MILITARY INSURANCE

Personal Accident Insurance
Introduction

Welcome to Towergate Personal Accident and Optional Term Life Cover – a unique insurance product designed specifically for HM Forces personnel. Cover can be taken on a banded basis depending upon the level of cover desired. Cover is also available to civilians attached to or connected with HM Forces. Cover may be continued when personnel have left HM Forces, subject to prior acceptance by Towergate Insurance.

Effected through: Towergate Underwriting Group Limited

Towergate Underwriting Group Limited’s permitted business is arranging (bringing about) non-investment insurance contracts, dealing in investments as an agent for non-investment insurance contracts and making arrangements with a view to transactions in non-investment insurance contracts. You can check this on the FCA’s register by visiting the website www.fca.org.uk/register or by contacting the FCA on 0800 111 6768 (freephone) or 0300 500 8082.

Section 1; Personal Accident, Section 2; Hospital Cash, Section 3; Convalescence and Section 4; Shrapnel Benefit are underwritten by a consortium of Insurers who are authorised and regulated by the Financial Conduct Authority. Full details can be found in the Schedule.

The optional Section 5; Term Life is underwritten by Tokio Marine Kiln Group Limited and Beazley Syndicate 3622 who are authorised and regulated by the Financial Conduct Authority.

Your Cancellation Rights

You have a right (under Financial Conduct Authority rules) to cancel Your Certificate during a period of thirty (30) days from the day of purchase of the insurance or the day on which You receive Your Certificate documentation, whichever is the later. If You wish to do so, You will be entitled to a full refund of the premium paid. You are entitled to cancel Your Certificate at any time after the cooling off period has expired but doing so will not entitle You to any refund of premiums paid.

We, or any agent We appoint and who acts with Our specific authority, may cancel this Certificate by sending thirty (30) days notice to Your last known address. No refund of premiums paid will be made. An additional charge may be made to cover the administrative costs.

We will only cancel this Certificate for a valid reason. Examples of valid reasons include:

- non payment of premium;
- a change in risk occurring which means We can no longer provide You with insurance cover;
- non-cooperation or failure to supply any information or documentation requested by Us;
- threatening or abusive behaviour or the use of threatening or abusive language.
The parties to the insurance are **You** and **Us** and any person who is not a party to this insurance has no right under the Contract (Rights of Third Parties) Act 1999. This does not affect any right or remedy of a third party that exists or is available from that Act.

In witness whereof this Certificate has been signed at the place stated and on the date specified in the **Schedule** by

Dinica Gardiner

Personal Lines Underwriting Manager

Towergate Insurance
### Table of Benefits – Sections 1 - 5

#### Section 1 – Personal Accident

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<th>Benefit</th>
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<th>Option 3</th>
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</thead>
<tbody>
<tr>
<td>1. <strong>Accidental Death</strong></td>
<td></td>
<td>GBP 10,000</td>
<td>GBP 20,000</td>
<td>GBP 40,000</td>
</tr>
<tr>
<td>2. <strong>Permanent Total Disablement</strong> – from any and every occupation (see Extension 3)</td>
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<td>i)</td>
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<td>GBP 20,000</td>
<td>GBP 40,000</td>
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<tr>
<td>ii) <strong>Permanent Total Disablement</strong> – from usual occupation (HM Forces Personnel only)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>GBP 10,000</td>
<td>GBP 20,000</td>
<td>GBP 40,000</td>
</tr>
<tr>
<td>3. <strong>Loss of Both Limbs</strong></td>
<td></td>
<td>GBP 20,000</td>
<td>GBP 40,000</td>
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<tr>
<td>4. <strong>Loss of Both Eyes</strong></td>
<td></td>
<td>GBP 20,000</td>
<td>GBP 40,000</td>
<td>GBP 80,000</td>
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<tr>
<td>5. <strong>Loss of One Limb or One Eye</strong></td>
<td></td>
<td>GBP 12,500</td>
<td>GBP 25,000</td>
<td>GBP 50,000</td>
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<td>6. <strong>Loss of Speech</strong></td>
<td></td>
<td>GBP 12,500</td>
<td>GBP 25,000</td>
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<td>7. i) <strong>Loss of Hearing</strong> – in both ears</td>
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<td></td>
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<td>GBP 15,000</td>
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<td>GBP 12,000</td>
<td>GBP 24,000</td>
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<tr>
<td>9. <strong>Fracture Benefit</strong> (up to) – see Extension 5</td>
<td></td>
<td>GBP 250</td>
<td>GBP 500</td>
<td>GBP 1,000</td>
</tr>
</tbody>
</table>

