

## Policy Schedule for the Everest Insurance Personal Accident and Sickpay Police Federation Policy

Produced on Thursday, 04 April 2024

**Client Name:**       **Staffordshire Police Federation**

**Policy Number:**   **458338/01/2024**

### New /Renewal Policy Schedule

This **policy schedule** forms part of the Everest Insurance Personal Accident and Sickpay Police Federation Policy.

Please keep this **policy schedule** safe with all documents applicable to the Policy.

This **policy schedule** outlines the cover. This document including the policy wording and any **endorsement(s)** attached form the Policy.

### Claims Contact

If the **policyholder** or **insured person** wants to make a **claim**, or report an occurrence or circumstance which might result in a **claim** under this Policy, they may do so by using the following contact information:

Telephone: UK claims number +44 (0)1403 327 719

Email: [info@georgeburrows.com](mailto:info@georgeburrows.com)

### The Insurer

#### **Everest Insurance (Ireland), DAC**®

Registered Office: 38/39 Fitzwilliam Square West, Dublin 2, D02 NX53, Ireland

Company Registration Number: 456702

Website: <https://www.everestre.com/Insurance/Everest-Insurance-Ireland-DAC>

A.M. Best Rating: A+ (Superior)

Everest Insurance (Ireland) Designated Activity Company is regulated by Central Bank of Ireland. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority.

Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. FCA Firm Reference Number is 794741.

## Everest / Language

This Policy and all associated correspondence will be in English.

## Law & Jurisdiction

This Policy shall be governed by and construed in accordance with English Law. Each of the parties submits to the exclusive jurisdiction of the courts of England.

## Policyholder Details

Policyholder: Staffordshire Police Federation  
Policyholder Address: Hern Court, Rising Brook, Stafford, Staffordshire, ST17 9QN  
Business Description: Police Federation

## Policy Details

Reference Number: 458338/01/2024

Policy period: Inception: 1<sup>st</sup> April 2024  
Expiry: 31<sup>st</sup> March 2025  
Both days inclusive at the local standard time at the address of the policyholder.

Currency: GBP/£

## Insurance Broker Details

Insurance Broker: George Burrows  
Insurance Broker Address: St Mark's Court, North Street, Horsham, West Sussex, RH12 1RZ

### Important Information

It is important that:

- The **policyholder** checks that the coverage it has requested is included in the **policy schedule**.
- The **policyholder** checks that the information it has given to **us** is accurate - see the "Information Provided to **Us**" Section.
- The **policyholder** and/or **insured person** notify **us** via the broker shown in the **policy schedule** as soon as practicable of any inaccuracies in the information which the **policyholder** and/or **insured person** have given **us**.
- The **policyholder** and **insured persons** comply with their duties under each Section and under this Policy as a whole.

### Insured Person Categories and Limitations

	Category 1	Category 2	Category 3	Category 4
Insured persons	<b>All serving officers up to 70 years of age</b>	<b>All serving officers partners</b>	<b>All retired officers under the age of 65</b>	<b>All retired officers partners</b>
Operative time	<b>24 hours</b>	<b>24 hours</b>	<b>24 hours</b>	<b>24 hours</b>

<b>Maximum Limit per Insured Person per Accident</b>	<b>£115,000</b>
<b>Maximum Limit per Insured Person Weekly Temporary Total Disablement</b>	<b>£28</b>
<b>Maximum Limit per Insured Person sick pay</b>	<b>20% of gross basic salary pay</b>
<b>Maximum Accumulation Limits - Accident</b> (applicable to all categories)	<b>£10,000,000</b>

## A. SECTION - Accident Core Benefits

Limits within this Section are per **insured person** per **accident** unless stated otherwise.

