ARACHAS
Pupil Cover

# School Personal Accident Insurance Facility

## Policy Document

GREAT AMERICAN
INSURANCE GROUP

Underwritten by: Great American International Insurance DAC

Arachas Corporate Brokers Limited t/a Arachas, Capital Insurance Markets, Capital IM, Covercentre is regulated by the Central Bank of Ireland.
Great American International Insurance DAC is regulated by the Central Bank of Ireland

# Irish School Personal Accident Scheme


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# THE SCHOOL PERSONAL ACCIDENT POLICY

This document describes the benefits available under this Insurance Policy. The Policy is underwritten by Great American International Insurance DAC (Company Registration Number: 380145) whose head office is Station House, Dublin Road, Malahide, Co. Dublin, Ireland and is regulated by the Central Bank of Ireland to underwrite insurance business.

The Policy comprises of:

- this document, which contains full details of the benefits, terms, conditions and exclusions of the Insurance Policy; and
- The School Schedule, which details the **Insured Person(s)** insured under the Policy.

These documents should be read fully and carefully by the **Insured** to familiarise themselves with the details of this insurance, and what is and is not covered for each **Insured Person**.

# SCHOOL SCHEDULE

As per Schedule issued to School – See Appendix 1 – Policy Schedule

# DEFINITIONS

Wherever the following words and phrases shown below in bold appear in this Policy they will always have the meanings defined below:

**Accidental Bodily Injury** means **Bodily Injury** caused solely by accidental violent, external and visible means and which directly and independently of any other cause results within 12 calendar months in:

(a) Death;

(b) Total loss by physical severance at or above the wrist or ankle or permanent total loss of use of an entire hand arm foot or leg;

(c) Total and irrecoverable loss of sight in one or both eyes or hearing in one or both ears or speech;

(d) Permanent Total Disablement preventing the **Insured Person** from performing or attending any business, profession or occupation;

(e) Medical, surgical or optical expenses including **Hospital** nursing treatment and ambulance hire not recoverable from any other source (e.g. Medical Health Insurer);

(f) Dental expenses including **Hospital** nursing treatment and ambulance hire not recoverable from any other source (e.g. Medical Health Insurer);

(g) **Hospital** confinement in a recognised establishment

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

**Employee** means any person:

(a) under a contract of service or apprenticeship with the **Insured**;

(b) supplied or lent to or hired by the **Insured** (including Volunteer Workers);

(c) who is Self-Employed;

whilst working for, or on behalf of the **Insured**.

**Excess** means the amount that the **Insured** shall bear in respect of each and every claim.

**Hospital** means any institution under the constant supervision of a resident physician which is legally licensed as a medical or surgical **Hospital** located in the Republic of Ireland. For the purpose of **Accidents** occurring outside the Republic of Ireland **Hospital** means any institution under the constant supervision of a resident physician which is legally licensed as a medical or surgical **Hospital** and utilised solely for the purpose of emergency treatment in the country where the **Accident** occurred.

The following are not **Hospitals** for the purpose of this insurance:

(a) psychiatric institutions

(b) nursing or rest homes

(c) convalescent homes or extended care facility

(d) any facility the main function of which is the treatment of drug or alcohol addiction

(e) any geriatric facility or any hospice

**Insured** means the School or other educational establishment shown in the School Schedule (the School).

**Insured Person** means:

(a) where all Pupils of the School are to be covered by this Policy, indicated by the reference 'All Pupils' in the School Schedule, any pupil attending the School whose name appears on the School's register of pupils; or

(b) where specified Pupils are to be covered by this Policy, indicated by the reference 'Specified Pupils' in the School Schedule, any Pupil of the School whose name appears on the School's register of Pupils and is specified in the **Proposal**;

who in either case (a) or (b) is aged not less than 2 years and 6 months or more than 22 years of age at the commencement of the **Period of Insurance**.

(c) where all **Employees** or **Post Leaving Certificate Students** of the School are to be covered by this Policy indicated by the reference 'All Staff' and/or 'All PLCS' in the School Schedule any **Employee** engaged by the Insured or **Post Leaving Certificate Student** whose name appears on the Schools register of students;

(d) where specified **Employees** or **Post Leaving Certificate Students** of the School are to be covered by this Policy indicated by the reference 'Specified Staff' or 'Specified PLCS' in the Schedule any **Employee** engaged by the **Insured** and specified in the Proposal and/or any **Post Leaving Certificate Student** whose name appears on the Schools register of students and is specified in the **Proposal**;

who in either case (c) or (d) is aged not less than 16 years or more than 65 years at the commencement of the **Period of Insurance**.

