

**PERSONAL ACCIDENT, ILLNESS AND DENTAL TREATMENT - POLICY SUMMARY**

This summary is in no way intended to form part of the contract of insurance and you are advised to read the full policy terms and conditions, which will be sent to you in your Certificate of Insurance. Please refer to the certificate wording for a full explanation of what is covered and to your Schedule to confirm which Benefits are applicable to you.

The policy is underwritten by the Catlin Insurance Company (UK) Ltd who are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (Firm Reference Number 423308). Further details can be found on the Financial Services Register at [www.fca.org.uk](http://www.fca.org.uk)

The policy is annually renewable subject to any changes effected by Underwriters. Policy terms and conditions, premiums and deferment periods may change each year.

KBIS British Equestrian are authorised to accept business under this scheme in accordance with the terms and conditions of a binding authority granted by the Insurer. Unless otherwise stated the policy duration will be 12 months.

**KEY BENEFITS AND FEATURES** (Section B, Policy Terms & Conditions)

Underwriters will: -

1. If the Insured Person sustains Bodily Injury, or suffers Illness during the Period of Insurance, Underwriters will pay to the Insured Person, or their Executors or Administrators, according to the options selected in the Schedule of Compensation.
2. Indemnify the Insured Person, up to but not exceeding the limit specified in the Schedule of Compensation, for the cost of Dental Treatment performed within 12 months of the date of the Accident.
3. You will only be covered for the riding activities according to the option selected in the Schedule of Compensation.

Provided always that:

1. compensation shall not be payable under more than one of the items of the Schedule of Compensation in respect of the consequences of one Accident or of one Illness. This proviso does not apply in respect of Dental Treatment by Item 9 of the Schedule of Compensation.
2. no weekly compensation shall become payable until the total amount has been ascertained and agreed. If, nevertheless, payment be made for weekly compensation, the amount paid shall be deducted from any lump sum becoming claimable under Items 1 to 6 of the Schedule of Compensation in respect of the same Accident or Illness.
3. the total sum payable in respect of any one or more claims to an Insured Person shall not exceed in all the largest sum insured under any one of the items contained in the Schedule of Compensation, according to the level of cover purchased, or added to this Insurance by endorsement, except that the Insurers will in addition pay for Dental Treatment.
4. If an Accident causes the death of the Insured within 12 months following the date of the Accident and prior to the definite settlement of the compensation for disablement provided for under Items 2 to 6 inclusive of the Schedule of Compensation, there shall be paid only the compensation provided for in the case of death.
5. compensation shall only be payable under the items of the Schedule of Compensation if:
  - (i) under Item 1 to 5, death or loss occurs within twelve months of the date of the Accident.
  - (ii) under Item 6, the Insured becomes totally disabled within 12 months of the date of the Accident and such disablement lasts for 12 months.
  - (iv) under Item 9:-
    - (a) the repair or replacement of Dentures is to original prescription only.
    - (b) the necessary Dental Treatment is not available under the National Health Service.

**GEOGRAPHICAL LIMITS** (Section E, Policy Terms and Conditions)

Accident / Illness - occurring anywhere in the World.

**SCHEDULE OF COMPENSATION**

(Section C, Policy Terms & Conditions)

This Schedule of Compensation shall apply separately in respect of each Insured Person.

INCIDENT	OPTIONS			
	Junior	Bronze	Silver	Gold
1 Accidental Death	£5,000	£20,000	£50,000	£100,000
2 Loss of One Eye	£25,000	£10,000	£25,000	£50,000
3 Loss of Two Eyes	£50,000	£20,000	£50,000	£100,000
4 Loss of One Limb	£25,000	£10,000	£25,000	£50,000
5 Loss of Two Limbs	£50,000	£20,000	£50,000	£100,000
6 Permanent Total Disablement	£100,000	£40,000	£100,000	£200,000
7 Temporary Total Disablement (Accident)	N/A	£100 Per Week	£250 Per Week	£500 Per Week
8 Temporary Total Disablement (Sickness)	N/A	£100 Per Week	£250 Per Week	£500 Per Week
Dental	£2,000	£2,000	£3,000	£5,000

**SIGNIFICANT AND UNUSUAL EXCLUSIONS** (Section D, Policy Terms & Conditions)

This Insurance does not cover claims in any way caused or contributed to by:

1. The Assured engaging in or taking part in armed forces service or operations;
2. The Assured engaging in flying of any kind other than as a passenger;
3. The Assured's suicide or attempted suicide or intentional self-injury or the Assured being in a state of insanity;

4. Venereal disease or Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) howsoever these have been acquired or may be named;
5. The Assured's deliberate exposure to exceptional danger (except in an attempt to save human life);
6. The Assured being under the influence of alcohol or drugs;
7. Neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or mental or emotional diseases or disorders of any type.
8. The cost of fitting or the cost of making good faulty workmanship or design of Dentures.
9. Bodily Injury or Dental Treatment in respect of any person under the age of 5 years or over the age of 75 years.
10. Illness in respect of any person under the age of 16 years or over the age of 65 years.
18. Temporary Total Disablement in respect of any person under 16 years of age.

