

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

Produced on Monday, 31 March 2025

**Client Name:** West Midlands Police Federation

**Policy Number:** 458365/01/25

### 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: [info@georgeburrows.com](mailto:info@georgeburrows.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.everestire.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:	West Midlands Police Federation
Policyholder Address:	Guardians House, 2111 Coventry Road, Birmingham, B26 3EA
Business Description:	Police Federation

## Policy Details

Reference Number:	458365/01/25
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:	George Burrows
Insurance Broker Address:	St Mark's Court, North Street, Horsham, West Sussex, RH12 1RZ

### 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 members under the of 70</b>	<b>All partners of a serving member under the age of 70</b>	<b>All Police Staff under the age of 65</b>	<b>All partners of police staff under the age of 65</b>
Operative time	<b>24 hours</b>	<b>24 hours</b>	<b>24 hours</b>	<b>24 hours</b>

<b>Maximum Limit per Insured Person per Accident</b>	<b>£150,000</b>
<b>Maximum Limit per Insured Person Weekly Temporary Total Disablement</b>	<b>£20</b>
<b>Maximum Limit per Insured Person sick pay</b>	<b>20% of gross basic salary pay</b>
<b>Maximum Accumulation Limits - Accident</b> (applicable to all categories)	<b>£10,000,000</b>

## 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>	150,000	75,000	75,000	37,500
<b>Permanent loss of sight</b> of				
a. both eyes	50,000	10,000	30,000	6,000
b. one eye	25,000	5,000	25,000	5,000
<b>Permanent loss of limbs</b> of				
a. two or more limbs	50,000	10,000	30,000	6,000
b. one limb	25,000	5,000	25,000	5,000
<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	50,000	6,000	30,000	6,000
b. one ear	12,500	2,500	10,000	2,000
<b>Permanent loss of speech</b>	50,000	6,000	30,000	6,000
<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 four fingers and a thumb of either hand	10,000	Not Insured	9,000	Not Insured
a. a thumb of either hand				
one joint	2,250		2,250	
two joints	4,500		4,500	
b. a any finger on either hand				
one joint	1,000		900	
two joints	2,000		1,800	
three joints	3,000		2,700	
c. a big toe, both joints	900		900	
e. all toes on one foot	3,600		3,600	
<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	20	Not Insured	20	Not Insured
<b>Benefit period</b> (weeks)	104	N/A	104	N/A
<b>Waiting period</b> (days)	7	N/A	7	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
1.1 Accident and Sickness Hospital Recuperation Daily benefit Max. period (days)	50 7	Not Insured	50 7	Not Insured
1.2 Accidental Medical Expenses Reimbursement	Not Insured	Not Insured	Not Insured	Not Insured
1.3 Childcare Max. per hour Max. per claim per insured person Max. per policy period per insured person	Not Insured	Not Insured	Not Insured	Not Insured
1.4 Coma Benefit Daily benefit Max. period (days)	Not Insured	Not Insured	Not Insured	Not Insured
1.5 Dental Expenses a. Dental Treatment Max. per claim per insured person Max. number of claims per policy period b. Emergency Dental Treatment in the United Kingdom Max. per claim per insured person Max. number of claims per policy period	Not Insured      Not Insured	Not Insured      Not Insured	Not Insured      Not Insured	Not Insured      Not Insured

<p><b>c. Emergency Dental Treatment outside of the United Kingdom</b> Max. per claim per insured person Max. number of claims per policy period</p>	Not Insured	Not Insured	Not Insured	Not Insured
<p><b>d. Dental Call-Out Fees</b> Max. per claim per insured person Max. number of claims per policy period</p>	Not Insured	Not Insured	Not Insured	Not Insured
<p><b>e. Hospitalisation Following Dental Treatment</b> Daily benefit Max. period (days)</p>	Not Insured	Not Insured	Not Insured	Not Insured
<p><b>f. Oral Cancer</b> Max. per insured person per policy period</p>	Not Insured	Not Insured	Not Insured	Not Insured
<b>1.6 Funeral Expenses</b>	Not Insured	Not Insured	Not Insured	Not Insured
<b>1.7 On-Duty Infection</b>	50,000	Not Insured	Not Insured	Not Insured
<p><b>1.8 Paralysis</b> Paraplegic Hemiplegic Triplegic Quadriplegic</p>	Not Insured	Not Insured	Not Insured	Not Insured
<b>1.9 Rehabilitation</b>	Not Insured	Not Insured	Not Insured	Not Insured
<b>1.10 Renovation Expenses</b>	Not Insured	Not Insured	Not Insured	Not Insured
<b>1.11 Unrecovered Criminal Court Award Compensation</b>	1,000	Not Insured	1,000	Not Insured
<p><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</p>	2,500  1,500  750	Not Insured	2,500  1,500  750	Not Insured
<p><b>1.13 Scarring of The Face</b> Max. per accident for all insured persons</p>	5,000	Not Insured	5,000	Not Insured

1.14 Third Degree Burns Max. per accident for all insured persons	5,000	Not Insured	5,000	Not Insured
1.15 Convalescent Max. per accident for all insured persons per treatment period	70		70	

### 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	Maximum Limit Category 3	Maximum Limit Category 4	Special Constables
Reduction to half pay: %of gross basic scale pay &/or Weekly sum insured Benefit period (weeks) Qualifying period (days)	20% 26 180	Not Insured	120 26 180	Not Insured	75 26 180
Reduction to NIL pay: % of gross basic scale pay Benefit period (weeks) Qualifying period (days)	Not Insured	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	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