**Insurer/We/Us/Our** means Great American International Insurance DAC.

**Medical Practitioner** means a duly qualified Medical or Dental Practitioner or Optometrist registered under the Medical Practitioners Act 2007, Medical Practitioners (Amended) Act 2017 the Dentists Act 1985 or the Opticians Act 1956 and Opticians (Amendment) Act 2003 respectively other than:

(a) an **Insured Person**;

(b) a member of the immediate family of the **Insured Person**;

(c) an employee of the **Insured**.

**Operative Time** means:

(a) In respect of pupils either;

i. during **School Activities** taking place with the full knowledge and authority of the School, including direct travel to and from any such activity, indicated by the reference **School Activities** in the School Schedule; or

ii. during all social, domestic and leisure activities and during **School Activities** taking place with the full knowledge and authority of the School, indicated by the reference 24 hour in the School Schedule.

(b) In respect of **Employees** and/or **Post Leaving Certificate Students**:

i. during **School Activities** including direct travel to and from any such activity indicated by the reference **School Activities** in the School Schedule.

**Period of Insurance** means the period specified in the School Schedule.

**Pollution or Contamination means**:

(a) all **Pollution** or **Contamination** of buildings or other structures or of water or land or the atmosphere;

(b) all **Accidental Bodily Injury** directly or indirectly caused by such **Pollution or Contamination**.

**Post Leaving Certificate Student** means any person who is attending a post leaving certificate course in the School but excluding persons attending Institutes of Technology Commercial Colleges and/or Universities.

**Proposal** means the application in respect of this insurance made to **Us** by or on behalf of the **Insured** whether in writing or otherwise.

**School Activities** means any activity usual to a school which is carried out with the full knowledge and authority of and under the control of the board of management / governors of the School or of any other person specifically authorised by them.

# SCHEDULE OF BENEFITS

**Accidental Bodily Injury causing: Limit**

| | |
|---|---|
| Death | €10,000 |
| Permanent total loss of sight in one eye or loss / loss of use of one limb | €50,000 |
| Permanent total loss of sight in both eyes or loss / loss of use of both limbs | €100,000 |
| Permanent total disability | €100,000 |
| Loss of hearing in one ear | €40,000 |
| Loss of hearing in both ears | €50,000 |
| Loss of speech | €40,000 |
| Medical surgical or optical expenses not recoverable from any other source up to a maximum of - | €50,000 |
| Dental expenses not recoverable from any other source up to a maximum of * - | €50,000 |
| **Hospital** confinement payable per complete day (24 hour period) which shall continue whilst confined but not beyond 90 days from the day on which the **Insured Person** was first confined | €20 |

NOTE- * these benefits will cease on the **Insured Person's** 21 birthday with the exception of:

i. **Employee**;

ii. **Post Leaving Certificate Students**;

iii. **Insured Person(s)** over 21 years of age;

where there will be a 1 year time limit from the date of accident.

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# INSURING CLAUSE

**We** will pay to an **Insured Person** the relevant benefit specified in the **Schedule of Benefits** if such **Insured Person** sustains **Accidental Bodily Injury** in the **Operative Time** during the **Period of Insurance**.

Provided that:

1. an **Insured Person** shall only be entitled to receive benefit under one of the benefits specified in the **Schedule of Benefits** in respect of the same accident or the same period of disablement other than in respect of medical or dental expenses;

2. the benefits specified in the **Schedule of Benefits** shall only be payable upon delivery to **Us** of appropriate certification of the relevant circumstances by a **Medical Practitioner**;

3. the maximum amount payable by **Us** under this **Policy** in respect of all benefits specified in the **Schedule of Benefits** shall not exceed **€6,500,000** in respect of any one occurrence or all occurrences of a series consequent on one source or original cause irrespective of the number of claims or the number of **Insured Persons** claiming.

# EXTENSIONS

**1. Disappearance**

If an **Insured Person** disappears and the police or registration authorities consider it reasonable after a suitable period of time to believe that such **Insured Person** has died as a result of **Accidental Bodily Injury** the death benefit shall become payable subject to a signed undertaking given by the **Insured Person's** Parent(s) Guardian(s) or (where appropriate) estate that if the belief is subsequently found to be wrong such death benefit shall be refunded to **Us**.

**2. Exposure**

If an **Insured Person** suffers **Accidental Bodily Injury** as a result of unavoidable exposure to the elements **We** will consider it as having been caused by an accident.

