

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

Produced on Tuesday, 09 September 2025

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

**Policy Number:**   **458338/01/2025**

### 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: [UK.GroupinsuranceSchemes.Contact@ajg.com](mailto:UK.GroupinsuranceSchemes.Contact@ajg.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:	458338/01/2025
Policy period:	Inception: 1 <sup>st</sup> April 2025 Expiry: 31 <sup>st</sup> March 2026 Both days inclusive at the local standard time at the address of the policyholder.
Currency:	GBP/£

## Insurance Broker Details

Insurance Broker:	Gallagher
Insurance Broker Address:	The Galleria, Station Road, Crawley, West Sussex, RH10 1WW

## 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>

**Maximum Limit per Insured Person per Accident**

**£120,000**

**Maximum Limit per Insured Person Weekly Temporary Total Disablement**

**£28**

**Maximum Limit per Insured Person sick pay**

**20% of gross basic salary pay**

**Maximum Accumulation Limits - Accident**

**£10,000,000**

(applicable to all categories)

## 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</b> death	Not Insured	Not Insured	Not Insured	Not Insured
<b>Permanent total disablement from any and every occupation</b>	120,000	120,000	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</b> loss of an <b>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</b> total loss or use of	Not Insured	Not Insured	Not Insured	Not Insured
a. a shoulder, elbow or wrist				
b. a hip, knee or ankle				
<b>Permanent</b> total loss or use of	Not Insured	Not Insured	Not Insured	Not Insured
a. a thumb				
b. a forefinger				
c. any other finger				
d. a big toe				
e. any other toe				
<b>Permanent</b> total loss or use of back or spine below the neck with no damage to the spinal cord	Not Insured	Not Insured	Not Insured	Not Insured
<b>Permanent</b> total loss or use of neck or cervical spine with no damage to the spinal cord	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 Accident 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	Not Insured    Not Insured   Not Insured   Not Insured	Not Insured    Not Insured   Not Insured   Not Insured	Not Insured    Not Insured   Not Insured   Not Insured

Max. number of claims per policy period <a href="#">e. Hospitalisation Following Dental Treatment</a> Daily benefit Max. period (days)	Not Insured	Not Insured	Not Insured	Not Insured
<a href="#">f. Oral Cancer</a> Max. per insured person per policy period	Not Insured	Not Insured	Not Insured	Not Insured
<a href="#">1.6 Funeral Expenses</a>	Not Insured	Not Insured	Not Insured	Not Insured
<a href="#">1.7 On-Duty Infection</a>	30,000	Not Insured	Not Insured	Not Insured
<a href="#">1.8 Paralysis</a> Paraplegic Hemiplegic Triplegic Quadriplegic	Not Insured	Not Insured	Not Insured	Not Insured
<a href="#">1.9 Rehabilitation</a>	Not Insured	Not Insured	Not Insured	Not Insured
<a href="#">1.10 Renovation Expenses</a>	Not Insured	Not Insured	Not Insured	Not Insured
<a href="#">1.11 Unrecovered Criminal Court Award Compensation</a>	500	Not Insured	Not Insured	Not Insured
<a href="#">1.12 Workplace Firearm, Knife Assault and Dog Attack</a> Max. per accident (Firearm) for all insured persons  Max. per accident (Knife) for all insured persons  Max. per accident (Dog Attack) for all insured persons	2,500  1,500  750	Not Insured	Not Insured	Not Insured
<a href="#">1.13 Scarring of The Face</a> Max. per accident for all insured persons	5,000	Not Insured	Not Insured	Not Insured
<a href="#">1.14 Third Degree Burns</a> Max. per accident for all insured persons	5,000	Not Insured	Not Insured	Not Insured
<a href="#">1.15 Convalescent</a> Max. per accident for all insured persons per treatment	70	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

<a href="#">Benefit with Limitations to Apply</a>	<a href="#">Maximum Limit Category 1</a>	<a href="#">Maximum Limit Category 2</a>	<a href="#">Maximum Limit Category 3</a>	<a href="#">Maximum Limit Category 4</a>
<a href="#">Reduction to half pay:</a> % of gross basic scale pay Benefit period (weeks)	20 26	Not Insured	Not Insured	Not Insured