Please refer to Terms and Conditions for a full list of exclusions.

## RIDING ACTIVITIES

(Section C, Policy Terms & Conditions)

**Group A:** Hacking, Driving Showing, Dressage, Horse Handling, Breaking, Gymkhana, Pony Club Activities, Riding Club activities, Unaffiliated & Affiliated Show jumping, Endurance Riding, Western Riding, Vaulting, Cross Country Schooling, Hunting, Hunter Trials, Non-Competitive Driving, Pony Racing, Flat Racing & Arab Racing.

**Group B:** As per Group A Plus: Cross Country Team Chasing, Affiliated Eventing - Intro & Pre-Novice, Unaffiliated Eventing, Competitive Driving, Polo, Polocross.

**Group C:** As per Group A & B Plus: Steeple chasing, Hurdle Racing, Point to Points & Hunter chasing (Amateur Riders only), BHTA (BE) or IHTS 3-day events, Affiliated Eventing - Novice and Above.

## MEMORANDA (Section G, Policy Terms & Conditions)

### 1. Increased Hazard

If the Insured regularly engages in any occupation, sport, pastime or activity which is a greater risk than the activities which have been declared then no claim shall be payable in respect of any Accident or Illness arising from said activity.

### 2. Notice

Notice must be given to the Insurers as soon as possible in the event of an incident occurring that could lead to a claim and the Insured person must seek a medical and/or dental professional for treatment as appropriate.

In order for compensation to be paid all medical records, notes and correspondence referring to the claim or a related pre-existing condition must be made available to any medical adviser appointed by or on behalf of Insurers, the Insurer's medical adviser, for the purpose of reviewing the claim, shall be allowed to make examination of the Insured person as necessary.

### 3. Other Insurance

The Insured person may not have any other Illness insurance except as specifically declared to the Insurers at inception or during the course of the policy.

## DEFINITIONS (Section A, Policy Terms & Conditions)

1. **"Insured Person"** shall mean the Insured Person(s) listed in the Schedule.
2. **"Bodily Injury"** shall mean identifiable physical injury which:
  - (i) is caused by an Accident, and
  - (ii) solely and independently of any other cause, except Illness directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the Insured Person within twelve months from the date of the Accident.
3. **"Accident"** shall mean a sudden, unexpected, unusual, specific event, which occurs within the Geographical Limits at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which the Insured Person is travelling.
4. **"Illness"** shall mean Illness of the Insured Person, which declares itself within the Geographical Limits during the Period of Insurance and occasions the total disablement of the Insured Person within twelve months after declaring itself.
5. **"Temporary Total Disablement"** shall mean disablement, which entirely prevents the Insured Person from attending to his usual business or occupation.
6. Temporary Total Disablement (Accident): During such disablement but not beyond 104 weeks from the date on which the Insured Person first becomes disabled and excluding the first 14 days of each and every disablement.
7. Temporary Total Disablement (Illness): By Illness of any kind during such disablement but not beyond 104 weeks from the date on which the Insured Person first became disabled and excluding the first 21 days of each and every disablement.
8. **"Permanent Total Disablement"** shall mean:
  - (i) For Insured Persons **16 years and under**, Permanent Total Disablement is defined as being unable to perform two or more of the five Activities of Daily Living without assistance for a continuous period of 365 days and at the expiration of the 365 days period, it is reasonably certain that such disability will persist throughout the lifetime of the Insured person. The Activities of Daily Living are: eating, dressing, bathing, ambulation (ability to move from place to place) and toileting.
  - (ii) For Insured Persons **over 16 years**, Permanent Total Disablement is defined as being unable to perform any occupation suited by training, education or experience for a continuous period of 365 days and, at the expiration of the 365 days period, it is reasonably certain that such disability will persist throughout the lifetime of the Insured Person.
9. **"Loss of limb"** shall mean loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.
10. **"Dental Treatment"** shall mean necessary dental treatment performed by a qualified dental practitioner, including the repair or provision of Dentures, following loss of or damage to the Insured Person's teeth or Dentures caused by an Accident.
11. **"Dentures"** shall mean dentures, capped teeth, plates and other orthodontic work.
12. **"Air Travel"** shall mean being in or on or boarding an aircraft for the purpose of flying therein or alighting therefrom following a flight.