#### Section 2 – Hospital Cash

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Sums Insured per Insured Person</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Cash (per day) – up to a maximum of 365 days in all</td>
<td></td>
<td>GBP 15 per day up to a maximum of GBP 5,475</td>
<td>GBP 30 per day up to a maximum of GBP 10,950</td>
<td>GBP 60 per day, up to a maximum of GBP 21,900</td>
</tr>
</tbody>
</table>
### Section 3 – Convalescence

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Sums Insured per Insured Person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Option 1</td>
</tr>
<tr>
<td>Convalescence (per week) – up to a maximum of 52 weeks in all</td>
<td>GBP 40 per week up to a maximum of GBP 2,080</td>
</tr>
</tbody>
</table>

### Section 4 – Shrapnel Benefit

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Sums Insured per Insured Person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Option 1</td>
</tr>
<tr>
<td>Shrapnel Benefit</td>
<td>GBP 300</td>
</tr>
</tbody>
</table>

### Section 5 – Optional Term Life

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Sums Insured per Insured Person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Option 1</td>
</tr>
<tr>
<td>Optional Term Life – (Death by Natural Causes only)</td>
<td>GBP 10,000</td>
</tr>
</tbody>
</table>
Section 1 – Personal Accident,  
Section 2 – Hospital Cash,  
Section 3 – Convalescence,  
Section 4 – Shrapnel Benefit

Cover (applicable to Sections 1-4)

This is to certify that in accordance with the authorisation granted under Contract SPRAH1600363 to the undersigned by certain Underwriters at Lloyd’s and authorised Insurers (hereinafter called the Underwriters) whose definitive numbers and/or proportions written by them (which will be supplied on application) can be ascertained by reference to the said contract, and in consideration of the premium specified in the Schedule, hereby agree to compensate with the terms and conditions herein or endorsed hereon.

The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract. The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd’s syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this contract. In the case of Lloyd’s syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member’s proportion. A member is not jointly liable for any other member’s proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract. The business address of each member is Lloyd’s, One Lime Street, London, EC3M 7HA. The identity of each member of a Lloyd’s syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd’s, at the above address.

The Underwriters hereby agree with the Certificate Holder to the extent and in the manner hereinafter provided that if an Insured Person sustains injury, illness or loss as defined herein during the Period of Insurance, they will pay compensation to such Insured Person or to their legal representatives according to the Table of Benefits.

Mike Bottle  
Managing Director

Axiom Underwriting Agency Limited for and on behalf of certain Underwriters at Lloyd’s and authorised Insurers as described in the Schedule. Authorised and regulated by the Financial Conduct Authority (FCA number 441460).
Definitions applicable to Sections 1-4

(Specific definitions are contained within each Section)

1. Coverholder
   Towergate Insurance

2. Certificate Holder/You/Your
   The Certificate Holder named in the Schedule.

3. Underwriters/We/Our/Us
   Axiom Underwriting Agency Ltd on behalf of certain Underwriters at Lloyd’s and authorised Insurers as described in the Schedule.

4. Schedule
   The Schedule attached to and forming part of this Certificate.

5. Medical Practitioner
   Any person who has the primary degrees in the practice of medicine and surgery and who is licensed to practice medicine in the country where treatment is given, other than:
   a) An Insured Person
   b) A member of the immediate family of an Insured Person
   c) An employee of the Insured Person

6. Insured Person
   Any person named in the Schedule. Where the Schedule indicates that Individual Cover has been taken, the Insured Person under this section is the Certificate Holder only. Where Family Cover has been taken, the Insured Persons under this section are the Certificate Holder, their Spouse and eligible Children. Cover will not apply in respect of persons older than sixty (60) years of age at the beginning of the Period of Insurance.

7. Spouse
   Spouse or cohabitee who has been residing with the Certificate Holder at the same address for at least six (6) months.

