

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

Produced on Thursday, 28 August 2025

**Client Name: Avon & Somerset Police Federation**

**Policy Number: 464129/01/2025**

### **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: +44 (0)1403 327 719

Email: [UK.GroupinsuranceSchemes.Contact@ajg.com](mailto:UK.GroupinsuranceSchemes.Contact@ajg.com)

### **The Insurer**

#### **Everest Insurance (Ireland), DAC<sup>®</sup>**

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:	Avon & Somerset Police Federation
Policyholder Address:	1 St David's Court, Windmill Road, Kenn, Clevedon, BS21 6UP
Business Description:	Police Federation

## Policy Details

Reference Number:

Policy period:	Inception:	1 <sup>st</sup> September 2025
	Expiry:	31 <sup>st</sup> August 2026
	Both days inclusive at the local standard time at the address of the policyholder.	

Currency:	GBP/£
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## 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

	<a href="#">Category 1</a>
Insured persons	All serving members (including Special Constables) who subscribe to the Avon & Somerset Police Federation group insurance scheme up to age 70
Operative time	24 hours a day
	<a href="#">Category 2</a>
Insured Persons	Police Staff who subscribe to the Avon & Somerset Police Federation group insurance scheme up to age 65
Operative Time	24 hours a day

**Maximum Limit per Insured Person per Accident**  
**Maximum Accumulation Limits - Accident**  
 (applicable to all categories)

**150,000**  
**10,000,000**

## 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)
<b>Accidental</b> death	Not Insured	Not Insured
<b>Permanent total disablement from any and every occupation</b>	150,000	75,000
<b>Permanent loss of sight</b> of a. both eyes b. one eye	80,000 80,000	80,000 80,000
<b>Permanent loss of limbs</b> of a. two or more limbs b. one limb	80,000 80,000	80,000 80,000
<b>Permanent</b> loss of an <b>internal organ</b>	80,000	80,000
<b>Permanent loss of hearing</b> in a. both ears b. one ear	80,000 20,000	80,000 20,000
<b>Permanent loss of speech</b>	80,000	80,000
<b>Complete and incurable insanity</b>	80,000	80,000
<b>Complete and incurable paralysis</b>	80,000	80,000
<b>Permanent</b> total loss or use of a. a shoulder, elbow or wrist b. a hip, knee or ankle	16,000 16,000	16,000 16,000
<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	16,000 12,000 6,400 8,000 4,000	16,000 12,000 6,400 8,000 4,000
Removal by surgical operation of the lower jaw	30%	30%

### 1.2 Temporary Total Disablement

Benefit with Limitations to Apply	Maximum Limit (Category 1)	Maximum Limit (Category 2)	
Weekly sum insured	35	35	
<b>Benefit period</b> (weeks)	104	104	
<b>Waiting period</b> (days)	7	7	

## Temporary Partial Disablement

Benefit with Limitations to Apply	Maximum Limit (Category 1)	Maximum Limit (Category 2)	
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	

## 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)	
<b>1.1 Accident and Sickness Hospital Recuperation</b> Unplanned: Daily benefit Max. period (days)  Planned: Daily Benefit Max period(days) Excess period (days)	40 7  25 30 3	40 7  25 30 3	
<b>1.2 Accidental Medical Expenses Reimbursement</b>	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	15 200 1000		
<b>1.4 Coma Benefit</b> Daily benefit Max. period (days)	25 365		

<b>1.5 Dental Expenses</b> <b>a. Dental Treatment</b> Max. per claim per insured person Max. per claim 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 Max. number of claims per policy period <b>e. Hospitalisation Following Dental Treatment</b> Daily benefit Max. period (days)  <b>f. Oral Cancer</b> Max. per insured person per policy period	2,500 2,500  200 4  400 2  100 2  50 20  Not Insured	2,500 2,500  200 4  400 2  100 2  50 20  Not Insured	
<b>1.6 Funeral Expenses</b>	Not Insured	Not Insured	
<b>1.7 On-Duty Infection</b>	40,000	40,000	
<b>1.8 Paralysis</b> Paraplegic Hemiplegic Triplegic Quadriplegic	Not Insured	Not Insured	
<b>1.9 Rehabilitation</b>	Not Insured	Not Insured	
<b>1.10 Renovation Expenses</b>	Not Insured	Not Insured	
<b>1.11 Unrecovered Criminal Court Award Compensation</b>	500	500	
<b>1.12 Workplace Firearm, Knife Assault and Dog Attack</b> 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	2,500  1,500  750	
<b>1.13 Disfigurement/Scarring from Burns</b> Max. per claim	5,000	5,000	
<b>1.14 Third Degree Burns</b> Max. per accident for all insured persons	Not Insured	Not Insured	

1.15 Convalescent Max. per accident for all insured persons per treatment	70	70	
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## 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)	Special Constables
Reduction to half pay: % of gross basic scale pay Benefit period (days) Qualifying period (days)	20% 183 182	£120 per week 183 182	£75 per week 183 182
Reduction to NIL pay: % of gross basic scale pay Benefit period (days) Qualifying period (days)	50% 183 182	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

### 1.2 Unsociable Hours

Benefit with Limitations to Apply	Maximum Limit (Category 1)	Maximum Limit (Category 2)	
Weekly sum insured	7.5% of gross basic scale pay up to	Not Insured	
Constables Sergeants Inspectors/Chief Inspectors	60 75 95		
Waiting period (days)	14		
Total number of weeks during a consecutive twenty-four (24) week period benefit is payable	8		