

Perkins Slade Limited
3 Broadway
Broad Street
Birmingham
B15 1BQ
Tel No: +44 (0)121 698 8050
Fax No: +44 (0)121 625 9000
E-Mail: Sports@perkins-slade.com

22 December 2010

Dear Sir/Madam

This Personal Accident insurance is typically for the committees, members and maintenance teams of Angling Trust affiliated clubs. You will receive information on the Personal Accident product only and you will not receive advice or recommendations from us in respect of any other insurers' products. The questions on the proposal form determine whether you fit the criteria for this product and the premiums indicated are based on affiliation to Angling Trust and the activities recognised by them.

Our personal accident product is provided by ACE European Group Ltd.

We have been able to negotiate preferential rates and cover, unique to Perkins Slade Limited, and would recommend that cover is placed on this basis.

Details of the cover, premium costing and how the premium can be paid are provided on the attached proposal form, we also enclose a policy summary. A specimen of the full policy wording is available should you require it.

It is our duty under Financial Services Authority regulations to advise you of our official status. Details of which are contained within the Status Disclosure document which you can access on our website: www.ps-angling.com

Our Terms of Business are constantly being updated. Please note that the most recent version of our Terms of Business are available from our website, www.perkins-slade.com. Go to "Terms of Business" at the foot of the Home page.

We recommend that you print off a copy and retain with your insurance documents for future reference.

Please read our terms of business carefully, and we ask you to particularly read those clauses regarding Our Liability, Our Charges, Your Responsibilities, and Client Money.

If you do not wish to or are unable to access our website, or would prefer a printed copy of our Terms of Business, please contact us and we will post a copy to you.

Please complete and return the proposal form and signed declaration page, ensuring that you retain all other information for your own records.

Yours faithfully

Sports Scheme Department
sports@perkins-slade.co.uk
0121 698 8000

ANGLING TRUST GROUP PERSONAL ACCIDENT INSURANCE

Injuries in sport are not uncommon and can, unfortunately, prove to be so serious that the injured person no longer enjoys a normal life or career prospects.

Permanent total disablement can involve a traumatic change in lifestyle - a move to single storey accommodation, ramps to replace stairs, new bathroom and toilet facilities, mobility, and special nursing care. It all costs money and if a substantial compensation sum were immediately available to help rebuild a life, sport and sports participation would be that much more attractive.

Perkins Slade has arranged a facility for Group Personal Accident which provides the following benefits in the event of injuries sustained whilst participating in **organised sports, physical education or recreation activities**:

PERSONAL INJURY INSURANCE – SCHEDULE OF BENEFITS

Insured Persons	Any full or associate Member of the Group Policyholder aged 3 years or over but under 80 years
Effective Time	a) Whilst an Insured Person is participating in any activity recognised by the Group Policyholder, or the Association to which they are affiliated, anywhere in the world: and b) For activities within the United Kingdom, Isle of Man, The Channel Islands or the Republic of Ireland, travelling thereto and therefrom

	BENEFIT DESCRIPTION	BENEFIT AMOUNT	Scale of Benefits	
Accidental Bodily Injury resulting in:	1. Death	£10,000	A. Loss of Sight in both eyes	100%
	2. Permanent Total Disablement *	£50,000	B. Loss of Speech	100%
	3. Permanent Disabling Injuries *	£50,000	C. Loss of Hearing in both ears	100%
	Temporary Total Disablement Benefit Period: 26 weeks Deferment Period: 28 days	Not Insured	D. Loss of more than one Limb	100%
	4. Dental Injury *	Up to £500	E. Loss of one Limb	100%
	5. Hospital Confinement Benefit Period: Maximum any one accident	£30 per day 25 days £750	F. Loss of Sight in one eye	100%
	6. Convalescence	£100	G. Loss of Hearing in one ear	20%
7. Broken Bones ** Arm, wrist or hand: Leg, ankle or foot: Maximum any one accident	£100 £200 £500	H. Loss of or total loss of use of: i. a foot below the level of the ankle (talo-tibial joint) ii. a hip, knee, ankle or thumb iii. a forefinger or big toe iv. any other finger: v. any other toe	50% 20% 15% 10% 5%	
		I. Loss of use of: i. the back or spine below the neck with no damage to the spinal cord ii. the neck or cervical spine with no damage to the spinal cord iii. a shoulder, elbow or wrist	40% 30% 25%	

* The Benefit Amount shall be reduced by 50% in respect of Insured Persons aged 70 years or over.

** The Benefit Amount and the maximum amount payable shall reduce by 50% in respect of Insured Persons aged 65 years or over.

