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Group Policy Schedule



Schools' £1m Personal Accident (Incorporating Dental) Insurance

Policy Number:	UKBCHD05098
The Group Policyholder:	Maldon Court Preparatory School
Address:	10 Silver Street, Maldon, Maldon, Essex, CM9 4QE, United Kingdom
Renewal Date:	01 September 2023
Period of Insurance:	 a) i) From: 1 September, 2022 (the Start Date) ii) To: 31 August, 2023 (both dates inclusive) If the term commences before the 1st September 2022 cover will commence from 00.01 hours local standard time on the earliest date. Cover will expire on 24.00 hours local standard time on 31 August, 2023 b) Any subsequent period for which We shall agree to accept a renewal premium
Period of Cover:	Cover in respect of each Insured Person will commence on the Start Date or the date which the Insured Person is advised by the Group Policyholder that their cover is operative if after the Start Date
Premium (inclusive of Insurance Premium Tax at the applicable rate):	To be declared
Applicable Policy Wording:	C1507/11 0722
Date of issue:	8th August 2022

Insured Persons				
Category A	Any Pupil enrolled at the Group Policyholder's school.	Insured		
Category B	Any Employee	Not Insured		
Category C	Any member of the board of governors (school governor) of the Group Policyholder's school.	Insured		
Category D	Any person who is acting in a capacity as a volunteer, assistant or helper under the direction of the Group Policyholder .	Insured		
Effectiv	ve Time			
Category A	24 hours a day for the duration of each Term during t including;	he Period of Insurance ,		
	a. the uninterrupted journey to the Group Policyh commencement of a Term; and	older's school prior to the		
	b. the holiday break that immediately follows the end	d of Term .		
	If a Pupil is not returning to the Group Policyhold Term due to;	If a Pupil is not returning to the Group Policyholder's school at the start of a Term due to;		
		the Pupil transferring to another primary or secondary school within the United Kingdom , cover will continue until the commencement of the uninterrupted journey to the new school; or		
	outside the United Kingdom , cover will continu following the end of Term , but only whilst the Pu organised activities under the auspices of the Gro	b. the Pupil completing their secondary education or transferring to a school outside the United Kingdom , cover will continue during the holiday break following the end of Term , but only whilst the Pupil is participating in official organised activities under the auspices of the Group Policyholder , including uninterrupted travel between the location of the activity and their home; or		
	c. any reason other than in a. or b. above, cover ceases at the end of the Pupil's uninterrupted journey home at the end of their last day at the Group Policyholder's school.			
Category B	24 hours a day anywhere in the world.			
Categories	Whilst undertaking duties of the Group Policyholde	er;		
C & D	a. in the United Kingdom excluding travel directly between home and the location the school duties are being undertaken; or			
	b. outside the United Kingdom including travel di location the school duties are being undertaken.	rectly between home and the		

Schedule of Benefits – £1,000,000 Plan

The maximum amount payable for any one Claim under Sections 1, 3 and 4 in total is; £1,000,000 for Pupils and Employees

£100,000 for school governors, volunteers, assistants or helpers (except under Items 14 to 17) See Section 4 Supplemental Benefit for full details of cover

Cover only applies to those Categories of Insured Persons stated as 'Insured' in the Group Policy Schedule.

SECTION 1. Serious Injury

Benefit Amount Benefit Description Insured Persons Insured Persons Categories A & B **Organic paralysis** £300,000 £100,000 1 Loss of intellectual capacity £100,000 £300,000 2 Loss of sight in both eyes £300,000 £100,000 3 Loss of upper limbs (both) £300,000 £100,000 4 Loss of lower limbs (both) £300,000 £100,000 5 Loss of upper limb (one) and Loss of lower 6 £300,000 £100,000 limb (one) Loss of sight in one eye £144,000 £48,000 7 Loss of upper limb (one) £48,000 8 £144,000 Loss of lower limb (one) £48,000 £144,000 9 Loss of hearing in both ears £144,000 £48,000 10 Total loss of or total loss of use of: 11 a. lung £144,000 £48,000 b. a hip, knee or ankle £120,000 £40,000 the back or spine below the neck with no c. £120,000 £40,000 damage to the spinal cord the neck or cervical spine with no damage to the d. £90,000 £30,000 spinal cord a shoulder or elbow e. £90,000 £30,000 f. a thumb or wrist £78,000 £26,000 g. the jaw £50,000 £17,000 h. a kidney £42,000 £14,000 i. a big toe £42,000 £14,000 j. a finger £30,000 £10.000 k. spleen £24,000 £8,000 l. any other toe £12,000 £4,000 Loss of hearing in one ear £30,000 £10,000 12 Loss of smell and Loss of taste £10,000 £30,000 13 Hemiplegia* £500,000 £500,000 14 Paraplegia* £500,000 £500,000 15 Quadriplegia* £1,000,000 £1,000,000 16 Triplegia* £750,000 £750,000 17