# EXCLUSIONS

We will not pay any benefits in respect of Accidental Bodily Injury:

1) arising from intentional self-injury suicide or attempted suicide (whether felonious or not), provoked assault, fighting (except under School direction or in bona fide self-defence) or exposure to needless peril (except in an attempt to save human life);

2) arising from accidents happening when an **Insured Person** is under the influence of intoxicants or drugs (other than those taken under medical or dental supervision) or suffering from insanity temporary or otherwise;

3) arising from any pre-existing physical disability or medical condition;

4) incurred outside the Republic of Ireland or Northern Ireland other than emergency treatment;

5) arising from accidents happening while the **Insured Person** is engaged in aeronautics and/or aviation of any description including entering and alighting therefrom, other than as a fare paying passenger in a standard multiengine aircraft operated by a recognised airline or air charter company

6) arising from the use of woodworking machinery driven by mechanical power unless in connection with **School Activities**;

7) arising from an **Insured Person** taking part in:

   a) motor vehicle and/or motor bike racing;

   b) horse or pony racing or jumping unless in connection with **School Activities**;

   c) ice-hockey, skeletoning or bobsleighing;

   d) mountaineering or rock climbing necessitating the use of ropes or guides however this Exclusion shall not apply in respect of climbing walls owned by or used by the **Insured**;

   e) potholing or similar underground activity;

   f) parachuting or hang gliding;

   g) white water rafting or scuba diving;

   If the **Insured Person** is not sure if a sport is covered, then they should contact Arachas for confirmation.

8) of whatsoever nature directly or indirectly caused by or contributed to by or arising from:

   a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;

   b) the radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or component thereof.

9) of whatsoever nature directly or indirectly caused by resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

   a) war invasion, acts-of-foreign-enemies hostilities or warlike-operations (whether war be declared or not) civi lwar, rebellion, revolution, insurrection, military or usurped power or civil commotion assuming the proportions of or amounting to an uprising: or

   b) any **Act of Terrorism**.

   This **Policy** additionally excludes any liability directly or indirectly caused by or arising from or in connection with any action taken in controlling preventing or suppressing or in any way relating to (a) and/or (b) above.

   If **We** allege that by reason of this Exclusion any loss, damage or liability is not indemnifiable under this **Policy** then the burden of proving the contrary shall be upon the **Insured**.

   In the event that any portion of this Exclusion is found to be invalid or unenforceable the remainder shall remain in full force and effect.

10) directly or indirectly caused by arising from in consequence of or in any way involving asbestos.

This Exclusion shall not apply to **Accidental Bodily Injury** caused by any commodity article or thing containing asbestos, where the presence of asbestos is not in itself a direct or indirect cause of such **Accidental Bodily Injury**.

11) directly or indirectly arising from **Pollution or Contamination**.

12) An **Excess** of the first €100 of each claim arising from a non-**School Activity** (unless the additional premium has been paid). This **Excess** will reduce to €0 where the **Insured Person** has recovered all medical costs from another Insurer with the exception of any excess on that other Insurer's policy.

13) No benefit shall be provided and no sum shall be payable under this Policy to the extent that providing or paying it would directly or indirectly put us or our ultimate Parent Company in breach of any applicable economic or trade sanction laws or regulations.

# CONDITIONS

**1. Due Observance**

The observance and fulfilment of the Terms, Conditions and Endorsements of this Policy in so far as they relate to anything to be done or complied with by the **Insured** or any **Insured Person** shall be conditions precedent to any liability from **Us** to make any payment under this Policy.

**2. Non-Disclosure**

This insurance will be voidable if there has been misrepresentation, miss-description or non-disclosure of any material fact.

**3. Alterations in Risk**

If at any time anything shall occur or be done materially affecting or varying any aspects of the subject matter of this insurance the **Insured** shall give immediate notice in writing to **Us**.

**4. Reasonable Precautions**

The **Insured** and each **Insured Person** shall take all reasonable precautions to avoid **Accidental Bodily Injury**.

**5. Other Insurance**

If any insurance under this Policy is also the subject (in whole or in part) of any other Policy, the liability to **Us** shall apply in excess of and not as contributory with such other Policy.

**6. Claims Condition (Action by the Insured/Insured Person)**

On the happening of an occurrence likely to give rise to a claim under this Policy written notice shall be given to **Us** as soon as possible and in any event within 730 days (2 years) after the date of the occurrence. The **Insured / Insured Person** shall at their own expense furnish to **Us** such certificates information and evidence as **We** may from time to time reasonably require in the form prescribed by **Us**.