8. Children
   The Insured Person’s dependent child aged over thirty (30) days and under eighteen (18) years.

9. Hospitalisation
   The admission of an Insured Person into a properly licensed Hospital for treatment as an in-patient for a period in excess of five (5) consecutive days.

10. Chronic
    Any medical condition, which reoccurs following treatment and for which there is no permanent cure.

11. Sickness
    The illness or disease of an Insured Person which first manifests itself during the Period of Insurance and is certified by a Medical Practitioner.
12. Hospital
Shall mean an institution which meets the following criteria:
 a) Maintains permanent and full time facilities for the care overnight to resident patients.
b) Has diagnostic and therapeutic facilities for medical and surgical diagnosis, treatment and care of injured and sick persons by and under the supervision of Medical Practitioners.
c) Continuously provides twenty four (24) hour a day nursing service supervised by state registered nurses or nurses with the equivalent national recognised state vocational qualification.
d) Is not, other than incidentally:
   i) a mental institution or
   ii) a rehabilitation hospital, nursing or convalescent home or place of rest for the aged or
   iii) a place for the treatment, rehabilitation or refuge for drug addicts and/or alcoholics.

13. Period of Insurance
The period of cover shown in the Schedule.

14. Accident
A sudden, unexpected, unusual, specific event that occurs at an identifiable time and place during the Period of Insurance.

15. Bodily Injury
Means an identifiable physical injury which:
a) is sustained by the Insured Person, and
b) is caused by an Accident during the Period of Insurance, and
c) solely and independently of any other cause, except illness directly resulting from, or medical or surgical treatment rendered necessary by such injury, results in death, disablement, specified burns, specified fractures or hospitalisation within twelve (12) calendar months from the date of the Accident.

Section 1 – Personal Accident

Cover (applicable to Section 1 – Personal Accident)

If an Insured Person sustains Bodily Injury during the Period of Insurance, the Underwriters will pay the Insured Person the amount appropriate to the benefit shown in the Table of Benefits.
Definitions (applicable to Section 1 – Personal Accident)

1. Loss of Limb or Limbs
   Permanent and complete loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle, or permanent and total loss of use of such hand or foot.

2. Loss of Eye or Eyes
   Permanent and total loss of sight that shall be considered as having occurred:
   i) In both eyes if the Insured Person’s name is added to the register of blind persons on the authority of a fully qualified ophthalmic specialist.
   ii) In one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

3. Loss of Speech
   Total Loss of Speech that has lasted for fifty two (52) consecutive weeks without expectation of recovery.

4. Loss of Hearing
   Total Loss of Hearing in one or both ears that has lasted for fifty two (52) consecutive weeks without expectation of recovery.

5. Permanent Total Disablement
   i) Permanent Total Disablement from any and every occupation. Shall mean disablement that totally prevents the Insured Person from attending to any and every occupation whether within HM Forces or outside and which lasts twelve (12) calendar months and at expiry of that period is beyond hope of improvement.
   ii) Permanent Total Disablement from usual occupation (available to HM Forces Personnel only). Shall mean disablement that totally prevents the Insured Person from attending to any gainful occupation within HM Forces, which is likely to continue for the remainder of the Insured Person’s life and which necessitates medical discharge from HM Forces within twelve (12) calendar months from the date of the Accident giving rise to such medical discharge. This benefit is only available to Insured Persons in full-time paid employment as a member of HM Forces at the time of the disablement.

Compensation shall only be payable under one of Benefits 2(i) and 2(ii) stated in the Table of Benefits.

6. Burns
   Full-thickness burn or burns (2nd or 3rd degree).

7. Fracture or Fractures
   A break in the full thickness of a bone.
Extensions (applicable to Section 1 – Personal Accident)

1. Disappearance
In the event of the disappearance of the Insured Person, if after a suitable period of time (and in any event not more than twelve (12) calendar months) it is reasonable to believe death has occurred as a result of Bodily Injury, Benefit 1 Death will become payable subject to a signed undertaking by the person claiming on behalf of the Insured Person that if the belief is subsequently found to be wrong, such benefit will be refunded to the Underwriters.

