# Amateur Sports Team Personal Accident Members Copy



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| Policy Number         | ASPA 70332 2021                                                                                                                                                                                                                |  |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| The Insured Club      | Harry Hall International Limited                                                                                                                                                                                               |  |
| Insured Address       | Park View Mills Wibsey Park Ave Bradford, BD6 3SR                                                                                                                                                                              |  |
| The Insured Person(s) | All Gold and Gold Plus Members of the Harry Hall One Club                                                                                                                                                                      |  |
| Geographical Limits   | United Kingdom Of Great Britain & Northern Ireland &/Or Republic Of Ireland                                                                                                                                                    |  |
| Age Limit             | Under 76 years at the Policy Effective Date                                                                                                                                                                                    |  |
| Operative Time        | This Insurance shall only cover the Insured Person(s) whilst taking part in a <b>Horse Related Activity</b> for twelve consecutive months only from the time which the Membership is taken out during the Period of Insurance. |  |
| Security              | Underwritten by Canopius Managing Agents Limited for Lloyd's Syndicate 4444                                                                                                                                                    |  |

### Period of Insurance

| Policy Effective Date | 25 <sup>th</sup> May 2021 |
|-----------------------|---------------------------|
| Policy Expiry Date    | 24 <sup>th</sup> May 2022 |

### Schedule of Benefits

The Underwriters will pay the Sum Insured to the Insured Person, or their Executors or Administrators, in accordance with the following Schedule of Benefits in the event of the Insured Person sustaining Bodily Injury, subject to the terms, Definitions, Exclusions and Conditions, contained in this Policy Schedule.

| ltem    | Benefits Payable in Respect of Accident                                                                                                          | Sum Insured<br>(Each Insured Person) |  |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--|
| Section | 1                                                                                                                                                |                                      |  |
| 1       | Death                                                                                                                                            | £10,000                              |  |
| 2       | Permanent Total Loss of Sight of One Eye                                                                                                         | £10,000                              |  |
| 3       | Permanent Total Loss of Sight of Both Eyes                                                                                                       | £10,000                              |  |
| 4       | Loss of One or More Limb(s)                                                                                                                      | £10,000                              |  |
| 5       | Permanent Total Loss of Speech                                                                                                                   | £10,000                              |  |
| 6       | Permanent Total Loss of Hearing                                                                                                                  |                                      |  |
|         | (a) In One Ear                                                                                                                                   | £2,500                               |  |
|         | (b) In Both Ears                                                                                                                                 | £10,000                              |  |
| 7       | Permanent Total Disablement (other than loss of sight of one or both eyes or loss of limb(s), or loss of Speech and Hearing in one or both ears) | £10,000                              |  |

| Maximum Sum Insured Any One Occurrence                       | £1,000,000 |
|--------------------------------------------------------------|------------|
| Maximum Sum Insured in respect of items 1, 3, 4, 5, 6(b) & 7 | £10,000    |
| Maximum Sum Insured in respect of item 2                     | £10,000    |
| Maximum Sum Insured in respect of item 6 (a)                 | £2,500     |

### Conditions

## Existing Medical Conditions

This Insurance excludes any claims arising from a disability or condition of a recurring or chronic nature of an Insured Person for which medical advice or treatment has been given prior to the inception date of the Insurance.