Aggregate Limit(s) of Liability:

a) per Event for Insured Persons whilst travelling in any one aircraft	£250,000
b) per Event overall	£500,000

EXCESS

£50 - Each and every claim in respect of dental injury

INSURER

The cover is provided by ACE European Group Limited

SIGNIFICANT OR UNUSUAL EXCLUSIONS OR LIMITS - Please see Insurers' Key Facts as attached

COST

Option 1 – Committee and Maintenance Teams only or Option 2 – All Members of the Club

£2.00 per person, subject to a minimum premium of £75.00
Premiums include insurance premium tax at the current rate

NB: Where choosing Option 2 - ALL MEMBERS MUST BE INCLUDED

ADMINISTRATION CHARGE

An additional £15 policy administration fee will be charged.

PREMIUM PAYMENT

You can pay in full by cheque, credit or debit card (Visa, MasterCard, Switch or Delta) or BACS payment, or alternatively, spread the premium payment as follows:

- Premiums up to £500: Monthly Direct Debits over 10 months, at an interest charge of 6.95%
- Premiums above £500: Monthly Direct Debits over 10 months at an interest rate of 6.50%

Please contact us for a direct debit mandate should you wish to pay by monthly instalments, or for BACS payment, our bank details are: Barclays Bank Plc, Sort Code 20-97-78, Account Number 40093475 please quote the name of your organisation on your bank instruction.

If you decide to pay by instalments your details will be passed to our Third Party Instalment Premium Provider, Premium Credit PLC (PCL). They will send you a welcome pack detailing their full terms and conditions.

PCL will also provide you with written confirmation of the amounts due no later than 7 days before the first collection. If, at any time, money is debited from your account incorrectly, the bank guarantees to refund it. No changes to the amount debited can be made without notifying you in writing at least 7 days in advance. You have the right to cancel your Direct Debit at any time by writing to your Bank or Building Society. A copy of the Direct Debit safeguards will be included with your Credit Agreement.

If you have any questions about your instalments, you should contact Premium Credit on 0844 736 9836.

We will continue to pass your details to Premium Credit at renewal if you indicate that you wish to pay by this method on the Remittance Advice.

If any direct debit or other payment due in respect of the credit agreement you enter into with PCL to pay insurance premiums is not met when presented for payment, or if you end the credit agreement with PCL, or if you do not enter into a credit agreement with PCL, or if you do not provide underwriting information as requested by PCL, we will be informed of such events by PCL.

If you do not then make other arrangements with us to pay the insurance premiums, you acknowledge and agree that we may, at any time after being so informed, instruct the relevant insurer on your behalf to cancel the insurance (or, if this occurs shortly after the start or renewal of the insurance, to notify the insurer that the policy has not been taken up) and to collect any refund of premiums which may be made by the insurer and, if any money is owed to PCL under your credit agreement, pay it to PCL or, if PCL have debited us with the amount outstanding, use it to offset our costs.

You will be responsible for paying any time on risk charge and putting in place any alternative insurance and/or payment arrangements you need.

THIS INSURANCE WILL NOT COMMENCE UNTIL THE INSURERS HAVE INDICATED THEIR ACCEPTANCE OF THE PROPOSAL. THE INSURERS RESERVE THE RIGHT TO DECLINE ANY PROPOSAL.

PLEASE NOTE - FINANCIAL SERVICES AUTHORITY LEGISLATION STATES THAT WE ARE REQUIRED TO BANK ALL CHEQUES ON THE DAY OF RECEIPT, HOWEVER THIS ACTION DOES NOT CONFIRM THAT INSURERS HAVE ACCEPTED YOUR PROPOSAL.

Perkins Slade Ltd
Registered Office: 3 Broadway, Broad Street, Birmingham B15 1BQ.
Registered in England No. 969374

Perkins Slade Ltd Group Personal Injury Insurance Policy

Personal Accident

Summary Of Cover



ace europe

keyfacts[®]

This is a summary of cover and does not contain all the terms and conditions of your Policy, which can be found in the policy document, a copy of which is available upon request. Please take time to make sure you understand the cover it provides. Cover is underwritten by ACE European Group limited.