2. Exposure
Death or disablement caused as a direct result of exposure to the elements will be deemed to have been caused by Bodily Injury for the purposes of this extension provided the physical consequences of that exposure manifest themselves immediately, and are the subject of medical consultation and treatment as soon as reasonably practicable within the operational constraints of the armed forces.

3. Permanent Disability Scale
Permanent disability benefit, as follows, shall be payable as a percentage of the Sum Insured stated in the Table of Benefits in respect of Benefit 2(i) Permanent Total Disablement from any and every occupation:

   i) Permanent loss or loss of use of four fingers and thumb of either hand or permanent loss or loss of use of either hand 50%
   ii) Permanent loss or loss of use of four fingers of either hand 40%
   iii) Permanent loss or loss of use of one thumb of either hand:
      a) both joints 30%
      b) one joint 15%
   iv) Permanent loss or loss of use of a finger of either hand:
      a) three joints 10%
      b) two joints 7.5%
      c) one joint 5%
   v) Permanent loss or loss of use of toes of either foot:
      a) all on one foot 15%
      b) big toe – both joints 5%
      c) big toe – one joint 3%
      d) any other toe 1%
   vi) Permanent loss or loss of use of:
      a) shoulder or elbow 20%
      b) wrist 15%
   vii) Removal by surgical operation of lower jaw 30%
   viii) Permanent disability not otherwise listed above up to 25% of Benefit 2(i)

Any amount payable under item (viii) above will be assessed in accordance with the above scale. Payments made under this benefit will be at the discretion of the Underwriters and will not take the Insured Person’s occupation into consideration.

The compensation payable under items (i) to (viii) above in respect of injuries arising from one Accident may be added together but the Underwriters will not be liable for more than 100% of Benefit 2(i) Permanent Total Disablement from any and every occupation.

If compensation becomes payable under Benefit 2 to 7 of the Table of Benefits then compensation cannot also be claimed under items (i) to (viii) above.
4. Burns
Compensation shall be payable as a percentage of the Sum Insured stated in the Table of Benefits in respect of Benefit 8. Burns, as follows:
Burns that cover 27% or more of the body surface 100%
Burns that cover 18% or more but less than 27% of the body surface 65%
Burns that cover 9% or more but less than 18% of the body surface 35%
Burns that cover 4.5% or more but less than 9% of the body surface 15%

The total sum payable under this Extension in respect of one or more claims shall not exceed in all, in any one Period of Insurance, the maximum level of benefit stated in the Table of Benefits.

5. Fracture Benefit
Compensation shall be payable as a percentage of the Sum Insured in the Table of Benefits in respect of Benefit 9 Fracture Benefit:

i) Fracture or fractures to the wrist or one or more bones of the arm (humerus, radius and ulna) – 50%
ii) Fracture or Fractures to the ankle or one or more bones of the leg (femur, patella, tibia and fibula) – 100%

No benefit shall be payable for any Fracture where osteoporosis has been diagnosed and made known to the Insured Person prior to the date on which Bodily Injury is sustained.

The total sum payable under this Extension in respect of one or more claims shall not exceed in all, in any one Period of Insurance, the maximum level of benefit stated in the Table of Benefits.

6. Loss of Sexual Organs
Compensation shall be payable as a percentage of the Sum Insured in the Table of Benefits in respect of Benefit 2(i) Permanent Total Disablement from any and every occupation:

i) Complete loss of two testicles and penis or the complete loss of two ovaries and uterus – 5%
ii) Complete loss of two testicles or the complete loss of two ovaries – 2.5%
iii) Complete loss of one testicle or the complete loss of one ovary – 1.25%
iv) Complete loss of penis or the complete loss of uterus – 1.25%

The total sum payable under this Extension in respect of one or more claims shall not exceed in all, in any one Period of Insurance, the maximum level of benefit stated in the Table of Benefits.
Conditions (applicable to Section 1 – Personal Accident)

1. In the event that compensation becomes payable under more than one of Benefits 1-8 stated in the Table of Benefits in respect of any one Accident, the total amount of compensation payable shall not exceed the Sum Insured for Benefit 2(i) Permanent Total Disablement from any and every occupation.

2. In respect of Benefit 2, compensation will be payable under only one of Benefits 2(i) and 2(ii) stated in the Table of Benefits in respect of any one Accident.