### 1.1 Death and Permanent Disability

Benefit with Limitations to Apply	Maximum Limit Category 1	Maximum Limit Category 2	Maximum Limit Category 3	Maximum Limit Category 4
<b>Accidental death</b>	Not Insured	Note Insured	Not Insured	Not Insured
<b>Permanent total disablement from any and every occupation</b>	115,000	115,000	51,000	51,000
<b>Permanent loss of sight</b> of				
a. both eyes	30,000	30,000	20,000	20,000
b. one eye	15,000	15,000	15,000	15,000
<b>Permanent loss of limbs</b> of				
a. two or more limbs	30,000	30,000	30,000	30,000
b. one limb	15,000	15,000	15,000	15,000
<b>Permanent loss of an internal organ</b>	Not Insured	Not Insured	Not Insured	Not Insured
<b>Permanent loss of hearing</b> in				
a. both ears	30,000	30,000	20,000	20,000
b. one ear	7,500	7,500	5,000	5,000
<b>Permanent loss of speech</b>	30,000	30,000	20,000	20,000
<b>Permanent total loss or use of</b>				
a. a shoulder, elbow or wrist	Not Insured	Not Insured	Not Insured	Not Insured
b. a hip, knee or ankle				
<b>Permanent total loss or use of</b>				
a. a thumb	Not Insured	Not Insured	Not Insured	Not Insured
b. a forefinger				
c. any other finger				
d. a big toe				
e. any other toe				
<b>Permanent total loss or use of back or spine below the neck with no damage to the spinal cord</b>	Not Insured	Not Insured	Not Insured	Not Insured
<b>Permanent total loss or use of neck or cervical spine with no damage to the spinal cord</b>	Not Insured	Not Insured	Not Insured	Not Insured
Removal by surgical operation of the lower jaw	Not Insured	Not Insured	Not Insured	Not Insured

### 1.2 Temporary Total Disablement

Benefit with Limitations to Apply	Maximum Limit Category 1	Maximum Limit Category 2	Maximum Limit Category 3	Maximum Limit Category 4
Weekly sum insured	28	Not Insured	Not Insured	Not Insured
<b>Benefit period</b> (weeks)	104	N/A	N/A	N/A
<b>Waiting period</b> (days)	7	N/A	N/A	N/A

### 1.3 Temporary Partial Disablement

Benefit with Limitations to Apply	Maximum Limit Category 1	Maximum Limit Category 2	Maximum Limit Category 3	Maximum Limit Category 4
Weekly sum insured	Not Insured	Not Insured	Not Insured	Not Insured
<b>Benefit period</b> (weeks)	N/A	N/A	N/A	N/A
<b>Waiting period</b> (days)	N/A	N/A	N/A	N/A

## B. SECTION - Additional Accident Benefits

Limits within this Section are per **insured person** per **accident** unless stated otherwise.

Benefit with Limitations to Apply	Maximum Limit Category 1	Maximum Limit Category 2	Maximum Limit Category 3	Maximum Limit Category 4
<b>1.1 Accidental Hospital Recuperation</b> Daily benefit Max. period (days)	50 7	Not Insured	25 7	Not Insured
<b>1.2 Accidental Medical Expenses Reimbursement</b>	Not Insured	Not Insured	Not Insured	Not Insured
<b>1.3 Childcare</b> Max. per hour Max. per claim per insured person Max. per policy period per insured person	Not Insured	Not Insured	Not Insured	Not Insured
<b>1.4 Coma Benefit</b> Daily benefit Max. period (days)	Not Insured	Not Insured	Not Insured	Not Insured
<b>1.5 Dental Expenses</b> <b>a. Dental Treatment</b> Max. per claim per insured person Max. number of claims per policy period <b>b. Emergency Dental Treatment in the United Kingdom</b> Max. per claim per insured person Max. number of claims per policy period <b>c. Emergency Dental Treatment outside of the United Kingdom</b> Max. per claim per insured person Max. number of claims per policy period <b>d. Dental Call-Out Fees</b> Max. per claim per insured person	Not Insured	Not Insured	Not Insured	Not Insured