**7. Claims Condition (Our Rights)**

**We** will be allowed at **Our** own expense upon reasonable notice to the **Insured** request a medical examination of an **Insured Person**, or in the case of a fatality, request a post mortem examination if appropriate.

**8. Fraud**

If any claim is in any respect fraudulent or if any fraudulent means or devices are used by or on behalf of the **Insured** or any **Insured Person** or if any **Accidental Bodily Injury** is caused by the willful act of or with the connivance of the **Insured** or any **Insured Person**, then all benefit under this Policy shall be forfeited.

**9. Subrogation**

As a condition to payment of benefits under this Policy for expenses incurred by the **Insured Person** and benefits paid to the **Insured Person** for which a Third Party may be liable:

(a) **We** shall, to the extent of benefits **We** have paid, be subrogated to (have the right to pursue) all **the Insured Person's** rights of recovery against:

  (i) such Third Party; or

  (ii) a Person's Insurance Carrier in the event of a claim under the uninsured auto cover provision of an Auto Insurance Policy.

(b) **We** may recover from **You** amounts received by judgement, settlement, or otherwise from:

  (i) such Third Party or their Insurance Carrier; or

  (ii) any other person or entity, which includes the Auto Insurance Carrier which provides **Your** uninsured or underinsured Auto Insurance Cover.

(c) **You** (or a person authorized by law to represent **You** if **You** are not legally capable) shall (at **Your** own expense);

(i) execute and deliver any documents that are required; and

(ii) do whatever else is necessary to enable **Us** to secure such rights. This includes assigning **Your** rights against the Third Party where **We** request **You** to do so.

**10. Arbitration**

All differences arising out of this Policy shall be referred to an Arbitrator to be appointed by the Parties or failing agreement by the President for the time being of the Law Society of Ireland. Where any difference is referred to arbitration the making of an award shall be a condition precedent to any right of action against Us Claims not referred to arbitration within 12 calendar months from the date of disclaimer of the liability shall be deemed to have been abandoned.

**11. Cancellation**

(a) **We** may cancel this Policy at any time by giving 21 days' notice by registered letter to the last known address of the **Insured**. This cancellation is effective from midnight on the twenty first day immediately following the date of the registered letter. In such case the **Insured** shall be entitled to the return of a proportionate part of the premium in respect of the unexpired **Period of Insurance** subject to the retention by **Us** of any minimum premium stated in the School Schedule or as advised to the **Insured**.

(b) Without prejudice to the generality of Policy Condition 11(a), if **We** have agreed to accept payment of premium for this **Policy** by instalments then in the event of non-payment of any instalment on or before the due date **We** may cancel this **Policy** by giving 7 days' notice by registered letter to the last known address of the **Insured**. This cancellation is effective from midnight on the seventh day immediately following the date of the registered letter. Following the expiry of such notice this **Policy** shall be automatically cancelled and **We** shall be entitled to payment of the premium proportionate to the **Period of Insurance**.

**12. Insurance Act 1936**

In accordance with Section 93 of the Insurance Act, 1936, it is understood and agreed that all monies which become or may become due and payable by Us under this Policy shall be payable and paid in the Republic of Ireland.

Finance Act 1990 (Republic of Ireland)

The appropriate Stamp Duty has been and will be paid in accordance with the provisions of Section 113 of the Finance Act 1990.

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# CONSUMER INFORMATION

**Your Insurer**
The Underwriter of your insurance is Great American International Insurance DAC (Company Registration Number: 380145) whose head office is Station House, Dublin Road, Malahide, Co. Dublin, Ireland, Our contact details are:
telephone: +353 1 845 4850  200 51904
fax: +353 1 845 8414
email: info@gaig.com

**Regulatory Status**
Great American International Insurance DAC is regulated by the Central Bank of Ireland to underwrite Insurance Business.

**Main business**
Great American International Insurance DAC is a non-life insurance undertaking.

**How we charge**
The charge for **Our** services is the premium (including applicable government levies and/or premium taxes).

**Default**
Non-payment of **Your** premium or part thereof or breach by **You** of certain conditions of **Your** policy may lead to **Your** policy being revoked or cancelled.

**Language**
**Your** policy and all communications with **You** or by **You** to **Us** will be in English unless you choose and we agree otherwise.

**Compensation**
Please note that in the event of Great American International Insurance DAC being unable to pay a claim, **You** may be entitled to compensation from the Insurance Compensation Fund in Ireland.