Qualifying period (days)	182			
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)	N/A	N/A	N/A	N/A
Total number of weeks during a consecutive twenty-four (24) week period benefit is payable	N/A	N/A	N/A	N/A

## Insured Person Categories and Limitations continued

	Category 5	Category 6
Insured persons	<b>All serving Police staff up to 70 years of age</b>	<b>All Special Police Officers</b>
Operative time	<b>24 hours</b>	<b>Whilst on duty only</b>

**Maximum Limit per Insured Person per Accident**

**£120,000**

**Maximum Limit per Insured Person Weekly Temporary Total  
Disablement**

**£28**

**Maximum Limit per Insured Person sick pay**

**20% of gross basic salary pay**

**Maximum Accumulation Limits - Accident**

**£10,000,000**

(applicable to all categories)

## 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</b> death	Not Insured	Note Insured
<b>Permanent total disablement from any and every occupation</b>	50,000	120,000
<b>Permanent loss of sight</b> of a. both eyes b. one eye	5,000 5,000	30,000 15,000
<b>Permanent loss of limbs</b> of a. two or more limbs b. one limb	5,000 5,000	30,000 15,000
<b>Permanent</b> loss of an <b>internal organ</b>	Not Insured	Not Insured
<b>Permanent loss of hearing</b> in a. both ears b. one ear	5,000 5,000	30,000 7,500
<b>Permanent loss of speech</b>	5,000	30,000
<b>Permanent</b> total loss or use of a. a shoulder, elbow or wrist b. a hip, knee or ankle	Not Insured	Not Insured
<b>Permanent</b> total loss or use of a. a thumb b. a forefinger c. any other finger d. a big toe e. any other toe	Not Insured	Not Insured
<b>Permanent</b> total loss or use of back or spine below the neck with no damage to the spinal cord	Not Insured	Not Insured
<b>Permanent</b> total loss or use of neck or cervical spine with no damage to the spinal cord	Not Insured	Not Insured
Removal by surgical operation of the lower jaw	Not Insured	Not Insured



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

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

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

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Max. per claim per insured person Max. number of claims per policy period <a href="#">e. Hospitalisation Following Dental Treatment</a> Daily benefit Max. period (days) <a href="#">f. Oral Cancer</a> Max. per insured person per policy period	Not Insured	Not Insured
	Not Insured	Not Insured
	Not Insured	Not Insured
	Not Insured	Not Insured
<a href="#">1.6 Funeral Expenses</a>	Not Insured	Not Insured
<a href="#">1.7 On-Duty Infection</a>	Not Insured	Not Insured
<a href="#">1.8 Paralysis</a> Paraplegic Hemiplegic Triplegic Quadriplegic	Not Insured	Not Insured
<a href="#">1.9 Rehabilitation</a>	Not Insured	Not Insured
<a href="#">1.10 Renovation Expenses</a>	Not Insured	Not Insured
<a href="#">1.11 Unrecovered Criminal Court Award Compensation</a>	Not Insured	500
<a href="#">1.12 Workplace Firearm, Knife Assault and Dog Attack</a> Max. per accident for all insured persons	Not Insured	Not Insured
<a href="#">1.13 Scarring of The Face</a> Max. per accident for all insured persons	Not Insured	Not Insured
<a href="#">1.14 Third Degree Burns</a> Max. per accident for all insured persons	Not Insured	Not Insured
<a href="#">1.15 Convalescent</a> 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
<b>Reduction to half pay:</b> Weekly sum insured Benefit period (weeks) Qualifying period (days)	50 52 182	75 26 182
<b>Reduction to NIL pay:</b> % of gross basic scale pay Benefit period (weeks) Qualifying period (days)	Not Insured	Not Insured
<b>Reduced pay other than the above:</b> % 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)	N/A	N/A
Total number of weeks during a consecutive twenty-four (24) week period benefit is payable	N/A	N/A