

Keyfacts Summary

Club personal accident insurance

Please note that this Summary does not contain the full terms and conditions of the contract, which can be found in the Policy document. You should refer to the policy for full details of the Sums Insured and Limitations.

Your Insurer is ACE European Group

This is a Personal Accident insurance that provides cover for members of affiliated athletics clubs. Subject to your Proposal the main features and benefits are:

Compensation will be payable in the event of Accidental Death or Accidental Bodily Injury whilst Club members are:-

- * Participating in athletics at any meeting organised by or recognised by UK Athletics Ltd anywhere in the world.
- * Any training organised by the Club and/or the Federation or other Association Body.
- * Travelling directly to and from the above-mentioned meetings or training sessions

Benefits available

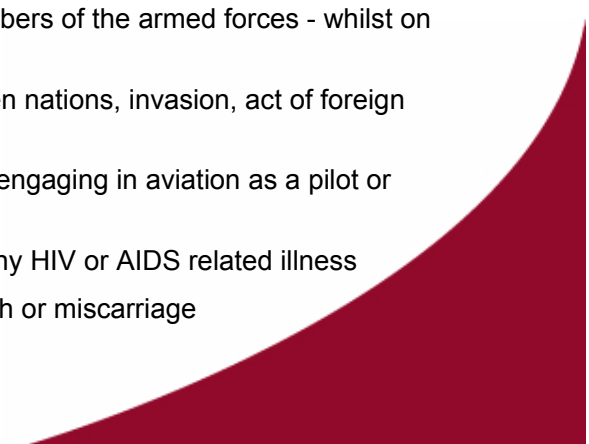
You can select either:

COVER 'A', which will provide Death and Permanent Disability Benefits only, or

COVER B, which will provide weekly sums to supplement lost income in addition to those benefits provided by COVER A

The cover available for each option is fully detailed on the application form appended to this web-site.

Detailed below are significant and unusual exclusions to your insurance:

- Excluding persons under 5 or over 80 years of age
 - Excluding suicide, attempted suicide, intentional self injury or deliberate exposure to exceptional danger
 - Excluding injury to persons who are full time members of the armed forces - whilst on duty
 - Excluding injury as a result of war, conflict between nations, invasion, act of foreign enemy, civil war, military or usurped power
 - Excluding injury as a result of the insured person engaging in aviation as a pilot or crew member
 - Excluding injury as a result of HIV, AIDS and/or any HIV or AIDS related illness
 - Excluding injury as a result of pregnancy, childbirth or miscarriage
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- Excluding injury as a result of the influence of solvents, drugs or medication except where it can be proved that the drugs or medication were taken in accordance with a proper medical prescription and not for the treatment of drug addiction.
- Excluding injury as a result of the insured person driving a motor vehicle while the alcohol contents of their blood exceeds the level permitted by the law of the country in which the accident occurs
- Excluding injury as a result of the insured person travelling by motor cycle or motor scooter

Geographical Limits

Worldwide

Your responsibility and your duty of disclosure

It is your responsibility to provide complete and accurate information to insurers when you confirm that cover is required under an insurance policy, during the life of that policy, and at a subsequent renewal.

It is important that any information you provide on proposal forms, claim forms or any other documents provided, is full and accurate and that you are complying/can comply with any declarations or statements that you sign or have been informed of.

Failure to fulfil these responsibilities, or to disclose any material information to your Insurers could invalidate your Insurance cover and could result in part or all of a claim or claims, not being paid.

Claims


Should the need arise to make a claim under the policy, we will offer guidance to assist you with the claim.

It is essential that you notify us immediately of any circumstances that may result in a claim under your insurance policy. You must do so regardless of whether you believe you are liable or not. We will notify you if the claim relates to a risk that is clearly outside the scope of the policy.

We will inform you when and what action will be taken by the insurer and whether the insurer is appointing any other parties to contact you on the insurer's behalf. We will also keep you informed about the progress of the claim and if the insurer subsequently rejects all or part of the claim or makes a without prejudice offer to settle the claim.

It is also important that any third party correspondence received in relation to a claim is forwarded to us immediately.

Immediate notification significantly increases the opportunity for us and the insurer involved to take steps to protect your interests. Late notification could jeopardise a claims payment due to you, or could jeopardise an Insurers ability to defend claims emanating from employees or a third party.



Cancellation Rights

The FSA rules classify customers into Retail or Commercial customers. A Retail customer is defined as an individual who is acting for purposes which are outside his trade, business or profession. A Commercial customer is defined as a customer who is not a Retail customer. Under the FSA rules Retail customers have a right to cancel the contract within a specified time limit. The period of cancellation is 14 days for a general insurance contract and 30 days for a non-investment contract that is a pure protection contract. The cancellation period begins on the latter of:

The day of the conclusion of the contract or the day on which you receive the contractual terms and conditions and information in a durable medium.

A retail customer who has the right to cancel may, without giving any reason, cancel the contract by serving notice upon the insurer or this company before the expiry of the relevant cancellation period.

Complaints

We pride ourselves in delivering a professional and efficient service at all times, but in the event that you should find yourself dissatisfied with the service you receive from us, or any of the covers arranged on your behalf by us, we do operate a Complaints System that is managed by the Directors of the Company.

Should you wish to register a complaint you may do so orally to any member of staff, or in writing to Oval Insurance Broking Limited, 90 Barwick St, Birmingham, B3 2YY.

We will then formally log the complaint and refer it immediately to a Director who is not directly involved in the reason for that complaint. All complaints will be acknowledged within 5 working days of receipt, and that acknowledgement will include details of the person investigating the complaint on your behalf.

We will then provide you with a full written response within 20 days, or in the unlikely event that this is not possible, an explanation on the current position of your complaint, and a timescale within which we will look to provide a full response. We will keep you regularly informed of developments should a complaint require more time to resolve.

If you are not satisfied with our response you may be eligible to contact the Financial Ombudsman Service for further assistance. Businesses with a turnover in excess of £1,000,000 are not eligible to use this service. The FOS can be contacted at South Quay Plaza, 83 Marsh Wall, London, E14 9SR, telephone number: 0845 080 1800, email address: compliant.info@financial-ombudsman.org.uk

If we receive a complaint that falls outside the remit of the Financial Ombudsman Service, we will advise you in writing within 5 business days and endeavour to provide you with details of where you may wish to redirect your complaint should you find yourself unhappy with our response.

Compensation Arrangements

We are covered by the Financial Services Compensation Scheme. In the event that you submit a valid claim and we or an insurer is unable to meet our obligations you may be entitled to compensation from the FSCS. The same eligibility criteria applies as referral to the FOS. Full details and further information on the scheme are available from the FSCS.