To ensure an **Insured Person** is provided with a payment for a **Permanent Disability** that is not listed above, Chubb will assess medical evidence to calculate the degree of disablement relative to this scale. No account shall be taken of the **Insured Person's** occupation. For example if **Bodily Injury** results in 25% of the loss of sight in one eye, Chubb will pay 25% of the **Benefit Amount** for item 7 in this Scale.

*Note: Only one **Benefit Amount** may be paid for **Hemiplegia**, **Paraplegia**, **Quadriplegia** or **Triplegia**. The **Benefit Amounts** are not cumulative.

Any **Benefit Amount** payable for **Hemiplegia**, **Paraplegia** or **Triplegia** is in addition to any **Benefit Amount** payable under Section 1 Item 1 – 13 or Item 18 up to the maximum **Benefit Amount** of £1,000,000.

SECTION 2. Accidental death			
Item	Benefit Description	Benefit Amount	
1	Accidental death – Category A (Pupils)	£10,000	
2	Accidental death – Category B, C & D (Employees / School Governors / Volunteers / Helpers / Assistants)	£100,000	
SECTIO Disfigu	ON 3. rement or scarring of the Face and Body		
		Benefit Amount	
Item	Benefit Description	Insured Persons Categories A, B, C, D	
1	A. Face		
	i. Minimum Benefit at least one square centimetre or two centimetres in length	£300	
	ii. Maximum Benefit whole area of the Face	£6,000	
	B. Body		
	4% or more of the Total Body Surface Area	£3,000	
	15% or more of the Total Body Surface Area	£6,000	
	25% or more of the Total Body Surface Area		

SECTION 4.

Supplemental Benefit -Cover for Category A (Pupils) & Category B (Employees) only

		Benefit Amount
Item	Benefit Description	Insured Persons Categories A & B
1	Supplemental Benefit If an Insured Person described in Category A (Pupil) or Category B (Employee) sustains Bodily Injury resulting in a Permanent Disability insured under Items 1 to 15, 17 and/or 18 of Section 1 (Serious Injury) and/or Section 3 (Disfigurement or scarring of the Face and Body) and the total Benefit Amount payable reaches £300,000, a Supplemental Benefit of £700,000 is also payable making a total Benefit Amount payable of £1,000,000. This Section does not apply to Insured Persons described in Categories C (school governors) and D (volunteers, assistants or helpers). The Supplemental Benefit is not payable to those Insured Persons .	£700,000

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SECTION 5. Dental Injury and Dental Emergency Treatment

n	Be	nefit Description	Insured Persons
			Categories A, B, C, D
L	De	ntal Injury	
	То	tal loss of permanent natural teeth	
	a.	Total permanent physical loss of anterior tooth (canine or incisor)	£2,000 per tooth
	b.	Total permanent physical loss of posterior tooth (molar or pre-molar)	£1,250 per tooth
	Pa	rtial loss of natural teeth	
	c.	Partial loss of anterior and / or posterior tooth	Up to £600 per tooth
	Lo	ss of Vitality	
	d.	The total Loss of Vitality of a permanent natural tooth	£600 per tooth
	Tot	al amount payable in respect of any one Claim under Items c & d	£2,400
	e.	Dental Treatment following Dental Injury (Insured Persons under age 18 years)	Up to £10,000
	f.	Dental Treatment following Dental Injury (Insured Persons age 18 years and over)	Up to £10,000
	(D	al amount payable for any one Claim under Items e & f ental Treatment that exceeds £750 must first be approved by	£10,000
	Ch	ubb)	Up to £2,500
	g.	Dental Treatment following Dental Injury requiring Dental	per Dental Implant
		Implant(s)	£10,000
	Tot	al amount payable for any one Claim under Item g	

2	Emergency Dental Treatment	Up to £2,000
3	Surgical Extraction of Third Molars (Wisdom Teeth)	£125 per tooth
4	In-patient Hospital Stay (up to 365 nights maximum)	£125 per night
5	Mouth Cancer treatment	Up to £12,000
6	Incidental Expenses	Up to £125

Section 6.

