

Group Personal Accident Insurance Policy Schedule

Personal Accident Cover

Item	Benefit Payable in Respect of Accident	Sum Insured		
		Category A	Category B	Category C
1	Death	£5,000	£5,000	£5,000
2	Permanent Total Loss of Sight of One Eye	£50,000	£50,000	£10,000
3	Permanent Total Loss of Sight of Both Eyes	£50,000	£50,000	£10,000
4	Loss of One or More Limb(s)	£50,000	£50,000	£10,000
5	Permanent Total Loss of Speech	£50,000	£50,000	£10,000
6	Permanent Total Loss of Hearing			
	(a) In One Ear	£12,500	£12,500	£2,500
	(b) In Both Ears	£50,000	£50,000	£10,000
7	Permanent Total Disablement	£50,000	£50,000	£10,000
8	Temporary Total Disablement	£200.00 per week	Not Covered	Not Covered
	Excess Period	14 days	Not Covered	Not Covered
	Benefit Period	18 days	Not Covered	Not Covered
9	Temporary Partial Disablement	£100.00 per week	Not Covered	Not Covered
	Excess Period	14 days	Not Covered	Not Covered
	Benefit Period	18 days	Not Covered	Not Covered
10	Quadriplegia	50% of Item 7	50% of Item 7	50% of Item 7
11	Triplegia	37.5% of Item 7	37.5% of Item 7	37.5% of Item 7
12	Paraplegia	25% of Item 7	25% of Item 7	25% of Item 7

Item	Benefit Payable in Respect of Accident	Sum Insured		
		Category D	Category E	
1	Death	£10,000	£20,000	
2	Permanent Total Loss of Sight of One Eye	£100,000	£200,000	
3	Permanent Total Loss of Sight of Both Eyes	£100,000	£200,000	
4	Loss of One or More Limb(s)	£100,000	£200,000	
5	Permanent Total Loss of Speech	£100,000	£200,000	
6	Permanent Total Loss of Hearing			
	(a) In One Ear	£25,000	£50,000	
	(b) In Both Ears	£100,000	£200,000	
7	Permanent Total Disablement	£100,000	£200,000	
8	Temporary Total Disablement	£400.00 per week	£800.00 per week	
	Excess Period	14 days	14 days	
	Benefit Period	18 days	18 days	
9	Temporary Partial Disablement	£200.00 per week	£400.00 per week	
	Excess Period	14 days	14 days	
	Benefit Period	18 days	18 days	
10	Quadriplegia	50% of Item 7	50% of Item 7	
11	Triplegia	37.5% of Item 7	37.5% of Item 7	
12	Paraplegia	25% of Item 7	25% of Item 7	

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Maximum Sums Insured

Maximum Sum Insured Any One Occurrence	£1,000,000
Maximum Sum Insured in respect of Item 1	See Endorsement
Maximum Sum Insured in respect of Items 2, 3, 4, 5, 6(a) and 6(b)	See Endorsement
Maximum Sum Insured in respect of Item 7	See Endorsement
Maximum Sum Insured in respect of Item 8	See Endorsement
Maximum Sum Insured in respect of Item 9	See Endorsement

Extensions

Item	Schedule of Benefits	Sums Insured
13	Disappearance Extension	Included within Item 1
14	Medical Expenses	Up to 20% of the Principle Sum Insured up to a maximum of £10,000
15	Coma Benefit	£30 per day payable up to 104 weeks
16	Funeral Expenses	Up to £5,000
17	Personal Effects	Up to £250

This Policy is signed on behalf of Underwriters



Peter Dewey
Director

AmTrust Underwriting Limited
Registered Office: 1 Great Tower Street, London, EC3R 5AA
Registered in England No: 3908537
Authorised and regulated by the Financial Conduct Authority