



Lloyd's Accident and  
Illness Insurance (UK)

**LLOYD'S**

You have applied to us for insurance and this document is the contract of insurance setting out the details of the insurance which you have requested. In deciding to accept this insurance and in setting the terms we have relied on the information each insured person has provided to us.

In return for payment of the premium shown in the schedule, we agree to insure insured person, subject to the terms and conditions contained in or endorsed on this contract of insurance, against **bodily injury** and/or **illness** in the manner and to the extent provided in this contract during the period shown in the schedule.

Please note that separate insurance is provided under this contract of insurance for **bodily injury** caused by an **accident** and or **illness**.

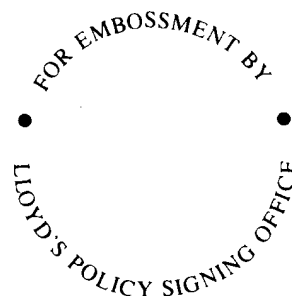
The insurance applies ONLY to those sections and benefits of this contract of insurance which are shown in the schedule and have an amount inserted against them.

In this contract of insurance, our syndicate numbers and proportions are shown in the attached table. We bind ourselves severally and not jointly, that is, in the event of a loss, each of us (and our Executors and Administrators) is liable only for their own share of their syndicate's proportion of the risk.

You or your representative can obtain the name of each of us and our respective shares by applying to Market Services, Lloyd's, One Lime Street, London EC3M 7HA.

The General Manager of LPSO is authorised to sign and issue this contract of insurance on behalf of each of us.

LLOYD'S POLICY SIGNING OFFICE  
*General Manager*



## Introduction

This document, the schedule and any endorsement attached form **your** contract of insurance.

This document sets out the conditions of the contract of insurance between **you** and **us**. It should be kept in a safe place.

Please read the whole document carefully. It is arranged in different sections. It is important that:

- **you** check that the sections **you** have requested are included;
- **you** comply with **your** duties under each section and under the insurance as a whole.

**Our** aim is to ensure that all aspects of **your** insurance are dealt with promptly, efficiently and fairly. At all times **we** are committed to providing **you** with the highest standard of service.

If **you** have any questions or concerns about **your** contract of insurance or the handling of a claim **you** should, in the first instance, contact **your broker** whose contact details are shown in the schedule.

If **you** are unable to resolve any questions or concerns with **your** broker please refer to the complaints procedure on page 8.

Contents	Page
Your right to cancel	3
Law and Jurisdiction	3
Language of contract of insurance	3
Hazardous Occupations, Sports, Pastimes or Activities	3
Definitions	4
Section One - Accident	5
Section Two - Illness	6
What is not covered	7
General conditions	7
How to make a claim	8
Complaints procedure	8
Compensation	9
Data Protection Act 1998	9
Contracts (Rights of Third Parties) Act 1999	9

### **Right to cancel**

**You** can cancel this contract of insurance at any time by writing to **your broker**. Any return premium due to **you** will depend on how long this contract of insurance has been in force and whether **you** have made a claim.

**We** can cancel this contract of insurance by giving **you** thirty days' notice in writing. Any return premium due to **you** will depend on how long this contract of insurance has been in force.

### **Law and Jurisdiction**

The parties are free to choose the law applicable to this contract of insurance. Unless specifically agreed to the contrary this contract of insurance shall be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England.

### **Language of contract of insurance**

Unless otherwise agreed the language of this contract of insurance shall be English.

### **Hazardous Occupations, Sports, Pastimes or Activities**

If the **insured person** engages in any active occupation, sport or pastime or other activity which has a hazardous nature **you** should disclose it to **us**. If **you** are in any doubt as to what constitutes hazardous and if the **insured person** is covered for such activity please contact **your broker**.

## Definitions

Wherever the following words appear in bold they will have the meanings shown below.