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Fractures

Benefit Amount		
Item	Benefit Description	Insured Persons Categories A, B, C, D
1	Hip or pelvis (excluding coccyx or thigh)	£1,000
2	Femur or heel	£500
3	Skull (excluding jaw and nose) lower leg, collar bone, ankle, elbow, upper or lower arm (including the wrist, but not a colles' fracture)	£500
4	Spine (vertebrae, but excluding coccyx)	£1,500
	Maximum amount payable for all Fractures due to one Accident	£5,000

SECTION 7.

Additional Benefits payable following certain valid claims under Section 1. Serious Injury or Section 2 Accidental Death **Benefit Amount Insured Persons Benefit Description Category B** 1 Catastrophic Accident Not Insured Up to £1,000,000 Not Insured Chauffeur or Taxi Up to 10% of Up to 10% of benefit Up to 10% of 2 benefit paid under paid under Section 1 benefit paid Section 1 under Section 1 Child / children Not Insured 3 Not Insured £8,000 Cosmetic Surgery Up to £10,000 Up to £10,000 Not Insured 4 Dependent Adult Not Insured £25,000 £25,000 5 6 Estate Administration Up to £2,000 Up to £2,000 Up to £2,000 **Funeral Expenses** Up to £10,000 Up to £10,000 Up to £10,000 7 8 Home Adaption / Relocation £50,000 £50,000 £50,000 Home Help & Childcare Not Insured Up to £10,000 Up to £10,000 9 Independent Financial Advice Up to £2,500 Up to £2,500 10 Not Insured Injury Medical Expenses Up to £30,000 Up to £30,000 11 Up to £30,000 12 Personnel Replacement Not Insured Up to £5,000 Not Insured Prosthesis Up to £10,000 Up to £10,000 Up to £10,000 13 Psychological Counselling Up to £2,000 Up to £2,000 Up to £2,000 14 15 Quality of Life Improvement Advice Not Insured Up to £5,000 Not Insured Rehabilitation Case Management & Not Insured Up to £5,000 Up to £5,000 16 Treatment Retraining Not Insured Up to £15,000 Up to £15,000 17 18 Retraining for a Partner Not Insured Up to £15,000 Up to £15,000 **SECTION 8. Automatic Additional Benefits Benefit Amount Insured Persons Benefit Description** Category A **Category B** Categories Coma within Country of Domicile (Up to 730 Not Insured 1 £100 a day £100 a day days maximum) Hospital Stay within Country of Domicile (Up £50 a day £150 a day £150 a day 2 to 365 days maximum) Hospital Transfer Up to £5,000 Up to £5,000 Up to £5,000 3 Hospital Visiting Up to £100 a Up to £100 a Up to £100 a 4 day day day Maximum amount payable for any one Claim £5,000 £5,000 £5,000 Lifesaver** £25,000 £25,000 £25,000 5

6	Loss of or Damage to Personal Belongings	Up to £2,000	Up to £2,000	Not Insured
7	Partner or Child of a Director or Employee benefit:			
	a Hemiplegia of a Parent or Child of a Category B Insured Person	Not Insured	£250,000	Not Insured
	b. Paraplegia of a Parent or Child of a Category B Insured Person	Not Insured	£250,000	Not Insured
	c. Quadriplegia of a Parent or Child of a Category B Insured Person	Not Insured	£500,000	Not Insured
	d. Triplegia of a Parent or Child of a Category B Insured Person	Not Insured	£375,000	Not Insured

Note: Only one **Benefit Amount** may be paid for **Hemiplegia**, **Paraplegia**, **Quadriplegia** or **Triplegia**. The **Benefit Amounts** are not cumulative.

8	Recruitment Expenses following suicide**	Not Insured	Up to £15,000	Not Insured
9	Return Home	Up to £2,000	Up to £2,000	Up to £2,000
10	Trauma Counselling	Up to £2,000	Up to £2,000	Up to £2,000
11	Workplace Assault	Not Insured	Up to £5,000	Up to £5,000

** Note that in respect of Item 5 (Lifesaver) and Item 8 (Recruitment Expenses following suicide) the **Benefit Amount** is payable to the **Group Policyholder** only and cover applies regardless of whether Insured Persons Category B (Employees) in the **Group Policy Schedule** is stated as 'Insured' or Not Insured'.

SECTION 9 Assistance				
Item	tem Benefit Description			
1	Assistance Services			
SECTION 10 Crisis Management				
Item	Benefit Description	Benefit Amount		
1	Crisis Management	Up to £75,000 per Crisis		
	Aggregate Limit in any one Period of Insurance	£75,000		

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