with the insurance cover, the insurance agent or insurance broker that arranged the contract will ask you to obtain your consent through the data protection consent form, except in countries where, for the processing of sensitive health personal data, in the context of an insurance policy, there is a local statutory right to do so.

The processing of child personal data will be lawful if the consent is given or authorised by the holder of parental responsibility over the child.

Member States may provide by law for a lower age for those purposes provided that such lower age is not below 13 years.

You are free to give us your consent, however, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

Contact details of the Data Protection Officer

If you have any questions relating to data protection that you believe we will be able to answer, please contact our Data Protection Officer:

Data Protection Officer
Lloyds Insurance Company S.A.
Bastion Tower
Place du Champ de Mars 5
1050 Bruxelles



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6. Language

This insurance is written in English and all communications about it will be in English.

7. The law applicable to this insurance

Both you and the insurer may choose the law which applies to this contract. Unless you and the insurer agree otherwise, the law which applies to this contract is the law which applies to the country in Europe in which you permanently reside

8. Fraudulent Claims or Misleading Information

We take a robust approach to fraud prevention in order to keep premium rates down so that **you** do not have to pay for other people's dishonesty. If any claim under this insurance is fraudulent, deliberately exaggerated, or is intended to mislead, or if any deliberately misleading or fraudulent means are used by **you** or anyone acting on **your** behalf to obtain benefit under this insurance, **your** right to any benefit under this insurance will end, **your** policy will be cancelled without any premium refund and **we** will be entitled to recover any benefit paid and costs incurred as a result of any such fraudulent or deliberately misleading claim. **We** may also inform the police.

To prevent fraud, insurers sometimes share information. Details about **your** insurance application and any claim **you** make may be exchanged between insurers.

9. The Insurance Cover to which this document relates was granted by the holder of a binding authority in Ireland from Lloyd's Underwriters for the class of business underwritten and has been issued in Ireland in accordance with Section 94 of the Insurance Act 1936.

The holder of this binding authority is:
Kiely Gaule Financial Services Limited
88 The Quay

Waterford
Republic of Ireland
Tel: 051-872537

who, in conjunction with Lloyd's Ireland Representative Limited, has all the powers required of him under the Insurance Acts and Regulations.

Lloyd's Underwriters' branch address in Ireland is:

Lloyd's Ireland Representative Limited
7/8 Wilton Terrace
Dublin 2
Ireland

Tel: +353 1 6 441 000

Email: LloydsIreland@lloyds.com

Without prejudice to the generality of the foregoing, the Underwriters hereon agree that:

- (i) If this contract is subject to Irish law, in the event of a dispute arising under the Policy, Underwriters at the request of the Insured will submit to the jurisdiction of any competent Court in Ireland; such dispute shall be determined in accordance with the law and practice applicable in such Court;
- (ii) Any Summons, Notice or Process shall be served upon Lloyd's Ireland Representative Limited at the address stated above.

General Conditions

The following conditions apply to all sections of this insurance.

1. Keeping to the policy conditions

We will not provide any cover if **you** or an **insured person** has not kept to all the conditions of this policy.

2. Not giving us all relevant information

When **you** applied for this insurance, and/or when **you** applied to make any change to the cover, **you** were asked a number of questions. **We** relied on all of the answers to these questions to decide the terms upon which **we** offered **you** cover or amended cover. This includes the premium to be charged.

It is therefore essential that all of the answers **you** gave were, to the best of **your** knowledge, truthful, complete and accurate. If any of **your** answers are later found to be incorrect, incomplete or misleading, this could lead to **your** insurance being declared invalid and/or **your** claim not being paid or not fully paid.



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3. Transferring this policy

You cannot transfer the benefit of this policy to anyone else or use this contract of insurance as security or guarantee for a mortgage or commitment of any kind.

General definitions – the meaning of words

The following words or phrases have the meanings given below whenever they appear in bold in this document, the **schedule** and any **endorsements**.

