Chubb European Group SE, A Chubb Company UK Business Address: 100 Leadenhall Street, London, EC3A 3BP T: 020 7173 7000 F: 020 7173 7800 www.chubb.com/uk

#### Group Policy Schedule

### CHUBB

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

Policy Number:	UKBCHD05097
The Group Policyholder:	The Richard Pate School
Address:	The Bursary, Richard Pate School, Leckhampton, Cheltenham, Gloucestershire, GL53 9RP, United Kingdom
<b>Renewal Date:</b>	01 September 2023
Period of Insurance:	<ul> <li>a) i) From: 1 September, 2022 (the Start Date) ii) To: 31 August 2023</li> <li>(both dates inclusive)</li> <li>If the term commences before the 1st September 2022 cover will commence from 00.01 hours local standard time on the earliest date. Cover will expire on 24.00 hours local standard time on 31st August 2023</li> <li>b) Any subsequent period for which We shall agree to accept a renewal premium</li> </ul>
Period of Cover:	Cover in respect of each Insured Person will commence on the Start Date or the date which the Insured Person is advised by the Group Policyholder that their cover is operative if after the Start Date
Premium (inclusive of Insurance Premium Tax at the applicable rate):	To be declared
Applicable Policy Wording:	C1507/11 0722
Date of issue:	1st August 2022

Insure	ed Persons				
Category A	Any <b>Pupil</b> enrolled at the <b>Group Policyholder's</b> school.	Insured			
Category B	Any Employee	Not Insured			
Category C	Any member of the board of governors (school governor) of the <b>Group Policyholder's</b> school.	Insured			
Category D	Any person who is acting in a capacity as a volunteer, assistant or helper under the direction of the <b>Group Policyholder</b> .	Insured			
Effectiv	ve Time				
Category A	24 hours a day for the duration of each <b>Term</b> during t including;	he <b>Period of Insurance</b> ,			
	a. the uninterrupted journey to the <b>Group Policyh</b> commencement of a <b>Term;</b> and	older's school prior to the			
	b. the holiday break that immediately follows the end of <b>Term</b> .				
	If a <b>Pupil</b> is not returning to the <b>Group Policyholder's</b> school at the start of a <b>Term</b> due to;				
	a. the <b>Pupil</b> transferring to another primary or secondary school within the <b>United Kingdom</b> , cover will continue until the commencement of the uninterrupted journey to the new school; or				
	b. the <b>Pupil</b> completing their secondary education or transferring to a school outside the <b>United Kingdom</b> , cover will continue during the holiday break following the end of <b>Term</b> , but only whilst the <b>Pupil</b> is participating in official organised activities under the auspices of the <b>Group Policyholder</b> , including uninterrupted travel between the location of the activity and their home; or				
	c. any reason other than in a. or b. above, cover ceases at the end of the <b>Pupil's</b> uninterrupted journey home at the end of their last day at the <b>Group Policyholder's</b> school.				
Category B	24 hours a day anywhere in the world.				
Categories	Whilst undertaking duties of the Group Policyholde	er;			
C & D	v between home and the r				
	b. outside the <b>United Kingdom</b> including travel di location the school duties are being undertaken.	rectly between home and the			

## Schedule of Benefits – £600,000 Plan

The maximum amount payable for any one Claim under Sections 1, 3 and 4 in total is; £600,000 for Pupils and Employees

£100,000 for school governors, volunteers, assistants or helpers (except under Items 14 to 17) See Section 4 Supplemental Benefit for full details of cover

Cover only applies to those Categories of Insured Persons stated as 'Insured' in the Group Policy Schedule.

#### SECTION 1.

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		Benefit Amount	
Item	Benefit Description	Insured Persons Categories A & B	Insured Persons Categories C & D
1	Organic paralysis	£250,000	£100,000
2	Loss of intellectual capacity	£250,000	£100,000
3	Loss of sight in both eyes	£250,000	£100,000
4	Loss of upper limbs (both)	£250,000	£100,000
5	Loss of lower limbs (both)	£250,000	£100,000
6	Loss of upper limb (one) and Loss of lower limb (one)	£250,000	£100,000
7	Loss of sight in one eye	£120,000	£48,000
8	Loss of upper limb (one)	£120,000	£48,000
9	Loss of lower limb (one)	£120,000	£48,000
10	Loss of hearing in both ears	£120,000	£48,000
11	Total loss of or total loss of use of:		
	a. lung	£120,000	£48,000
	b. a hip, knee or ankle	£100,000	£40,000
	c. the back or spine below the neck with no damage to the spinal cord	£100,000	£40,000
	d. the neck or cervical spine with no damage to the spinal cord	£75,000	£30,000
	e. a shoulder or elbow	£75,000	£30,000
	f. a thumb or wrist	£65,000	£26,000
	g. the jaw	£40,000	£17,000
	h. a kidney	£35,000	£14,000
	i. a big toe	£35,000	£14,000
	j. a finger	£25,000	£10,000
	k. spleen	£20,000	£8,000
	l. any other toe	£10,000	£4,000
12	Loss of hearing in one ear	£25,000	£10,000
13	Loss of smell and Loss of taste	£25,000	£10,000
14	Hemiplegia*	£300,000	£300,000
15	Paraplegia*	£300,000	£300,000
16	Quadriplegia*	£600,000	£600,000

