

SPORTSCOVER

Policy Schedule

Registered in England and Wales No. 37266780


You will only be entitled to insurance cover under the section or sections which you have selected and for which you have paid the required premium.

Policy Number

PLON99/0069486

The Insured	BRITISH COUNCIL OF CHINESE MARTIAL ARTS
Address	54 WREN ROAD, SIDCUP, KENT, DA14 4NG UNITED KINGDOM
Broker	ST BENEDICTS LTD
Brokers Address	JONATHAN SCOTT HALL THORPE ROAD NORWICH NR1 1UH UNITED KINGDOM
Sport / Activities	MARTIAL ARTS
Teams / Members	1 COUNCIL
Period of Insurance	From 1/05/2018 to 30/04/2019. Both days inclusive and any subsequent period for which the insured shall have paid and The Underwriter(s) shall have accepted the new premium

SPORTS INJURY UNDERWRITTEN BY	Certain Underwriters at Lloyd`s under contract number B1338 17SCA0009	
Clause 4.1 Capital Benefits	The percentage of this amount which is Payable for each of events 4.1.1. to 4.1.6. as set out in the policy	£ 50,000
Clause 4.2 Medical Benefits	The percentage of the expenses covered under this section is The percentage of physiotherapy expenses covered under this section is The excess payable for each claim under this section is The maximum amount payable per claim under this section	80% 75% £ 50 Excess £ 500 Limit
Clause 4.3.1 Loss of Income	The amount payable is the lesser of 75% Net Income Lost or The Maximum Claim Period is The Excess Period is	£ 150 Per Week 52 Weeks 14 Days
Clause 4.3.2 Injury Assistance	The amount payable is the lesser of 75% of Non Medical Expenses or The maximum amount payable per claim is The Excess Period is	£ 30 Per Day £ 1,500 Limit 14 Days
INSTRUCTORS PA POLICY Excluding Muay Thai, Brazilian Jujitsu and Kickboxing.		
It is noted and agreed that this policy is in respect of declarations made to SPORTSCOVER EUROPE LTD for INSTRUCTORS where the individual periods of insurance attach for a period of 12 months between 01/05/2018 to 30/04/2019. No one period of insurance to be greater than twelve months		

Issued subject to the terms of the attached Policy Wording and signed by the authorised Representative of Sportscover Europe on behalf of the Underwriter/s detailed above	Premium as declared to Underwriters.
 SIGNATURE	
<u>28/06/2018</u> DATE	

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