**Cooling off period**
You have the right to withdraw from this Policy, provided **You** have not made a claim, within 14 days of the latest of:

(a) the starting date of cover, or

(b) the date on which You receive the full terms and conditions of **Your** Policy.

Withdrawal effectively means that no Policy was ever in place, and **You** may exercise this right by notice in writing to **Us** at the address given above, quoting **Your** Policy number. Should **You** exercise this right **We** will refund **You** any part of **Your** premium **You** have paid less an administration fee. Please note that the right of withdrawal does not apply if the insurance Policy under which insurance cover is provided is for less than 1 month.

**Governing law**
**You** and the Insurer can choose the law that applies to this Policy. The Insurer proposes that Irish Law applies. Unless **You** and the Insurer agree otherwise, Irish Law will apply to this Policy.

**Policy Alteration, Additional and Return Premiums**
When **You** make an alteration to **Your** Policy, **We** will re-calculate **Your** premium, which may result in an additional premium due to **Us**, or a return premium due to **You**.

**Alteration to terms and conditions**
In the event of a claim we may advise **You**, at the time of **Your** next renewal, of altered Policy terms and conditions which increase **Your** premium and/or **Excess**, and/or reduce cover.

## HOW TO MAKE A CLAIM

You may report a claim under this Policy by contacting Our Claims Administrators:

Arachas,
The Courtyard,
Carmanhall Road,
Sandyford Business Estate,
Dublin 18.

Tel: (01) 213 5000 | Web: www.arachas.ie/pupil-cover

You will be sent a claim form for completion and return to the above address.

## COMPLAINTS PROCEDURE

**We** aim to provide a first class service at all times. However, if **You** have any complaint regarding the standard of service received under this Policy, the following procedure is available to resolve the situation:

In the first instance **You** should write to the

The Complaints Manager
Great American International Insurance Company Limited
Station House,
Dublin Road,
Malahide,
County Dublin,
Ireland

Telephone: 01 845 4850
Fax: 01 845 8414
Email: gaiilcomplaints@gaig.com@GAIG.COM
Website: www.gail.com

If **We** cannot give **You** a final decision within 4 weeks from the date **We** receive your complaint, **We** will explain why and tell **You** when **We** hope to reach a decision.

**Our** decision is final and based on the evidence presented. If **You** feel that there is any new evidence or information that may change Our decision **You** have the right to make an appeal

Should **You** be dissatisfied with **Our** Complaints Manager's decision or fail to receive a final answer within eight weeks* of **Us** receiving the complaint, **You** have the right to refer the matter directly to the Chief Executive Officer of Great American International Insurance Company Limited at the above address.

*NOTE: The timescales given above are dependent on **You** responding immediately to any correspondence **We** send **You**.

If **You** are still not satisfied **You** may contact the Financial Services Ombudsman Bureau at the following address and ask them to review Your case:

Financial Services and Pensions Ombudsman Service (FSPO)
Lincoln House,
Lincoln Place,
Dublin 2.
D02 VH29

Telephone: 00353 1 5677000
E-mail: info@fspo.ie
Website: www.fspo.ie

If **You** engage in the above process **You** will not lose **Your** right to take legal action at a later stage.

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# DATA PROTECTION NOTICE

Great American International Insurance DAC processes the personal data of Policyholders and **Insureds** on the basis of legitimate interest whereby the processing of the personal data is necessary for the performance of a Contract of Insurance and/or for assisting in the underwriting of a potential risk. This Privacy Notice describes Great American's data protection practices and data subjects' rights in respect of personal data.

Depending upon the kind of insurance cover **We** are being asked to provide and the kind of claim **We** are being asked to pay **We** will seek different kinds of information. For example Information about people and property for which **We** provide insurance cover is sought by us before cover is provided.

In order to provide insurance cover (an Insurance Policy) or to pay a claim **We** generally need information about:

a) The person and / or property that We are being asked to insure

b) Property, for which repair or replacement costs are being sought under our Insurance Policy

c) Medical and/or relevant conviction information where necessary to assess the risk

Sensitive Information

Some of the information requested may be sensitive Personal Data, as defined by the Data Protection Acts, such as information about health or criminal convictions. The Insurer will not use such sensitive personal data except for the specific purpose for which it is provided and to carry out the services described in this Policy.

The Insured must ensure that it only provides sensitive information for which it has obtained explicit consent from the individual concerned (Insured Person).