13. Words in the masculine gender shall include the feminine.

14. "**Junior**" shall mean Persons of 16 years or under.

**CLAIMS NOTIFICATION** (Section I, Policy Terms & Conditions)

In the event of a claim or possible claim under this insurance the Insured should notify KBIS British Equestrian, Cullimore House, Peasemore, Newbury, Berkshire, RG20 7JN or by telephone on 01635 247474 no later than 7 days after the date of discovery. Failure to comply with all claims notification requirements stipulated in the full policy wording may invalidate this insurance.

**CANCELLATION** (Section H, Policy Terms & Conditions)

**You** are entitled to cancel this contract of insurance by writing to, or telephoning KBIS within fourteen (14) days of either:

- the date you receive this contract of insurance; or
- start of the **period of insurance**
- whichever is the later.

If **you** cancel prior to the start of the **period of insurance** **you** will receive a full refund of premium.

If **you** cancel within fourteen (14) days of the start of the **period of insurance** **we** will refund a daily proportionate part of the premium in respect of the remaining term of this policy provided **you** have not made a claim. The amount refunded will be dependent on how long this Policy has been in force and any outstanding adjustments. The refund for the remaining **period of insurance** will be calculated from the date that **we** receive the notice of cancellation from **you**.

**Cancellation (After the Cooling Off Period)**

**You** can also cancel this **policy** at any time by writing to, or telephoning KBIS.

**We** will refund a daily proportionate part of the premium in respect of the remaining term of this policy provided **you** have not made a claim. The amount refunded will be dependent on how long this Policy has been in force and any outstanding adjustments. The refund for the remaining **period of insurance** will be calculated from the date that **we** receive the notice of cancellation from **you**.

**We** can cancel this **policy** by giving **you** thirty (30) days' written notice by recorded delivery at **your** current address shown in the Schedule. **We** will refund a daily proportionate part of the premium in respect of the remaining term of this policy provided **you** have not made a claim. The amount refunded will be dependent on how long this Policy has been in force and any outstanding adjustments. The refund for the remaining **period of insurance** will be calculated with effect from thirty (30) days after written notice is sent.

**COMPLAINTS** (Section J, Policy Terms and Conditions)

If **you** have any questions or concerns about this *insurance* or the handling of a claim, please contact KBIS. Our details are as follows:

Kbis Ltd.  
Cullimore House,  
Peasemore  
Newbury  
Berkshire RG20 7JN  
United Kingdom  
Tel: 01635 247474  
Email: [ask@kbis.co.uk](mailto:ask@kbis.co.uk)

If **you** wish to make a complaint, **you** can do so at any time by referring the matter to:

Complaints Manager  
Catlin Insurance Company (UK) Ltd.  
20 Gracechurch Street  
London EC3V 0BG  
United Kingdom  
Email: [Catlinukcomplaints@catlin.com](mailto:Catlinukcomplaints@catlin.com)  
Telephone Number: +44 (0) 20 7743 8487

Complaints that cannot be resolved by the Complaints Manager may be referred to the Financial Ombudsman Service at:

South Quay Plaza  
183 Marsh Wall  
London  
E14 9SR  
United Kingdom#

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

**From within the United Kingdom**

Telephone Number: 0800 0234 567 (free for people phoning from a "fixed line", for example, a landline at home)  
Telephone Number: 0300 1239 123 (free for mobile-phone users who pay a monthly charge for calls to numbers starting 01 or 02)

**From outside the United Kingdom**

Telephone Number: +44 (0) 20 7964 1000

Fax: +44 (0) 20 7964 1001

**COMPENSATION** (Section K, Policy Terms & Conditions)

KBIS Ltd and Catlin Insurance Company (UK) Ltd are covered by the Financial Services Compensation Scheme (FSCS).

The Insured may be entitled to compensation from the Scheme if we are unable to meet our obligations under this contract of insurance. If the Insured 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 (10th Floor, Beaufort House, 15 St. Botolph Street, London EC3A 7QU) and on their website: [www.fscs.org.uk](http://www.fscs.org.uk)