<b>Accident</b>	means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place during the <b>period of insurance</b> . <b>Accident</b> shall also include disappearance.
<b>Bodily injury</b>	means identifiable physical injury which <ul style="list-style-type: none"><li>• is caused by an <b>accident</b>, and</li><li>• solely and independently of any other cause, (except <b>illness</b> directly resulting from, or medical or surgical treatment rendered necessary by such injury), which results in the death or disablement of the <b>insured person</b> within twelve months from the date of the <b>accident</b>.</li></ul>
<b>Illness</b>	means sickness or disease of the <b>insured person</b> the symptoms of which first appear during the <b>period of insurance</b> and occasions total disablement within of the <b>insured person</b> twelve consecutive months after the symptoms first appear.
<b>Insured person</b>	means each <b>insured person</b> named in the schedule of <b>insured persons</b> .
<b>Loss of limb</b>	means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes permanent total and irrecoverable loss of use of the <b>insured person's</b> hand, arm, foot or leg.
<b>Loss of sight</b>	means the permanent and total <b>loss of sight</b> which we will consider as having happened: <ul style="list-style-type: none"><li>• in both eyes, if the <b>insured person's</b> name is added to the Register of Blind Persons on the authority of a fully-qualified ophthalmic specialist; or</li><li>• in one eye if, after correction, the degree of sight the <b>insured person</b> has left is 3/60 or less on the Snellen scale.</li></ul>
<b>Period of insurance</b>	means the time for which this contract of insurance is in place as shown in the schedule.
<b>Permanent total disablement</b>	means disablement which entirely prevents the <b>insured person</b> from attending to any business or occupation for which the <b>insured person</b> is reasonably suited by training, education or experience and which lasts consecutive twelve months and at the end of that period is beyond hope of improvement.
<b>Temporary total disablement</b>	means disablement which entirely prevents the <b>insured person</b> from attending to their business or occupation.
<b>Temporary partial disablement</b>	means disablement which prevents the <b>insured person</b> from attending to a substantial part of their business or occupation.
<b>We / us / our</b>	The Underwriters at Lloyd's who have a share in this contract of insurance.
<b>You / your</b>	The Insured named in the schedule.
<b>Your broker</b>	The insurance broker or intermediary who arranged this contract of insurance on <b>your</b> behalf.

## SECTION ONE

---

### Accident

---

#### What is covered

---

**We** will pay the benefit shown in the schedule of benefits if the **insured person** suffers **bodily injury** during the **period of insurance** which results in the **insured person**:

1. Death.
2. **Loss of one limb.**
3. **Loss of two or more limbs.**
4. **Loss of sight** in one eye.
5. **Loss of sight** in both eyes.
6. **Loss of sight** in one eye and **loss of one limb.**
7. Permanent total disablement (other than total and irrecoverable **loss of sight** of one or both eyes or **loss of limb(s)**).
8. **Temporary total disablement.**
9. **Temporary partial disablement.**

#### Conditions

1. If item 1 is not covered, then no claim shall be payable, other than for weekly benefits, in respect of an **accident** which would have given rise to a claim for death had that item been covered.
  2. If item 1 is covered and an **accident** causes death of the **insured person** within twelve months following the date of the **accident** and prior to the definite settlement of the benefit for disablement provided for under items 2 to 7 of Section One of the schedule of benefits, only the benefit provided for in the case of death of the **insured person** shall be paid.
  3. Where any payment is made for **temporary total disablement** or **temporary partial disablement** the amount so paid shall be deducted from any lump sum subsequently payable for **permanent total disablement** or death.
  4. If the **insured person** is not found within twelve months of their disappearance, and sufficient evidence is produced satisfactory to **us** that leads **us** inevitably to the conclusion that the **insured person** have sustained **bodily injury** and that such injury has caused the **insured person's** death, **we** will pay the death benefit, where applicable, under this contract of insurance, provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to **us** if the **insured person** is subsequently found to be alive.
-

## SECTION TWO

---

### Illness

---

#### What is covered

---

**We** will pay the benefit shown in the schedule of benefits if the **insured person** suffers an **illness** during the **period of insurance** which results in the **insured person's**:

1. **Loss of sight** of both eyes.
2. **Permanent total disablement** by paralysis.
3. **Temporary total disablement** by illness.

#### Conditions

1. Should an **illness** cause the death of the **insured person** within twelve months of the symptoms of that **illness** appearing prior to the payment of any benefit claimed under items 1 or 2 then there shall be no benefit payable under this Section in respect of those items.
2. Where any payment is made for **temporary total disablement** the amount so paid shall be deducted from any lump sum subsequently payable for **permanent total disablement** by paralysis.