17	Triplegia*	£450,000	£450,000
18	To ensure an <b>Insured Person</b> is provided with a paymer listed above, Chubb will assess medical evidence to calcula scale. No account shall be taken of the <b>Insured Person's</b> results in 25% of the loss of sight in one eye, Chubb will pa this Scale.	te the degree of disablem occupation. For example	nent relative to this le if <b>Bodily Injury</b>

\*Note: Only one Benefit Amount may be paid for Hemiplegia, Paraplegia, Quadriplegia or Triplegia. The **Benefit Amounts** are not cumulative.

Any **Benefit Amount** payable for **Hemiplegia**, **Paraplegia** or **Triplegia** is in addition to any **Benefit** Amount payable under Section 1 Item 1 – 13 or Item 18 up to the maximum Benefit Amount of £600,000.

SECTION Accide	DN 2. ntal death	
Item	Benefit Description	Benefit Amount
1	Accidental death – Category A (Pupils)	£7,500
2	<b>Accidental</b> death – Category B, C & D ( <b>Employees</b> , School Governors / Volunteers/ Helpers / Assistants)	£100,000
SECTION Disfigu	ON 3. Irement or scarring of the Face and Body	
		Benefit Amount
Item	Benefit Description	Insured Persons Categories A, B, C, D
1	A. Face	
	i. Minimum Benefit at least one square centimetre or two centimetres in length	£250
	ii. Maximum Benefit whole area of the <b>Face</b>	£5,000
	B. Body	
	4% or more of the Total Body Surface Area	£3,000
	15% or more of the Total Body Surface Area	£6,000
	25% or more of the Total Body Surface Area	£10,000

Supplemental Benefit -Cover for Category A (Pupils) & Category B (Employees) only

		Benefit Amount
Item	Benefit Description	Insured Persons Categories A & B
1	<ul> <li>Supplemental Benefit</li> <li>If an Insured Person described in Category A (Pupil) or Category B (Employee) sustains Bodily Injury resulting in a Permanent</li> <li>Disability insured under Items 1 to 15, 17 and/or 18 of Section 1 (Serious Injury) and/or Section 3 (Disfigurement or scarring of the Face and Body) and the total Benefit Amount payable reaches £250,000, a Supplemental Benefit of £350,000 is also payable making a total Benefit Amount payable of £600,000.</li> <li>This Section does not apply to Insured Persons described in Categories C (school governors) and D (volunteers, assistants or helpers). The Supplemental Benefit is not payable to those Insured Persons.</li> </ul>	£350,000
SECTION Dental	DN 5. Injury and Dental Emergency Treatment	

		Benefit Amount
Item	Benefit Description	<b>Insured Persons</b>
		Categories A, B, C & D
1	Dental Injury	
	Total loss of permanent natural teeth	
	a. Total permanent physical loss of anterior tooth (canine or incisor)	£2,000 per tooth
	b. Total permanent physical loss of posterior tooth (molar or pre-molar)	£1,250 per tooth
	Partial loss of natural teeth	
	c. Partial loss of anterior and / or posterior tooth	Up to £500 per tooth
	Loss of Vitality	
	d. The total Loss of Vitality of a permanent natural tooth	£500 per tooth
	Total amount payable in respect of any one <b>Claim</b> under Items c & d	£2,000
	e. <b>Dental Treatment</b> following <b>Dental Injury</b> (Insured Persons under age 18 years)	Up to £10,000
	f. <b>Dental Treatment</b> following <b>Dental Injury</b> (Insured Persons age 18 years and over)	Up to £10,000
	Total amount payable for any one <b>Claim</b> under Items e & f ( <b>Dental Treatment</b> that exceeds £750 must first be approved by <b>Chubb</b> )	£10,000
	g. Dental Treatment following Dental Injury requiring Dental Implant(s)	Up to £2,000 per Dental Implant
	Total amount payable for any one <b>Claim</b> under Item g	£10,000

2	Emergency Dental Treatment	Up to £2,000
3	Surgical Extraction of Third Molars (Wisdom Teeth)	£125 per tooth
4	In-patient Hospital Stay (up to 365 nights maximum)	£125 per night
5	Mouth Cancer treatment	Up to £12,000
6	Incidental Expenses	Up to £125

