



Cornwall County FA Group personal accident scheme

In conjunction with Buddens Westinsure | 2011/12 season

Summary of cover

If one of your players is injured during a match there is a good chance they could miss a couple of games or even worse, be unable to earn a living for several weeks. The financial impact to your player could be significant.

That's where we can help

We specialise in insurance solutions for the football industry so we know the risks you face and how best to protect against them.

Bluefin, in association with Buddens Westinsure, are offering a personal accident policy to protect clubs and players affiliated to Cornwall County FA.

This group personal accident insurance provides cover exclusively arranged by Bluefin and has been specifically created to meet the requirements of adult 11-a-side, youth 11-a-side and mini soccer teams.

The insurer

This scheme is underwritten by ACE European Group Limited. They work in partnership with Bluefin to ensure you receive the highest levels of product and service excellence.

Clubs will experience additional claims payment efficiency with their BACS payment facility ensuring injured persons receive benefit payments direct to their bank account.

When are you covered?

Cover is in force whilst at any ground or premises worldwide where there is an agreed fixture or organised training and includes travelling directly to and from such activities.

Who is covered?

The policy automatically includes:

- Players
- Committee members
- Managers
- Trainers
- Assisting referees and officials

Your demands and needs

This product has been designed to meet the demands and needs of football clubs that wish to protect their members against the consequences of accidents whilst playing in, training for or travelling to a club fixture resulting in accidental injury, death or disability.

The scale of cover you choose will dictate whether cover includes a weekly benefit for temporary disability in addition to the one-off lump sums for permanent disability.

The scales of cover are explained more fully overleaf.

This statement does not constitute advice or a personal recommendation for our personal accident insurance products. Should you require advice please contact Buddens Westinsure.



Cornwall County FA recommendations

Together with many other Football Associations, **Cornwall County FA strongly advise that clubs arrange personal accident insurance.**

Next step

Details of the premiums and covers can be found overleaf. This scheme operates from a set period each year - 1 July to 30 June inclusive.

The premium and expiry date remain the same regardless of when you join the scheme.

Adult team benefits

1. Capital benefits

	Level A	Level B
Accidental death	£30,000	£50,000
Loss of sight	£30,000	£50,000
Loss of hearing : one ear	£7,500	£12,500
both ears	£30,000	£50,000
Loss of limb	£30,000	£50,000
Loss of speech	£30,000	£50,000
Loss of internal organ	£7,500	£12,500
Permanent total disablement (including permanent partial disablement ¹)	£30,000	£50,000

Premiums (per club) *IPT= Insurance Premium Tax at 6% premiums are based on 12 months cover

Premium per club including IPT*	£22.00	£39.00
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¹ Many personal accident policies will only pay under this benefit if you are 100% disabled but our policy will pay a percentage relative to your level of disability - this is known as permanent partial disablement.

2. Additional benefits available

Benefits	Level 1	Level 2	Level 3	Level 4	Level 5
Temporary total disablement (TTD) **per week	£12.50	£25.00	£50.00	£75.00	£100.00
TTD excess period***	14 days	14 days	14 days	14 days	14 days
TTD benefit period	104 weeks	104 weeks	104 weeks	104 weeks	104 weeks
Broken bones (legs, arms &/or cheek bone only)	£100	£100	£100	£100	£100
Emergency dental (pain relief) expenses - up to	£100	£100	£100	£100	£100
Hospitalisation benefit (benefit period - 4 weeks)	£25 per day	£25 per day	£25 per day	£25 per day	£25 per day

Premiums (per team) *IPT= Insurance Premium Tax at 6% premiums are based on 12 months cover

Premium per 11 a side team including IPT	£66.00	£110.00	£182.00	£233.00	£384.00
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- The maximum age limit for players is 55 and club officials 75 years.
- **Other than students where the TTD benefit shall not exceed £25 per week and is payable up to a maximum of 6 weeks.
- ***TTD deferment period refers to the first period of incapacity that is excluded from cover.
- The TTD benefit does not apply to those individuals without employment or whose sole employment is football.
- There is no cover for professional footballers.
- No requirement to name players and no restriction to the number of players within a team.
- Aggregate limit £2,000,000. (This is the maximum amount that the insurer, ACE, will pay per event in total under this and any other policies issued by ACE)

Please note: £5 administration fee will need to be added to the total premium

The information provided is an illustration only. Please also refer to the key features document which can be obtained from Buddens Westinsure. Exclusions and limitations apply. For full terms and conditions please read the policy wording. A copy is available from Buddens Westinsure.