3. Compensation will only become payable under Benefit 2(i) upon proof which is satisfactory to the Underwriters that such disablement has lasted from twelve (12) calendar months of the date of the Accident and is beyond hope of improvement.

   Compensation will only become payable under Benefit 2(ii) upon proof which is satisfactory to the Underwriters that such disablement is likely to continue for the remainder of the Insured Person’s life and has necessitated medical discharge from HM Forces within twelve (12) calendar months of the date of the Accident.

4. Compensation will only become payable where substantiating medical evidence has been received from a Medical Practitioner.

5. Where the amount of compensation payable under any one of the Benefits 2, 3, 4, 5, 6, 7 is greater than that under Benefit 1 Death, the Underwriters will not pay more than the amount of compensation under Benefit 1 Death until at least thirteen (13) weeks after the Accident and the Underwriters will not pay the balance if the Insured Person dies due to that Accident during those thirteen (13) weeks.

6. The payment of compensation under one of Benefits 1 to 8 will terminate all further benefits in respect of that Insured Person.

7. In respect of an Insured Person under the age of sixteen (16) years, Benefit 1 Death will be limited to GBP 3,000.

8. No compensation will be payable for the deterioration of injuries beyond twelve (12) calendar months of the date of the Accident.
Section 2 – Hospital Cash

Cover (applicable to Section 2 – Hospital Cash)

In the event that the Insured Person is hospitalised due to Bodily Injury or Sickness during the Period of Insurance, the Underwriters will pay to the Insured Person the benefit as stated in the Table of Benefits for each complete day of Hospitalisation, after the first five (5) consecutive days of Hospitalisation, up to a maximum of three hundred and sixty five (365) days in all.

Exceptions (applicable to Section 2 – Hospital Cash)

The Underwriters shall not be liable for:

1. Claims arising out of or contributed to by:
   a) Pregnancy or childbirth.
   b) An Insured Person contracting Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS).
   c) Elective and/or cosmetic surgery.
   d) Any medical condition diagnosed as Chronic prior to incepting cover.
   e) An Insured Person suffering from stress, anxiety, depression, mental anguish, mental disorder, neurosis or the like.

2. Hospitalisation occurring more than twelve (12) calendar months after the date on which Bodily Injury is sustained or Sickness first manifests itself.

Conditions (applicable to Section 2 – Hospital Cash)

The total sum payable under this section in respect of any one or more claims shall not exceed in all, in any one Period of Insurance, the maximum level of benefit stated in the Table of Benefits.

If compensation also becomes payable under Section 1 Personal Accident Benefits 1 to 9 in respect of injuries arising from the same Accident, then the total sum payable for Hospital Cash will be deducted from any subsequent claim under Section 1 Personal Accident.
Section 3 – Convalescence

Cover (applicable to Section 3 – Convalescence)

In the event that the Insured Person is confined to Home on the instructions of a Medical Practitioner following Hospitalisation due to Bodily Injury or Sickness during the Period of Insurance, the Underwriters will pay to the Insured Person the benefit as stated in the Table of Benefits for each complete week of confinement to Home, after the first complete week of confinement, up to a maximum of fifty two (52) weeks in all.

Definitions (applicable to Section 3 – Convalescence)

1. Home
   Shall mean:-
   a) the Insured Person’s home residence or
   b) a rehabilitation hospital or
   c) a convalescent home.

Exceptions (applicable to Section 3 – Convalescence)

The Underwriters shall not be liable for:

1. Claims arising out of or contributed to by:
   a) Pregnancy or childbirth.
   b) An Insured Person contracting Human Immunodeficiency Virus (HIV) or Acquired immunodeficiency Syndrome (AIDS).
   c) Elective and/or cosmetic surgery.
   d) Any medical condition diagnosed as Chronic prior to incepting cover.
   e) An Insured Person suffering from stress, anxiety, depression, mental anguish, mental disorder, neurosis or the like.

2. Confinement to Home occurring more than twelve (12) calendar months after the date on which Bodily Injury is sustained or Sickness first manifests itself.
Conditions (applicable to Section 3 – Convalescence)

The total sum payable under this section in respect of any one or more claims shall not exceed in all, in any one Period of Insurance, the maximum level of benefit stated in the Table of Benefits.