**Who We share information with**
Great American may share the personal data of policyholders and Insureds with other entities within the Great American Insurance Group. Various entities of this group are located outside the European Economic Area (namely the United States of America). Great American has the standard provisions on data protection as drawn up by the European Commission included in agreements in force between the entities of the Great American group to ensure adequate safeguarding of information.

Great American also shares data with non-Group entities. Third Parties to whom **We** disclose **Your** Personal Information are required by law and contractual undertakings to keep **Your** Personal Information confidential and secure, and to use and disclose it for purposes that a reasonable person would consider appropriate in the circumstances, in compliance with all applicable legislation. The purposes for which **We** may disclose **Your** Personal Information to Third Parties are as follows:

a) With our appointed Agents and Intermediaries for insurance administration and claims validation purposes

b) With Loss Adjusters for Claims Investigation purposes

c) With our Reinsurance Providers

d) With Agents authorised by you to act on Your behalf

e) With Regulatory Bodies

**How long will We hold Your information?**
The personal data of insureds / policyholders are kept no longer than is necessary or required by law.

**Security of Personal data**
Great American takes appropriate technical and organisational measures to protect the personal data of Policyholders and Insureds against loss or against any form of unlawful processing.

**What are Your rights with respect to Your Data?**
You have a number of rights relating to **Your** information. You have the right to:

- **Request access** to **Your** personal data (commonly known as a "data subject access request"). This enables you to receive a copy of the personal data **We** hold about you and to check that **We** are lawfully processing it.
- **Request correction** of the personal data that **We** hold about you. This enables you to have any incomplete or inaccurate data **We** hold about you corrected.
- **Request erasure** of **Your** personal data. This enables you to ask us to delete or remove personal data where you believe there is no good reason for us continuing to process it.
- **Object to processing** you can object to any processing of **Your** personal data, between it is important to note that this may result in Great American being unable to provide coverage.
- **Request restriction** of processing of **Your** personal data. This enables you to ask us to suspend the processing of **Your** personal data in the following scenarios: (a) if **You** want us to establish the data's accuracy; (b) where our use of the data is unlawful but **You** do not want us to erase it; (c) where **You** need us to hold the data even if **We** no longer require it as you need it to establish, exercise or defend legal claims; or (d) **You** have objected to our use of **Your** data but **We** need to verify whether **We** have overriding legitimate grounds to use it.
- **Request the transfer** of **Your** personal data to **You** or to a third party. **We** will provide to **You**, or a third party You have chosen, **Your** personal data in a structured, commonly used, machine-readable format.
- **Request details of transfers outside of the EEA** of **Your** personal data. **You** can ask to obtain a copy of, or reference to, the safeguards under which **Your** personal data is transferred outside of the European Economic Area.

**You** will not have to pay a fee to access **Your** personal data (or to exercise any of the other data protection rights). However, **We** may charge a reasonable fee if **Your** request is clearly unfounded, repetitive or excessive. **We** may also need to request specific information from you to help us confirm **Your** identity and ensure **Your** right to access **Your** personal data. This is a security measure to ensure that personal data is not disclosed to any person who has no right to receive it. **We** try to respond to all requests within one month. Occasionally it may take us longer than a month if **Your** request is particularly complex or **You** have made a number of requests. In this case, **We** will notify **You** and keep **You** updated.

**Contact and Complaints**
Should there be any queries with respect to this Data Protection and Privacy Statement please write to the Data Protection Officer at Great American International Insurance DAC of Station House, Dublin Road, Malahide, Co. Dublin, Ireland or alternatively please address **Your** query through the contact us section of our Website www.gaiil.com/contact-us/

For further details of **Your** rights please see our **Data Privacy statement** at www.gaiil.com **We** would also be happy to post **You** a copy. If **You** have a complaint or concern about how **We** use **Your** personal data, please contact us in the first instance and **We** will do our utmost to resolve the issue as soon as possible.

You have the right to make a complaint at any time to the Data Protection Commission, the Irish supervisory authority for data protection issues (www.dataprotection.ie). **We** would, however, appreciate the chance to deal with **Your** concerns before you approach the Data Protection Commission.

Arachas, The Courtyard, Carmanhall Road, Sandyford Business Estate, D18.
Tel: (01) 213 5000 | Web: www.arachas.ie

Arachas Corporate Brokers Limited t/a Arachas, Capital Insurance Markets, Capital IM, Covercentre is regulated by the Central Bank of Ireland.

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Head office: Station House, Dublin Road, Malahide, Co. Dublin, Ireland. Company Registration Number: 380145