Youth team benefits

1. Capital benefits	Level Silver	Level Gold
Accidental death	£5,000	£10,000
Loss of sight	£25,000	£50,000
Loss of hearing : one ear both ears	£6,250 £25,000	£12,500 £50,000
Loss of limb - up to	£25,000	£50,000
Loss of speech	£25,000	£50,000
Loss of internal organ	£6,250	£12,500
Permanent total disablement (including permanent partial disablement ¹)	£25,000	£50,000
Premiums (per club) *IPT= Insurance Premium Tax at 6% premiums are based on 12 months cover		
Per club including IPT*	£22.00	£39.00

¹ Many personal accident policies will only pay under this benefit if you are 100% disabled but our policy will pay a percentage relative to your level of disability - this is known as permanent partial disablement.

2. Additional benefits available	
Benefits	
Emergency dental (pain relief) Expenses - up to	£100
Fracture benefit - legs, arms and cheek bone	£150
Hospitalisation benefit (benefit period - 4 weeks)	£15 per day
Additional premium (per team) *IPT= Insurance Premium Tax at 6% premiums are based on 12 months cover	
Premium per 11 a side team including IPT*	£25.00
Premium per mini soccer team including IPT*	£15.00

- The maximum age limit for players is 18 and club officials 75 years.
- **The TTD benefit does not apply to those individuals without employment or whose sole employment is football
- ***TTD deferment period refers to the first period of incapacity that is excluded from cover.
- There is no cover for professional footballers.
- No requirement to name players and no restriction to the number of players within a team.
- Aggregate limit £2,000,000. (This is the maximum amount that the insurer, ACE, will pay per event in total under this and any other policies issued by ACE)

Please note: £5 administration fee will need to be added to the total premium

The information provided is an illustration only. Please also refer to the key features document which can be obtained from Buddens Westinsure. Exclusions and limitations apply. For full terms and conditions please read the policy wording. A copy is available from Buddens Westinsure.

To find out more call
Buddens Westinsure
01392 460600

Buddens Westinsure
1 Sandpiper Court
Harrington Lane
EXETER
EX4 8NS

Buddens Westinsure Ltd is authorised and regulated by the Financial Services Authority.
Registered Office 2 Barnfield Crescent, Exeter EX1 1QT
Registered in England No. 04576253.

Bluefin Insurance Services Limited is authorised and regulated by the Financial Services Authority.
Registered Office: 5 Old Broad Street, London EC2N 1AD. Registered in England No: 931954.

0644-0311-v3

Cornwall County FA group personal accident scheme Application

In conjunction with Buddens Westinsure | 2011/12 season

Club details

(Please complete all sections, ensuring you sign the declaration on the back)

Club name _____

Contact name _____ Position Chairman / Treasurer / Secretary

Address _____

Postcode _____ Email _____

Tel No. (Business) _____ (Private) _____ (Mobile) _____

Cover required

1) Capital benefits Please indicate level of cover required with a tick

Adult teams - capital benefits			Youth teams - capital benefits		
Level of cover	Premium per club	<input checked="" type="checkbox"/>	Level of cover	Premium per club	<input checked="" type="checkbox"/>
Level A £30,000	£22.00	<input type="checkbox"/>	Level Silver £5,000	£22.00	<input type="checkbox"/>
Level B £50,000	£39.00	<input type="checkbox"/>	Level Gold £10,000	£39.00	<input type="checkbox"/>
TOTAL premium					£ (A)

2) Additional benefits Only complete this section if you require the additional cover.

Adult teams - weekly benefits				Youth teams - additional benefits			
Level of weekly benefit	Premium per team	No. of teams	Total premium		Premium per team	No. of teams	Total premium
Level 1 - £12.50	£66.00		£	11 a side teams	£25.00		£
Level 2 - £25.00	£110.00		£	Mini soccer teams	£15.00		£
Level 3 - £50.00	£182.00		£	TOTAL premium			£ (C)
Level 4 - £75.00	£233.00		£				
Level 5 - £100.00	£384.00		£				
			TOTAL premium				£ (B)

Total premium

Please add the total premium of boxes (A), (B) and (C).

Then include the administration fee to arrive at your final total.