Max. number of claims per policy period e. Hospitalisation Following Dental Treatment Daily benefit Max. period (days) f. Oral Cancer Max. per insured person per policy period				
1.6 Funeral Expenses	Not Insured	Not Insured	Not Insured	Not Insured
1.7 On-Duty Infection	30,000	Not Insured	Not Insured	Not Insured
1.8 Paralysis Paraplegic Hemiplegic Triplegic Quadriplegic	Not Insured	Not Insured	Not Insured	Not Insured
1.9 Rehabilitation	Not Insured	Not Insured	Not Insured	Not Insured
1.10 Renovation Expenses	Not Insured	Not Insured	Not Insured	Not Insured
1.11 Unrecovered Criminal Court Award Compensation	500	Not Insured	Not Insured	Not Insured
1.12 Workplace Firearm and Knife Assault Max. per accident for all insured persons	2,500	Not Insured	Not Insured	Not Insured
1.13 Scarring of The Face Max. per accident for all insured persons	5,000	Not Insured	Not Insured	Not Insured
1.14 Third Degree Burns Max. per accident for all insured persons	5,000	Not Insured	Not Insured	Not Insured

## C. SECTION - Sickpay and Unsociable Hours

Limits within this Section are per **insured person** per **accident** unless stated otherwise.

### 1.1 Sickpay

Benefit with Limitations to Apply	Maximum Limit Category 1	Maximum Limit Category 2	Maximum Limit Category 3	Maximum Limit Category 4
Reduction to half pay: % of gross basic scale pay Benefit period (weeks) Qualifying period (days)	20 26 182	Not Insured	Not Insured	Not Insured
Reduction to NIL pay: % of gross basic scale pay Benefit period (weeks) Qualifying period (days)	Not Insured	Not Insured	Not Insured	Not Insured
Reduced pay other than the above: % of gross basic scale pay Benefit period (weeks) Qualifying period (days)	Not Insured	Not Insured	Not Insured	Not Insured

## 1.2 Unsociable Hours

Benefit with Limitations to Apply	Maximum Limit Category 1	Maximum Limit Category 2	Maximum Limit Category 3	Maximum Limit Category 4
Weekly sum insured	Not Insured	Not Insured	Not Insured	Not Insured
Waiting period (days)				
Total number of weeks during a consecutive twenty-four (24) week period benefit is payable				

## Insured Person Categories and Limitations continued

	Category 5	Category 6		
Insured persons	<b>All serving Police staff</b>	<b>All Special Police Officers</b>		
Operative time	<b>24 hours</b>	<b>Whilst on duty only</b>		

<b>Maximum Limit per Insured Person per Accident</b>	<b>£115,000</b>
<b>Maximum Limit per Insured Person Weekly Temporary Total Disablement</b>	<b>£28</b>
<b>Maximum Limit per Insured Person sick pay</b>	<b>20% of gross basic salary pay</b>
<b>Maximum Accumulation Limits - Accident</b> (applicable to all categories)	<b>£10,000,000</b>

## D. SECTION - Accident Core Benefits

Limits within this Section are per **insured person** per **accident** unless stated otherwise.

### 1.4 Death and Permanent Disability

Benefit with Limitations to Apply	Maximum Limit Category 5	Maximum Limit Category 6		
<b>Accidental death</b>	Not Insured	Note Insured		
<b>Permanent total disablement from any and every occupation</b>	50,000	115,000		
<b>Permanent loss of sight</b> of				
a. both eyes	5,000	30,000		
b. one eye	5,000	15,000		
<b>Permanent loss of limbs</b> of				
a. two or more limbs	5,000	30,000		
b. one limb	5,000	15,000		
<b>Permanent loss of an internal organ</b>	Not Insured	Not Insured		
<b>Permanent loss of hearing</b> in				
a. both ears	5,000	30,000		
b. one ear	5,000	7,500		
<b>Permanent loss of speech</b>	5,000	30,000		
<b>Permanent total loss or use of</b>	Not Insured	Not Insured		
a. a shoulder, elbow or wrist				
b. a hip, knee or ankle				
<b>Permanent total loss or use of</b>	Not Insured	Not Insured		
a. a thumb				
b. a forefinger				
c. any other finger				
d. a big toe				
e. any other toe				
<b>Permanent total loss or use of back or spine below the neck with no damage to the spinal cord</b>	Not Insured	Not Insured		
<b>Permanent total loss or use of neck or cervical spine with no damage to the spinal cord</b>	Not Insured	Not Insured		
Removal by surgical operation of the lower jaw	Not Insured	Not Insured		