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Fractures

	Benefit Amount		
Item	Benefit Description	Insured Persons Categories A, B, C & D	
1	Hip or pelvis (excluding coccyx or thigh)	£1,000	
2	Femur or heel	£500	
3	Skull (excluding jaw and nose) lower leg, collar bone, ankle, elbow, upper or lower arm (including the wrist, but not a colles' fracture)	£500	
4	Spine (vertebrae, but excluding coccyx)	£1,500	
	Maximum amount payable for all Fractures due to one Accident	£5,000	

**SECTION 7.** 

Additional Benefits payable following certain valid claims under Section 1. Serious Injury or Section 2 Accidental Death Benefit Amount

		Insured Persons			
Item	Benefit Description		Category A	Category B	Categories C & D
1	Catastrophic Accident	Not I	nsured	Up to £600,000	Not Insured
2	Chauffeur or Taxi		10% of benefit under Section 1	Up to 10% of benefit paid under Section 1	Up to 10% of benefit paid under Section 1
3	Child / children	Not I	nsured	£8,000	Not Insured
4	Cosmetic Surgery	Up to	£10,000	Up to £10,000	Not Insured
5	Dependent Adult	Not I	nsured	£25,000	£25,000
6	Estate Administration	Up to	£2,000	Up to £2,000	Up to £2,000
7	Funeral Expenses	Up to	£10,000	Up to £10,000	Up to £10,000
8	Home Adaption / Relocation	£50,0	000	£50,000	£50,000
9	Home Help & Childcare	Not I	nsured	Up to £10,000	Up to £10,000
10	Independent Financial Advice	Not I	nsured	Up to £2,500	Up to £2,500
11	Injury Medical Expenses	Up to	£30,000	Up to £30,000	Up to £30,000
12	Personnel Replacement	Not I	nsured	Up to £5,000	Not Insured
13	Prosthesis	Up to	£10,000	Up to £10,000	Up to £10,000
14	Psychological Counselling	Up to	£2,000	Up to £2,000	Up to £2,000
15	Quality of Life Improvement Advice	Not I	nsured	Up to £5,000	Not Insured
16	Rehabilitation Case Management & Treatment	Not I	nsured	Up to £5,000	Up to £5,000
17	Retraining	Not I	nsured	Up to £15,000	Up to £15,000
18	Retraining for a Partner	ning for a Partner Not Ins		Up to £15,000	Up to £15,000
SECTIC Automa	ON 8. ntic Additional Benefits				
				Benefit Amount	
				Insured Persons	
Item	Benefit Description		Category A	Category B	Categories C & D
1	Coma within Country of Domicile (Up 730 days maximum)	Coma within Country of Domicile (Up to 730 days maximum)		£100 a day	Not Insured
2	Hospital Stay within Country of Dom (Up to 365 days maximum)	icile	£50 a day	£150 a day	£150 a day
3	Hospital Transfer		Up to £5,000	Up to £5,000	Up to £5,000
4	Hospital Visiting		Up to £100 a day £5,000	Up to £100 a day £5,000	Up to £100 a day
	Maximum amount payable for any on	ie Clai			£5,000
5	Lifesaver**		£25,000	£25,000	£25,000

6	Loss of or Damage to Personal Belongings	Up to £2,000	Up to £2,000	Not Insured
7	Partner or Child of a Director or Employee benefit:			
	a Hemiplegia of a Parent or Child of a Category B Insured Person	Not Insured	£150,000	Not Insured
	b. Paraplegia of a Parent or Child of a Category B Insured Person	Not Insured	£150,000	Not Insured
	c. Quadriplegia of a Parent or Child of a Category B Insured Person	Not Insured	£300,000	Not Insured
	d. Triplegia of a Parent or Child of a Category B Insured Person	Not Insured	£225,000	Not Insured

**Note:** Only one **Benefit Amount** may be paid for **Hemiplegia**, **Paraplegia**, **Quadriplegia** or **Triplegia**. The **Benefit Amounts** are not cumulative.

8	Recruitment Expenses following suicide**	Not Insured	Up to £15,000	Not Insured
9	Return Home	Up to £2,000	Up to £2,000	Up to £2,000
10	Trauma Counselling	Up to £2,000	Up to £2,000	Up to £2,000
11	Workplace Assault	Not Insured	Up to £5,000	Up to £5,000

\*\* Note that in respect of Item 5 (Lifesaver) and Item 8 (Recruitment Expenses following suicide) the **Benefit Amount** is payable to the **Group Policyholder** only and cover applies regardless of whether Insured Persons Category B (Employees) in the **Group Policy Schedule** is stated as 'Insured' or Not Insured'.

SECTIO	DN 9			
Assistance				
Item	Benefit Description			
1	Assistance Services			
SECTION 10				
Crisis Management				
Item	Benefit Description	Benefit Amount		
1	Crisis Management	Up to £75,000 per		
		Crisis		
	Aggregate Limit in any one Period of Insurance	£75,000		

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