If compensation also becomes payable under Section 1 Personal Accident Benefits 1 to 9 in respect of injuries arising from the same Accident, then the total sum payable for Convalescence will be deducted from any subsequent claim under Section 1 Personal Accident.
Section 4 – Shrapnel Benefit

Cover (applicable to Section 4 – Shrapnel Benefit)

The Underwriters will pay to the Insured Person the benefit as stated in the Table of Benefits in the event that the Insured Person sustains injury to any part of the body during the Period of Insurance which results in a restriction of movement, loss of strength or permanent physical disfigurement which in total covers at least fifteen (15) square centimetres in area or a total of fifteen (15) centimetres in length, such injury being caused by flying debris and/or a Projectile during the Period of Insurance.

Definitions (applicable to Section 4 – Shrapnel Benefit)

1. Projectile
Any object fired from a gun by means of an explosive charge including but not limited to a bullet, shell, rocket or grenade.

Conditions (applicable to Section 4 – Shrapnel Benefit)

The total sum payable under this section in respect of any one or more claims shall not exceed in all, in any one Period of Insurance, the maximum level of benefit stated in the Table of Benefits.
Section 5 – Term Life

This section is only operative if indicated as covered in the Schedule.

Cover (applicable to Section 5 – Term Life)

In the event of the death of the Insured Person the Underwriters shall, within the terms of this section, pay the Benefit as defined below.

This is to certify that in accordance with the authorisation granted under Contract SPRAH1400471 by Tokio Marine Kiln Group Limited and Beazley Syndicate 3622 (“the Underwriters”), and in consideration of the premium specified in the Schedule the said Underwriters are hereby bound to insure in accordance with the terms and conditions herein or endorsed hereon, the Underwriters hereby agree with the Certificate Holder to the extent and in the manner hereinafter provided that if an Insured Person dies as a result of natural causes as defined during the Period of Insurance and Operative Time of this Certificate, they will pay compensation to such Insured Person or to his legal representatives.

Definitions (applicable to Section 5 – Term Life)

1. Certificate holder/You/Your
   The Certificate Holder named in the Schedule

2. The Underwriters/We/Us
   Tokio Marine Kiln Group Limited and Beazley Syndicate 3622.

3. Schedule
   The Schedule attached to and forming part of this Certificate.

4. Death
   Death by natural causes other than:
   i) death by suicide occurring within twelve (12) months of cover coming into force,
   ii) death by accident. (Death by accident is covered under the Personal Accident Section of this Certificate).
5. Insured Person
The Insured Person(s) under this section is/are determined by the cover selected for the Personal Accident Section as shown in the Schedule. Where the Schedule indicates that Individual Cover has been taken, the Insured Person under this section is the Certificate Holder only. Where Family Cover has been taken, the Insured Persons under this section are the Certificate Holder and Spouse only.

6. Period of Insurance
From the commencement date as set out in the Schedule for a period of twelve (12) months and any further period for which the Underwriters accepts a premium.

7. Benefit
The Benefit payable under this section is determined by the level of cover shown in the Table of Benefits under Section 5 Optional Term Life.

8. Spouse
Spouse or cohabitee who has been residing with the Certificate Holder at the same address for at least six (6) months.

9. Operative Time
Twenty four (24) hours per day throughout the Period of Insurance.

Provisions (applicable to Section 5 – Term Life)

The application form and the Certificate constitute the entire contract between the parties hereto. All statements made by the Insured Persons shall, in the absence of fraud, be deemed representations and not warranties and no statement shall void the insurance or be used in defence of a claim under it, unless it is contained on a written application.

Terminations (applicable to Section 5 – Term Life)

Cover shall immediately terminate on the earliest of the following dates:
   i) In respect of the Spouse on the date the Spouse ceases to be the Certificate Holder’s Spouse.
   ii) On the date of Death except where Family Cover has been selected and where a surviving adult is eligible to continue cover.

The Underwriters shall have the right to terminate the cover if the premium is not paid on the due date.
Conditions (applicable to Section 5 – Term Life)

1) All Benefits shall be payable only to the legal personal representative whose receipt shall actually discharge the Underwriters.

2) Notice shall be given to the Underwriters in writing as soon as practicable and in any case within thirty (30) days of any occurrence which may give rise to a claim under this Certificate.

