

## **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.  |  |   |  |  |  |
| <b>OPERATIVE TIME:</b>                          | 24 hour cover including social, domestic and leisure, as well as school activities.  |  |   |  |  |  |
| BENEFITS:<br>(each person)                      | (1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)  | Death Permanent total loss of sight Permanent total loss of sight Permanent total disablement Total and irrecoverable loss Total and irrecoverable loss Medical Expenses not recove €7,500 if the Bodily Injury is for any recognised sports of  | at in both eye<br>of hearing in<br>of hearing in<br>verable from<br>incurred wh<br>ub or sports | es or of two limbs  n one ear or of speech n both ears any other source is hilst playing or training association | €10,000<br>€50,000<br>€100,000<br>€100,000<br>€40,000<br>€100,000<br>€50,000 |  |
|   | (8)  | Dental Expenses not recoverable from any other source is €7,500 if the Bodily €50,000 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.  Hospital Confinement (€20 per 24 hrs) |   |  |  |  |
|   |  |  |   | exceeds 24 hrs and shall continue from the day on which the insured  | €1,800   |  |
|   | (10)   | Damage to School Uniform   | following Ac  | cidental Bodily Injury   | €100   |  |
| ACCUMULATION LIMIT:                             | €6,500,000 <b>AGE LIMITS:</b> 21/2 to 22 years.  |  |   |  |  |  |
| <b>HEALTH CONDITION:</b>                        | The insurance shall not apply in respect of any claim arising out of a pre-existing physical infirmity   |  |   |  |  |  |
|   | or medical condition.  |  |   |  |  |  |
| MAIN EXCLUSIONS:                                | (1)  | (1) 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.   |   |  |  |  |
|   | (2)  | When under the influence of intoxicants or drugs (other than prescribed) or suffering from insanity temporary or otherwise.  |   |  |  |  |
|   | (3)<br>(4)   | 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.   |   |  |  |  |
|   | (5)<br>(6)   | Horse or pony racing or jumping unless in connection with School Activities.  Ice-hockey, skeletoning, bobsleighing, parachuting or hand gliding.  |   |  |  |  |
|   | (7)  | While taking part in mountaineering or rock climbing necessitating the use of ropes or guides.  Potholing, white water rafting, scuba diving or motor racing.  Directly or indirectly caused or contributed by radiation, asbestos, Pollution or Contamination  Occasioned during the course of employment (other than authorised school work experience programmes).  |   |  |  |  |
|   | (8)<br>(9)   |  |   |  |  |  |
|   | (10)   |  |   |  |  |  |
|   | (11) War or any act of Terrorism.  |  |   |  |  |  |
| 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 Our Pupil Cover Team as soon as possible to avoid a claim being declined due to late notification.  |  |   |  |  |  |
| 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. €10.10 per person per annum.   |  |   |  |  |  |
| COMPLETE, DETACH AND RETURN TO SCHOOL PRINCIPAL |  |  |   |  |  |  |
| I do not wish to include (name)                 |  |  |   | (address)  |  |  |
|   |  |  |   | (address)  |  |  |
| ()  |  |  |   | (address)<br>his insurance and attach premium of €   |  |  |

Date

Signature of Parent or Guardian