### 1.2 Temporary Total Disablement

Benefit with Limitations to Apply	Maximum Limit Category 5	Maximum Limit Category 6		
Weekly sum insured	Not Insured	28		
<b>Benefit period</b> (weeks)	N/A	1104		
<b>Waiting period</b> (days)	N/A	7		



## 1.6 Temporary Partial Disablement

Benefit with Limitations to Apply	Maximum Limit Category 5	Maximum Limit Category 6		
Weekly sum insured	Not Insured	Not Insured		
<b>Benefit period</b> (weeks)	N/A	N/A		
<b>Waiting period</b> (days)	N/A	N/A		

## E. SECTION - Additional Accident Benefits

Limits within this Section are per **insured person** per **accident** unless stated otherwise.

Benefit with Limitations to Apply	Maximum Limit Category 5	Maximum Limit Category 6		
1.1 Accidental Hospital Recuperation Daily benefit Max. period (days)	Not Insured	Not Insured		
1.2 Accidental Medical Expenses Reimbursement	Not Insured	Not Insured		
1.3 Childcare Max. per hour Max. per claim per insured person Max. per policy period per insured person	Not Insured	Not Insured		
1.4 Coma Benefit Daily benefit Max. period (days)	Not Insured	Not Insured		
1.5 Dental Expenses a. Dental Treatment Max. per claim per insured person Max. number of claims per policy period b. Emergency Dental Treatment in the United Kingdom Max. per claim per insured person Max. number of claims per policy period c. Emergency Dental Treatment outside of the United Kingdom Max. per claim per insured person Max. number of claims per policy period d. Dental Call-Out Fees Max. per claim per insured person	Not Insured	Not Insured		

Max. number of claims per policy period e. Hospitalisation Following Dental Treatment Daily benefit Max. period (days) f. Oral Cancer Max. per insured person per policy period				
1.6 Funeral Expenses	Not Insured	Not Insured		
1.7 On-Duty Infection	Not Insured	Not Insured		
1.8 Paralysis Paraplegic Hemiplegic Triplegic Quadriplegic	Not Insured	Not Insured		
1.9 Rehabilitation	Not Insured	Not Insured		
1.10 Renovation Expenses	Not Insured	Not Insured		
1.11 Unrecovered Criminal Court Award Compensation	Not Insured	500		
1.12 Workplace Firearm and Knife Assault Max. per accident for all insured persons	Not Insured	Not Insured		
1.13 Scarring of The Face Max. per accident for all insured persons	Not Insured	Not Insured		
1.14 Third Degree Burns Max. per accident for all insured persons	Not Insured	Not Insured		

## F. SECTION - Sickpay and Unsociable Hours

Limits within this Section are per **insured person** per **accident** unless stated otherwise.

### 1.1 Sickpay

Benefit with Limitations to Apply	Maximum Limit Category 5	Maximum Limit Category 6		
Reduction to half pay: Weekly sum insured Benefit period (weeks) Qualifying period (days)	50 52 182	75 26 182		
Reduction to NIL pay: % of gross basic scale pay Benefit period (weeks) Qualifying period (days)	Not Insured	Not Insured		
Reduced pay other than the above: % of gross basic scale pay Benefit period (weeks) Qualifying period (days)	Not Insured	Not Insured		

## 1.2 Unsociable Hours

Benefit with Limitations to Apply	Maximum Limit Category 5	Maximum Limit Category 6		
Weekly sum insured	Not Insured	Not Insured		
Waiting period (days)				
Total number of weeks during a consecutive twenty-four (24) week period benefit is payable				