3) All certificates information and evidence required by the Underwriters shall be furnished in the form prescribed and without expense to the Underwriters.

4) This Certificate shall not acquire a surrender value.
General Conditions applicable to all Sections

(Specific conditions are contained with each section)

1. Interpretation
Any word or expression to which a specific meaning has been attached will bear the same meaning wherever it may appear in bold type except where a definition is contained within a section in which case such meaning will apply to that section only.

2. Your Duty of Disclosure
You must take reasonable care not to make a misrepresentation to Your insurer. This means that all the answers You give and statements You make as part of Your insurance application, including at renewal and when an amendment to Your Certificate is required, should be honest and accurate. If You deliberately or carelessly misinform Your insurer, this could mean that part or all of a claim may not be paid. It is vital, therefore, that You tell Us of any inaccuracies or omissions.

3. Claims Procedure
All claims correspondence relating to this insurance should be addressed to:

Davies Managed Systems Ltd
PO Box 2801
Stoke on Trent
Staffordshire
ST4 9DN
Telephone: 0844 856 2008 or 01782 339124

Please quote the Client Reference shown in the Schedule in all correspondence.

Written notice of a potential claim must be given as soon as practicable and in any case within thirty (30) days after the occurrence of any event which may lead to a claim under this Certificate. The Insured Person will supply without cost such certificates or evidence, which thereafter may reasonably be required. Where a fraudulent claim is made under any section within this Certificate or where the Insured Person, Insured Person’s legal representative or anyone acting on their behalf uses fraudulent means in order to attempt to claim under this Certificate, the Underwriters will be under no liability in respect of such claim.

4. Assignment
The Underwriters will not be bound to accept or be affected by any trust, charge, assignment or other dealing with or relating to this Certificate.

5. Interest
No sum payable under this Certificate will carry interest.

6. Observance
The liability of the Underwriters shall be conditional on the observance by the Insured Persons of the specific and general conditions and any endorsements of this Certificate.
7. Non-payment of Premium
If premium is not paid, this Certificate will be considered void from its intended commencement date of insurance.

8. Fraud
If the Underwriters establish that You have made a claim under this Certificate through concealment, misstatement or by deliberately providing false information, then the Underwriters will:

- not pay the claim and, if applicable, recover any claim already paid that was subject to the concealment, misstatement or deliberate provision of false information, and
- not pay any claim arising under this Certificate after the date the fraud was committed, and
- cancel this Certificate with immediate effect from the date the fraud was committed, in writing to You.

In the event of concealment, misstatement or deliberate provision of false information by an Insured Person the above provisions shall apply only in respect of such Insured Person.

9. Transfer of Benefit
You may not transfer the benefit under this Certificate by assignment, declaration of trust or legal charge.

10. Eligibility
The Insured Person must be under age sixty (60) at the time the Certificate commences.

11. Law and Jurisdiction Applicable to Contract
This Certificate shall be subject to English Law and the courts of England and Wales shall have exclusive jurisdiction in the event of a dispute arising under this Certificate.

12. Sanctions
Underwriters shall not provide any benefit under this Certificate to the extent of providing cover, payment of any claim or the provision of any benefit which doing so would breach any sanction, prohibition or restriction imposed by law or regulation.
General Exceptions applicable to all Sections

(Specific exceptions are contained with each section)

Underwriters shall not be liable for claims arising from or related to:

1. Hazardous Pursuits
   The Insured Person taking part in racing by horse, motor or motorcycle, mountaineering where ropes or guides are normally used, aviation (except when travelling solely as a passenger), parachuting, skydiving, hang-gliding, potholing, winter sports or professional sports. This exclusion is deemed not to apply to HM Forces personnel in the event that the Insured Person is undertaking such activities whilst on duty.

2. Drugs
   Drugs that the Insured Person is taking other than drugs taken in accordance with treatment subscribed and directed by a qualified registered Medical Practitioner (but not for the treatment of drug addiction).

3. Alcohol
   An Insured Person being under the influence of or affected by alcohol.

4. Pre Existing Conditions
   Any pre-existing condition, physical or mental defect, infirmity or illness for which the Insured Person has received medical treatment or advice in the twelve (12) months before the inception of this Certificate.