Accident

A sudden, unexpected, violent and external specific event which happens during the **period of insurance**, at an identifiable time and place. It also includes death or disablement solely as a result of unavoidable exposure to severe or exceptional weather conditions.

Active war

An **insured person's** active participation in a **war** where they are deemed under English Law to be under instruction from or employed by the armed forces of any country.

Administrators

Kiely Gaule Financial Services Limited

Annual salary

An **insured person's** total gross salary each year (including dividends but not including payments for overtime, commission or bonuses), at the date the **accident**.

If an **insured person** is paid weekly, **we** will work out the annual salary by taking their **average weekly wage** for the six (6) weeks before the first date they are off work due to the **accident**, and multiplying this amount by fifty two (52).

If an **insured person** suffers **bodily injury** during the **period of insurance**

Average Weekly Wage

For an **insured person** paid weekly, this means the average weekly wage (not including payments for overtime, commission or bonuses) before tax and National Insurance for the six (6) weeks before the first date they are off work due to the **accident**.

For other **insured persons** **we** will work this out by dividing their **annual salary** by fifty two (52).

If the **insured person** is self-employed or a director of a small private company, this will be 1/52 of:

- the **insured person's** net profit as declared to HM Revenue & Customs or the Irish Revenue; plus
- the **insured person's** regular dividend payments for the six (6) weeks before the first date they are off work due to the **accident**; plus

any items which **we** consider to be non-refundable **overheads** in the **insured person's** trading accounts. For the purposes of this calculation, **we** will not include any items that **we** consider to be **variable costs**.

Bodily injury

An identifiable physical injury to an **insured person's** body, caused directly and solely by an **accident** and independently of illness, disease or any other cause (except illness directly resulting from that physical injury) which results in an **insured person's** death or disablement within twelve (12) months of the date of the **accident**.

Deferment period

The initial period of **temporary total disablement** during which **we** will not pay the **sum insured**. The **deferment period** is shown in the **schedule**.

Endorsement

means a written attachment forming part of this Policy noting any changes to this policy

Excess

The amount **you** are required to pay as the first part of each and every claim made under **medical expenses** cover. **Your excess** is shown on **your schedule**.

Hospital

An institution which:

- has permanent full-time facilities caring for patients overnight; and
- has facilities for the diagnosis and medical and surgical treatment of ill people by **medical practitioners**; and



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- provides twenty four (24) hour nursing services supervised by Registered General Nurses or nurses with similar recognised qualifications; and
- is not intended to be a mental institution, nursing home, hospice, convalescent home or residential care home as defined under the Registered Care Homes Act 1984.

Hospitalisation

An overnight stay in a **hospital** as an in-patient, with such stay being certified as necessary by a **medical practitioner**.

Insured

The policyholder (football club) named in the **schedule**.

Insured person

Any person up to the age of sixty five (65) who is member of the **insured's team**. Cover applies until the end of the **period of insurance** in which an **insured person** reaches the age of sixty five (65). **Insured persons** are not party to this insurance contract.

The below is applicable to Schoolboys/girls policies ONLY

In respect of Kid's Camps and Academies organised by the Schoolboys/girls Affiliated Divisional Leagues or member clubs, this insurance extends to include children as temporary members of the affiliated member club team(s).

Loss of hearing

Total and permanent loss of hearing.

Loss of a limb

In the case of a leg, the total and permanent physical loss of, or loss of use of, a complete foot or leg.

In the case of an arm, the total and permanent physical loss of, or loss of use of, a complete arm or hand.

Loss of sight

The permanent and total **loss of sight** which **we** will consider as having happened:

- in both eyes, if the **insured person's** name is added to the Register of Blind Persons on the authority of a fully-qualified ophthalmic specialist; or
- in one eye if, after correction, the degree of sight the **insured person** has left in that eye is 3/60 or less on the Snellen scale (meaning they can see at three feet what they should be able to see at 60 feet).

Medical condition means

any disease, illness or injury.