---

### What is not covered (applicable to Sections one and two)

This contract of insurance does not cover claims in any way caused or contributed to by:

1. war, whether war be declared or not, hostilities or any act of war or civil war;
2. the actual or threatened malicious use of pathogenic or poisonous biological or chemical materials;
3. nuclear reaction, nuclear radiation or radioactive contamination;
4. the **insured person** engaging in or taking part in armed forces service or operations;
5. the **insured person** engaging in flying of any kind other than as a passenger;
6. the **insured person's** suicide or attempted suicide or intentional self-injury or the **insured person** being in a state of insanity;
7. venereal disease or Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immuno-deficiency Virus (HIV) howsoever these have been acquired or may be named;
8. the **insured person's** deliberate exposure to exceptional danger (except in an attempt to save human life);
9. a criminal act by the **insured person**;
10. the **insured person** being intoxicated by alcohol or drugs;
11. neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or mental or emotional diseases or disorders of any type.

### General Conditions (applicable to Sections one and two)

1. Benefit shall not be payable under more than one of the items of the schedule of benefits in respect of the consequences of one **accident** (except for any benefit payable hereunder in respect of **temporary partial disablement** preceding or following **temporary total disablement**) or of one **illness**, and

No weekly benefit shall become payable until the total amount thereof has been ascertained and agreed. Where any payment is made for weekly benefit, the amount so paid shall be deducted from any lump sum subsequently payable in respect of the same **accident** or **illness**.

2. The total sum payable under this contract of insurance in respect of any one or more claims shall not exceed in all the largest benefit under any one of the items contained in the schedule of benefits.
3. Unless otherwise declared to and agreed by **us** no benefit will be payable for any condition for which the **insured person** has sought advice, diagnosis, treatment or counselling or of which the **insured person** was aware or should have been aware at inception of this contract of insurance or for which the **insured person** has been treated at any time prior to the inception of this contract of insurance.
4. If any of the information provided in the proposal or application is found to be inaccurate **we** may reduce the amount of **your** claim or **we** may refuse to pay such claim.
5. Any fraud, concealment, or deliberate mis-statement by an **insured person**, if unknown to **you**, in relation to the making of any claim hereunder shall render this contract of insurance null and void in so far as it relates to the **insured person** in question but any such fraud, concealment, or deliberate mis-statement by or known to **you** shall render the whole Insurance null and void and all claims hereunder shall be forfeit.

---

## How to make a claim

### What to do in the event of an accident or illness

1. In the event of an **accident** or **illness** which causes or may cause a claim under this contract of insurance **your broker** should be advised immediately whose contact details are stated in the schedule.
2. The **insured person** must as early as practicable seek the attention of a duly qualified medical practitioner. Notice must be given to **your broker** in the event of the death of the **insured person** resulting or alleged to result from an **accident**.
3. The **insured person** must provide us or **our** medical adviser with the necessary authorisation to access or obtain all the **insured person's** medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition and such medical adviser shall, for the purpose of reviewing the claim, be allowed so often as we deem necessary to examine the **insured person**.
4. **You** must provide **your broker** with written details of what has happened and provide any other information we may reasonably require.

Failure to comply with any of the above may reduce the amount of **your** claim or we may refuse to pay such claim.

### Complaints Procedure

If **you** have any questions or concerns about **your** contract of insurance or the handling of a claim **you** should, in the first instance, contact **your broker**.

If **you** are unable to resolve any questions or concerns with **your broker** **you** can refer the matter to Policyholder & Market Assistance at Lloyd's. The contact details are:

Policyholder & Market Assistance,  
Lloyd's Market Services,  
One Lime Street,  
London EC3M 7HA  
Tel: 020 7327 5693; Fax: 020 7327 5225;  
E-mail: [Complaints@Lloyds.com](mailto:Complaints@Lloyds.com)

A copy of the Lloyd's complaints procedures are also available from this address.