5. Post Traumatic Stress
   An Insured Person suffering from post traumatic stress disorder and/or any related and/or associated condition.

6. Criminal Act
   An Insured Person’s own criminal acts.

7. Suicide
   i) Section 1 Personal Accident, Section 2 Hospital Cash, Section 3 Convalescence and Section 4 Shrapnel Benefit.
      The Insured Person’s intentional self injury, suicide, attempted suicide whether sane or insane at the time, or deliberate exposure to exceptional danger (except in an attempt to save human life).
   ii) Section 5 Term Life
      The Insured Person’s suicide within twelve (12) months of the inception date of this Certificate.

8. Age Limit
   An Insured Person who exceeds sixty (60) years of age at the inception of this Certificate.

9. War, Terrorism and Related risks
   i) War, whether declared or not, between any of the following countries, namely, China, France, the United Kingdom, the Russian Federation and the United States of America,
   ii) War in Europe, whether declared or not, other than any enforcement action by or on behalf of the United Nations, in which any of the countries stated in (i) above or any armed forces thereof are engaged,
   iii) An act of terrorism, war or civil war involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.
For the purpose of this exclusion;

“Act of terrorism” shall mean an act, including but not limited to the use of force or violence and/or the threat thereof, any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Chemical” agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

“Biological" agent shall mean any pathogenic (disease-producing) micro-organism(s) and/or biological produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which cause illness and/or death in humans animals or plants.

If the **Underwriters** allege that by reason of this exclusion a claim is not covered by this insurance the burden of proving the contrary shall be upon the **Insured Person**.

**10. Radioactivity**

i) Ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;

ii) The radioactive, toxic, explosive, or other hazardous properties of any explosive nuclear assembly or nuclear component thereof;

**Exclusion Period**

In the event of agreed circumstances the **Underwriters** may declare an Exclusion Period. The Exclusion Period may take effect immediately or on a future stated date. This will operate as follows;

a) The **Underwriters** will not accept applications for cover or additional cover applied for during an Exclusion Period or the thirty (30) days immediately prior to the commencement of an Exclusion Period.

b) Any premium received by the **Underwriters** in respect of cover affected by or in respect of the **Insured Person** during thirty (30) days immediately prior to the commencement of an Exclusion Period shall be returned.

c) The cover of an **Insured Person** who enrolled before an Exclusion Period and its previous thirty (30) days will not be affected and the benefits will continue.
Complaints Procedure

You are important to Us but We do recognise that there may be times when You feel dissatisfied with Our service.

In that situation You should contact:

Complaints Department
Tokio Marine Kiln Group Limited
20 Fenchurch Street
London
EC3M 3BY
Tel: +44 (0)207 886 9000
Fax: +44 (0)207 488 1848

If You remain dissatisfied or You feel Your complaint remains unresolved please write to:

Policyholder & Market Assistance
Lloyd’s Market Services
1 Lime Street
London
EC3M 7HA
Email: complaints@lloyds.com
Tel: +44 (0)20 7327 5693
Fax: +44 (0)20 7327 5225

If You are still unhappy You should then contact:

The Financial Ombudsman Service,
Exchange Tower
London
E14 9SR
Tel: 0800 023 4 567 or 0300 123 9 123
Email: complaint.info@financial-ombudsman.org.uk

Any decision made by The Financial Ombudsman Service is only binding on ourselves as the insurer and You remain free to take action in the Courts should You choose to.

The existence of these internal arrangements does not affect Your right to seek legal advice and take legal action.
Financial Services Compensation Scheme

The consortium of insurers is covered by the Financial Services Compensation Scheme (FSCS). If they are unable to meet their obligations You may be entitled to compensation from the scheme, depending on the type of insurance and the circumstances of the claim. Further information about compensation scheme arrangements is available from the FSCS (10th Floor, 15 St. Botolph Street, London EC3A 7QU) and on their website: www.fscs.org.uk - Tel + 44 (0) 207 892 7300.

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 or complaints, if any, which may necessitate providing such information to other parties.

How to Contact Us

Helpline for general enquiries and additional information: 01242 533747. E-Mail: Militarykitandpet@towergate.co.uk

Address: Towergate Insurance
Ellenborough House
Wellington Street
Cheltenham
GL50 1XZ