Medical expenses

Expenses an **insured person** incurs that are necessary following **bodily injury** for medical treatment, hospital surgery, physiotherapy, manipulative massage, therapeutic treatment, x-rays or nursing treatment, including the cost of medical supplies and ambulance hire, and incurred within 52 weeks from the date of an **accident**.

Included within this **we** will pay up to EUR 800 for emergency dental treatment for the immediate relief of pain following an **accident**. Treatment is to be received within 48 hours of the accident.

The below is applicable to Schoolboys/girls policies ONLY

Schoolboys/girls dental treatment received after the first 48 hours in accordance with the treatment plan agreed at the start of treatment is included up to the sum insured provided it is incurred within 52 weeks of the accident.

Medical practitioner

Any suitably qualified **medical practitioner** registered by the Medical Council in the Republic of Ireland (or foreign equivalent); or in respect of dental treatment only, a dental practitioner who is on the Register of Dentists in Ireland (or foreign equivalent); other than:

- an **insured person**;
- a member of the immediate family of an **insured person**; or
- a director or employee of the **insured**.

Nuclear risks

Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

Operative Time

A time within the **period of insurance** during which coverage shall apply. Applicable **operative times** are shown in the table

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on page 4.

Overheads

Business costs that generally stay the same no matter what goods or services are provided (for example, rent, phone line rental, standing charges for gas, electricity and water supplies, franchise fees, business insurance premiums, accountancy fees, road tax for business vehicles).

Period of insurance

The period shown in the **schedule** or subsequently amended by **endorsement**.

Permanent total disablement

Disability which entirely prevents an **insured person** from attending to any business or occupation of any and every kind and which, after a period of 52 weeks from the date of disability, shows no signs of ever improving. A **medical practitioner** must reasonably expect that the disability will last at least twelve months and be beyond any hope of improvement.

Pre-existing condition

- a) any **medical condition** for which an **insured person** has received surgery, in-patient treatment or investigations in a hospital or clinic within the last twenty four (24) months.
- b) any **medical condition** for which an **insured person** is taking prescribed drugs or medication.
- c) any **medical condition** for which an **insured person** has received a terminal prognosis.
- d) any **medical condition** an **insured person** is aware of but for which he/she has not had a diagnosis.
- e) any **medical condition** for which an **insured person** is on a waiting list or has knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home.

Schedule

The document attached to and forming part of the policy showing details of the cover the **insured** has purchased which is specific to them and to any **insured person(s)**.

Sum insured

The most **we** will pay in the event of a claim, as shown in the **schedule**.

Team

Up to 20 members of each team of the **insured** club, including referees, match officials, team managers and coaches.

Temporary total disablement

A disability which totally prevents an **insured person** from carrying out all parts of their usual business or occupation. This must be confirmed by a **medical practitioner**.

Terrorism

An act including, but not limited to, the use or threat of force and/or violence of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Utilisation of biological weapons of mass destruction

The emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro- organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death of people or animals.

Utilisation of chemical weapons of mass destruction

The emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death of people or animals.

Utilisation of nuclear weapons of mass destruction

The use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death of people or animals.

Variable costs

Business costs that change in line with the cost of selling goods or services (for example, the cost of goods, shipping costs, postage, handling and storage fees, sales commission, the cost of phone calls and fuel).

War

War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion assuming the proportions of, or amounting to, an uprising, military or usurped power,



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We, us, our

Lloyd's Insurance Company S.A. is a Belgian limited liability company (société anonyme / naamloze vennootschap) with its registered office at Bastion Tower, Marsveldplein 5, 1050 Brussels, Belgium and registered with Banque-Carrefour des Entreprises / Kruispuntbank van Ondernemingen under number 682.594.839 RLE (Brussels). It is an insurance company subject to the supervision of the National Bank of Belgium. Its Firm Reference Number(s) and other details can be found on www.nbb.be.

You, your

The football club named as the policyholder or '**insured** in the **schedule**.



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