Complaints that cannot be resolved by Policyholder & Market Assistance at Lloyd's may in certain circumstances be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process. This complaint procedure is without prejudice to **your** right to take legal proceedings.

---

## Compensation

Lloyd's insurers are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to **you** under this contract of insurance. If **you** were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this contract of insurance. Further Information about the Scheme is available from the Financial Services Compensation Scheme (7th floor Lloyd's Chambers, Portsoken Street, London E1 8BN) and on their website: [www.fscs.org.uk](http://www.fscs.org.uk)

## Data Protection Act 1998

**You** should understand that any information **you** have provided will be processed by **us**, in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to other parties.

## Contracts (Rights of Third Parties) Act 1999 Clarification Clause

A person who is not a party to this contract of insurance has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this contract of insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

---

The Table of Syndicates referred to in this contract of insurance follows:-

---

## THE SCHEDULE

---

Policy/Certificate No:

Contract No (if any):

---

Proposal dated:

---

The name of the Insured:

Date of birth:

The address of the Insured:

---

The business of the Insured:

---

The period of insurance is from:

to:

both days inclusive at the address of the Insured and for such further period or periods as may be mutually agreed upon.

---

The geographical limits of this contract of insurance:

World-wide

---

Endorsements and other conditions if any:

---

Insured's Broker contact details:

---

The premium:

Insurance Premium Tax:

---

Dated in London:

---

## SCHEDULE OF BENEFITS (for each Insured Person)

This contract of insurance provides benefits in accordance with the Scale of Benefits specified in the **Schedule of Insured Persons**. The percentages specified in the Scale of Benefits below are % of the Capital Sum Insured applicable to the insured person.

Where the letters N.C. (NOT COVERED) are inserted no insurance is provided.

### BENEFITS PAYABLE IN RESPECT OF SECTION ONE ACCIDENT

		Scale of Benefits					
		A	B	D	E	F	G
1.	Death	100%	100%	100%	100%		100%
2.	Loss of one limb	N.C.	50%	50%	100%		50%
3.	Loss of two or more limbs	N.C.	100%	100%	100%		100%
4.	Loss of sight of one eye	N.C.	50%	50%	100%		50%
5.	Loss of sight of both eyes	N.C.	100%	100%	100%		100%
6.	Total and irrecoverable loss of sight of one eye and loss of one limb	N.C.	100%	100%	100%		100%
7.	Permanent total disablement (other than total and irrecoverable loss of sight of one or both eyes or loss of limb(s))	N.C.	N.C.	100%	100%		100%
8.	Temporary total disablement	the amount specified in the <b>Schedule of Insured Persons</b> during such disablement for the <b>Maximum Benefit Period</b> specified in the <b>Schedule of Insured Persons</b> regardless of the number of accidents commencing after the expiry of the <b>Elimination Period</b> specified in the <b>Schedule of Insured Persons</b> from the date on which the insured person first became disabled.					
9.	Temporary partial disablement	the amount specified in the <b>Schedule of Insured Persons</b> during such disablement for the <b>Maximum Benefit Period</b> specified in the <b>Schedule of Insured Persons</b> regardless of the number of accidents commencing after the expiry of the <b>Elimination Period</b> specified in the <b>Schedule of Insured Persons</b> from the date on which the insured person first became disabled.					

### BENEFITS PAYABLE IN RESPECT OF SECTION TWO ILLNESS

		Scale of Benefits					
		A	B	D	E	F	G
1.	Loss of sight of both eyes	N.C.	N.C.	N.C.	N.C.		100%
2.	Permanent total disablement by paralysis	N.C.	N.C.	N.C.	N.C.		100%
3.	Temporary total disablement by illness	The amount specified in the <b>Schedule of Insured Persons</b> during such disablement for the <b>Maximum Benefit Period</b> specified in the <b>Schedule of Insured Persons</b> regardless of the number of illnesses commencing after the expiry of the <b>Elimination Period</b> specified in the <b>Schedule of Insured Persons</b> from the date on which the insured person first became disabled.					

**SCHEDULE OF INSURED PERSONS**

Name	Occupation	Date of Birth	Capital Sum Insured	Scale of Benefits	Proposal Date





**LLOYD'S**

One Lime Street London EC3M 7HA