

## INDIVIDUAL PERSONAL ACCIDENT INSURANCE

THIS IS TO CERTIFY that in accordance with the authorisation granted under Contract No. 046WF084259T to Lycett, Browne-Swinburne and Douglass Ltd. 14 Fenchurch Avenue, London, EC3M 3BS by certain syndicates at Lloyds (hereafter referred to as the Underwriters), whose definitive numbers and the proportions underwritten by them, which will be supplied on application, can be ascertained by reference to the said Contract which bears the Seal of Lloyd's Policy Signing Office, and in consideration of the premium specified herein, the said Underwriters are hereby bound, severally and not jointly, their Heirs, Executors and Administrators subject to the terms, conditions, provisions and exclusions herein, to insure against Bodily Injury in accordance with the Schedule of Benefits.

### IMPORTANT NOTICE:

Please read this certificate and schedule carefully. If it is incorrect, please return it for alteration immediately to:

Lycett, Browne- Swinburne and Douglass Ltd.  
14 Fenchurch Avenue, London, EC3M 3BS.

If you feel this Insurance does not suit your requirements then a full refund will be allowed if this Certificate is returned to the above within 14 days of receipt, provided that you have not made a claim.

The cover referred to in this Certificate of Insurance is governed by the law of England and Wales unless otherwise agreed in writing.

In all communications the certificate number appearing on the schedule should be quoted

# SCHEDULE OF INSURANCE

Certificate Number:

Assured: Individual Polo Clubs

Insured Person: All playing members of xxxxxxxx Polo Club

The Period of Insurance: Effective from 1st April 2009 to 31st March 2010 both days inclusive, Local Standard Time at the principal domicile of the Assured.

Premium: £80.00 per playing member including IPT

## SCHEDULE OF BENEFITS

The Underwriters will pay the Sum Insured to the Insured Person, or their Executors or Administrators, in accordance with the following Schedule of Benefits in the event of the Insured Person sustaining Bodily Injury, or in the event of a Beneficiary being named in the Schedule, Underwriters will pay the Sum Insured in respect of Item 1, Death only to the named Beneficiary, subject to the terms, Definitions, Exclusions and Conditions, contained in this Certificate.

	SUM INSURED (Each Insured Person)
1 Death	£50,000
2 Loss of one Limb	£25,000
3 Loss of sight of one eye	£25,000
4 Loss of two or more Limbs	£50,000
5 Loss of sight of both eyes	£50,000
6 Loss of one Limb and Loss of Sight in one eye	£50,000
7 Permanent Total Disablement (other than loss of sight of one or both eyes or loss of limb(s))	£50,000
8 Temporary Total Disablement 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 (35 days in respect of professional polo players) of disablement each and every claim	£150 per week

### ADDITIONAL BENEFITS

#### DENTAL EXPENSES:-

Dental Expenses incurred will be paid by the Underwriters up to but not exceeding £1,000 per person in any one period of insurance incurred within 72 hours of the date of the accident and only for the immediate relief of pain.

In witness whereof this Certificate has been signed by Lycetts, Browne-Swinburne and Douglass Ltd.

.....  
Authorised signatory

Date of Issue: .....