(A)+(B)+(C) £	Admin fee £ 5	Total (incl. admin fee) £
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Inception date

Please confirm the date you wish the cover to start (not before 1 July 11)

/ /20 to 30 June 2012

Note: Cover cannot commence until payment has been received by Buddens Westinsure and this signed proposal form has been accepted by Bluefin

please turn over

Please send your completed form and payment to:
Buddens Westinsure, 1 Sandpiper Court, Harrington Lane, Exeter, EX4 8NS

Bluefin

Declaration

IMPORTANT: Please read the information below. **Your** application will not be accepted unless the declaration is signed.

Definitions

Some words in this application form are in bold and have particular meaning. Wherever they appear their particular meaning is given below:

We/us/our/ourselves: ACE European Group Ltd.

You/Your: Club Official, Club Secretary, Committee Member.

Insured Person: Person(s) specified in the Schedule as being insured person(s).

Material Facts Disclosure

It is **Your** responsibility to provide complete and accurate information to **Us** when applying for and throughout the life of this Policy. It is important that all statements made in the application, over the telephone, on claim forms and other documents are full and accurate. Please note that if **You** fail to disclose any material information to **Us** this could invalidate the insurance cover and could mean that part or all of a claim may not be paid.

Data Protection Statement

PLEASE READ this notice as it explains the purposes for which **We** will use the personal and sensitive personal data (information) which **We** hold. **We** accept fully **Our** responsibility to protect the privacy of customers and the confidentiality and security of information entrusted to **Us**.

Where **You** have provided information about another person in connection with the purchase and/or performance of this insurance Policy **You** confirm that they have appointed **You** to act for them, that they have consented to the processing of their personal data, including sensitive personal data and they have consented to any possible future transfer of their information abroad. **You** also agree to receive on their behalf any data protection notices from **Us**.

We will use the information **You** have provided for:

- customer service
- handling claims

in connection with this accident insurance policy.

We may disclose information to **Our** service providers and agents for these purposes. The information **You** have provided may also be used for the purpose of fraud prevention including passing details to other insurers and regulatory bodies.

In the event that an **Insured Person** makes an injury related claim, **We** may need to obtain further Sensitive Personal information such as medical history in order to assess the claim. The claim form will explain in more detail how this Sensitive Personal data is handled.

If an **Insured Person** asks **We** will provide details of the information **We** hold in accordance with the applicable law.

Any information which is found to be incorrect will be corrected promptly. **We** may monitor and/or record **Your** communication with **Us** either **Ourselves** or by reputable organisations selected by **Us**, to ensure consistent servicing levels and account operation. **We** will keep information about **Insured Person(s)** only for so long as it is appropriate.

Contact Details for **Us:** The Customer Service Manager, 200 Broomielaw, Glasgow G1 4RU

Telephone: 0800 389 8425 (Within UK only) E-mail: A&Hcustserv.complaints@acegroup.com

Statement of Fact

Neither **You** or any manager, club official(s) or committee member(s) of the club now applying for this insurance have:-

- been convicted of or charged (but not yet tried) with a criminal offence other than (road traffic) motor offences
- received an official caution for a criminal offence within the last three years other than a (road traffic) motoring offence.

In respect of the club which is the subject of this insurance contract, or any other business which **You, Your** managers, club officials or committee members have been involved with, no insurer has ever:-

- declined, cancelled or refused any proposal of insurance;
- cancelled or declined to renew any insurance;
- imposed special terms or conditions.

If **You** are unable to confirm these statements, **You** must contact Bluefin immediately. These are all considered to be material facts.

- I declare that I have the authority of the club players and officials to supply any personal details.
- I declare to the best of my knowledge:
 - i In respect of the persons to be insured no insurer has declined to provide accident insurance or cancelled or refused to renew such insurance;
 - ii The above statements and particulars, whether written by me or by others on my behalf, are true and complete;
 - iii I have not withheld any material fact.
- I agree that this application and declaration shall be the basis of the contract between ACE European Group Ltd and ourselves, and I agree to accept the company's standard form of policy for this class of insurance.

Signature and position within club _____ Date _____

Payment method and where to send Please tick your choice

- In full by **cheque** payable to Buddens Westinsure
- In full by **bank transfer** - our bank details will be provided on request
- In full by **debit or credit card*** (2% charge will be levied for Credit Card payments) - please complete details below:

* For data security purposes please just provide the contact name and telephone number of the cardholder below. When we process your application we will contact you to take your card details by telephone.

Cardholder's name _____

Cardholder's daytime tel number: _____

Signed: _____ Date: _____

Cover cannot commence until payment has been received by Buddens Westinsure and this signed proposal form has been accepted by Bluefin

Please return to: Buddens Westinsure, 1 Sandpiper Court, Harrington Lane, Exeter, EX4 8NS