SCHEME 2

(24hr/School Activities Optional)



Personal Accident Insurance for School Pupils

INSURERS:	Chubb European Group SE.		
INSURED PERSONS:	Those Students at the Insured School that have opted for the cover and for whom the premium has been received by the approved organisers.		
OPERATIVE TIME:	 A) 24 Hour cover including social, domestic and leisure, as well as school activities. B) During any school activity taking place with the full knowledge and authority of the school including direct travel to and from such activities. 	ool activity taking place with the full knowledge and authority of the school and	
BENEFITS: (each person)	 Death Permanent total loss of sight in one eye or of one limb Permanent total loss of sight in both eyes or of two limbs Permanent total disablement. Total and irrecoverable loss of hearing in one ear or of speech Total and irrecoverable loss of hearing in both ears Medical Expenses not recoverable from any other source is €7,500 if the Bodily Injury is incurred whilst playing or training for any recognised sports club or sports association 	€10,000 €50,000 €100,000 €100,000 €40,000 €100,000 €50,000	
	(8) Dental Expenses not recoverable from any other source is €7,500 if the Bodily Injury is incurred whilst playing or training for any recognised sports club or sports association These benefits cease on the Insured Person's 21st Birthday with the exception of: (i) Employees (ii) Post Leaving Certificate Students (iii) Insured Persons over 21 years of age, where a 1 year time limit from Date of Accident applies.	€50,000	
	(9) Hospital Confinement (€20 per 24 hrs) Payable per day providing confinement exceeds 24 hrs and shall continue whilst confined but not beyond 90 days from the day on which the insured person was first confined.	€1,800	
	(10) Damage to School Uniform following Accidental Bodily Injury	€100	
ACCUMULATION LIMIT:			
AGE LIMITS:	$2^{1}/_{2}$ to 22 years.		
HEALTH CONDITION:	Insurance won't apply on claims arising from a pre-existing physical infirmity or medical conditions.		
MAIN EXCLUSIONS:	 Intentional self-injury, suicide or attempted suicide, provoked assault or fighting (except in bona fide self defence), exposure to needless peril (except in an attempt to save human life), or from any involvement in a criminal act. When under the influence of intoxicants or drugs (other than prescribed) or suffering from insanity temporary or otherwise. While engaged in aeronautics and/or aviation, other than as a fare paying passenger. Arising from the use of power woodworking machinery unless in connection with School Activities. Horse or pony racing or jumping unless in connection with School Activities. 		
	 (5) Horse or pony racing or jumping unless in connection with School Activities. (6) Ice-hockey, skeletoning, bobsleighing, parachuting or hand gliding. (7) While taking part in mountaineering or rock climbing necessitating the use of ropes or g (8) Potholing, white water rafting, scuba diving or motor racing. (9) Directly or indirectly caused or contributed by radiation, asbestos, Pollution or Contam (10) Occasioned during the course of employment (other than authorised school work expeprogrammes). (11) War or any act of Terrorism. 	ination	
RESTRICTIONS OF COVER	The maximum benefit for Dental Injury or Accident Medical Expenses not recoverable from any other source is €7,500 if the bodily injury is incurred whilst playing or training for any recognised sports club or sports association. This limit applies separately to each section of cover.		
CLAIM NOTIFICATION:	Any occurrence likely to give rise to a claim under the policy, should be notified in writing to C Cover Team as soon as possible to avoid a claim being declined due to late notification.	Our Pupil	
PREMIUM:	The above information is a summary only intended as a guide to policy cover and exclusions. A full copy of the certificate is available for inspection at the school.		
	Option A. : €13 student per annum - Option B. €10 per student per annum.		
I wish to include (name)	COMPLETE, DETACH AND RETURN TO SCHOOL PRINCIPAL		
I wish to include (name) I do not wish to include (name) For	(class) (address)		
Option A. 24 hour @ €13 Signat	(class) (addi css)		
	UDITION IS SCHOOL PEIZZED ACTIVITIES ONLY (7) # IU		

 $Arachas, The\ Courtyard, Carmanhall\ Road, Sandy for d\ Business\ Estate,\ Dublin\ 18. \quad | \quad Tel:\ 01\ 498\ 9022$

of Parent or Guardian

Option B. school related activities only @ €10

Date