Significant Features and Benefits	Significant or Unusual Exclusions or Limits	Policy Section that contains further details																								
<p>Personal Accident Accidental bodily injury resulting in:</p> <table border="1"> <tr> <td>Death</td> <td>£10,000</td> </tr> <tr> <td>Permanent Total Disablement</td> <td>£50,000</td> </tr> <tr> <td>Permanent Disabling Injuries</td> <td>Up to £50,000</td> </tr> <tr> <td>Temporary Total Disablement</td> <td>£50 per week</td> </tr> <tr> <td>Benefit Period</td> <td>26 weeks</td> </tr> <tr> <td>Deferment Period</td> <td>28 days</td> </tr> <tr> <td>Dental Injury</td> <td>Up to £500</td> </tr> <tr> <td>Hospital Confinement</td> <td>£30 per day</td> </tr> <tr> <td>Convalescence</td> <td>£100</td> </tr> <tr> <td>Broken Bones:</td> <td></td> </tr> <tr> <td> Leg</td> <td>£200</td> </tr> <tr> <td> Arm</td> <td>£100</td> </tr> </table> <p>Whilst:</p> <p>a) participating in any activity recognised by the Group Policyholder or the Association to which affiliated, or</p> <p>b) whilst coaching Members of the Group Policyholder in any activity recognised by the Group Policyholder or the Association to which affiliated</p> <p>- anywhere in the world including direct travel thereto and therefrom such activity within the United Kingdom, Isle of Man, The Channel Islands or the Republic of Ireland.</p>	Death	£10,000	Permanent Total Disablement	£50,000	Permanent Disabling Injuries	Up to £50,000	Temporary Total Disablement	£50 per week	Benefit Period	26 weeks	Deferment Period	28 days	Dental Injury	Up to £500	Hospital Confinement	£30 per day	Convalescence	£100	Broken Bones:		Leg	£200	Arm	£100	<p>This policy does not cover:</p> <p>Anybody over the age of 80 years</p> <p>Any foreign nationals not resident within the UK</p> <p>Professional sports person or professional entertainer</p> <p>Suicide or deliberate self harm</p> <p>Member of the armed forces whilst on active duty</p> <ul style="list-style-type: none"> • Post traumatic stress disorder, psychological or psychiatric condition • Repetitive stress (strain) injury or syndrome • Influence of solvents, drugs or medication unless prescribed • HIV, AIDS or AIDS-Related Complex • Driving whilst under the influence of alcohol over the legal limit • any act of terrorism involving the use of Nuclear, Chemical or Biological Weapons or Agents 	<p>Cover – Page 4</p> <p>Exclusions – Pages 7 to 8</p>
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Broken Bones:																										
Leg	£200																									
Arm	£100																									

Duration of Policy

The policy will remain in force for 12 months from the date of commencement and is annually renewable.

Right of Cancellation

An Insured Person may cancel their individual cover by writing to the Group Policyholder and asking that their name be removed from the list of Insured Persons. No refund of premium will be allowable.

How to Claim

Should you wish to make a claim under this policy you should contact Perkins Slade Ltd at 3 Broadway, Broad Street, Birmingham, B15 1BQ. Telephone 0121 698 8000 Fax: 0121 625 9000 within 30 days or as soon as possible after the date of occurrence.

Complaints Procedure

We are dedicated to providing a high quality service and want to maintain this at all times. If you are not satisfied with our service, in the first instance please contact The Chairman at Perkins Slade Ltd, 3 Broadway, Broad Street, Birmingham, B15 1BQ. Telephone 0121 698 8000 Fax: 0121 625 9000 Alternatively please contact:

The Customer Service Manager, ACE European Group Limited, 200 Broomielaw, Glasgow, G1 4RU
 Telephone: 0800 783 9071
 Fax: 01293 597376
 E-mail: A&Hcustserv.complaints@acegroup.com

You may approach the Financial Ombudsman Service (FOS) for assistance if you are not satisfied with our final response. Contact details are given below. A leaflet explaining its procedure is available on request.

Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR.

Financial Service Compensation Scheme

In the unlikely event that we are unable to meet our liabilities, you may be entitled to compensation under the Financial Services Compensation Scheme. Further information about compensation scheme arrangements are available from the FSCS.

ANGLING TRUST PROPOSAL FOR GROUP PERSONAL ACCIDENT INSURANCE

Name of Club / Association			
Contact Name			
Correspondence Address			
		Post Code	
Daytime Telephone Number		Email Address	
Name of sporting governing body that you are affiliated to, and the affiliation / membership number			
Description of all Activities to be Included			
Date of Commencement of Insurance			

Cover Options & Premium			
Option 1 – Committee and Maintenance Teams only	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No
or			
Option 2 – All Members of the Club	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No
Number of Persons		Premium	
<u>NB: Where choosing Option 2 - ALL members must be included</u>	@ £2.00 per person		
	Subject to a Minimum Premium of £75.00	£	
		Add Administration Charge	£ 15.00
		Total Remittance	£

Claims Experience		
Have any incidents or claims arisen in the past 5 years, whether insured or not? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please give details below (continue on a separate sheet if necessary) or attach insurers confirmed claims experience, if presently or previously insured		
Date of Accident	Brief Details of Loss	Amount of Claim

