

SAMPLE

Certificate of Insurance
for
**THE DISABLING
INJURIES THREEFOLD
PROTECTION PLAN**
with Fracture Benefits

This insurance is provided by Hospital Plan Insurance Services and underwritten by AIG UK Limited. Hospital Plan Insurance Services is an appointed representative of AIG UK Limited which is authorised and regulated by the Financial Services Authority and is a member of the Association of British Insurers. Both are member companies of American International Group, Inc. (AIG).

You are requested to read through this Certificate to ensure the Terms and Benefits are acceptable to you. Kindly advise any errors in the Schedule to the address below.

In all communications, please quote the Certificate Number appearing in the Schedule.

Authorised to offer products of AIG UK Limited
Hospital Plan Insurance Services
Regd. in England No. 2100356
96 George Street, Croydon, CR9 1BU
Tel: (020) 8662 8184

This is to Certify that AIG UK Limited (herein called the Company) incorporated with limited liability in the United States of America whose principal United Kingdom office is at 58 Fenchurch Street, London, EC3M 4AB, in consideration of the premium specified is hereby bound to insure in accordance with the terms and conditions herein or endorsed hereon:

Terms of Insurance

The Company will pay the benefit shown to an Insured Person as specified on the Application/Schedule who suffers an accidental bodily injury during any Period of Insurance, which solely and independently of any other cause results within 12 months of the date of the accident in any of the disabilities or fractures listed and defined below. "Bodily Injury" means bodily injury caused by accidental, violent, visible and external means.

No Claims Bonus

Benefits will increase on each of the Insured Person's consecutive annual anniversary dates, up to a maximum of one-quarter (25%), as long as no claim is made and the Insured Person remains eligible under this Certificate and continues to pay premiums:

On the Sixth Month Anniversary	all benefits increase by	5% of the Original Sum Insured
On the First Year Anniversary	all benefits increase by	5% of the Original Sum Insured
On the Second Year Anniversary	all benefits increase by	5% of the Original Sum Insured
On the Third Year Anniversary	all benefits increase by	5% of the Original Sum Insured
On the Fourth Year Anniversary	all benefits increase by	5% of the Original Sum Insured

Schedule of Benefits

	<i>Special Benefits A</i>	<i>Special Benefits B & C & D & E</i>	<i>Minimum SUM INSURED</i>
1. Total and permanent paralysis of all limbs	£750,000.00	£562,500.00	£375,000.00
2. Total and permanent loss of all intellectual capacity	£750,000.00	£562,500.00	£375,000.00
3. Total and permanent loss of sight in both eyes	£600,000.00	£450,000.00	£300,000.00
4. Total and permanent loss of use of both arms	£600,000.00	£450,000.00	£300,000.00
5. Total and permanent loss of use of both legs	£600,000.00	£450,000.00	£300,000.00
6. Total and permanent loss of use of one arm and one leg	£300,000.00	£225,000.00	£150,000.00
7. Total and permanent loss of use of both hands	£300,000.00	£225,000.00	£150,000.00
8. Total and permanent loss of use of both feet	£300,000.00	£225,000.00	£150,000.00
9. Total and permanent loss of use of one hand and one foot	£150,000.00	£112,500.00	£ 75,000.00
10. Total and permanent loss of sight in one eye	£150,000.00	£112,500.00	£ 75,000.00
11. Total and permanent loss of hearing in both ears	£150,000.00	£112,500.00	£ 75,000.00
12. Total and permanent loss of speech	£150,000.00	£112,500.00	£ 75,000.00
13. Total and permanent loss of use of one arm or one leg	£ 90,000.00	£ 67,500.00	£ 45,000.00
14. Total and permanent loss of use of one hand or one foot	£ 45,000.00	£ 33,750.00	£ 22,500.00
15. Total and permanent loss of use of four or more fingers	£ 15,000.00	£ 11,250.00	£ 7,500.00
16. Total and permanent loss of use of one thumb	£ 6,000.00	£ 4,500.00	£ 3,000.00
17. Total and permanent loss of use of two or more toes	£ 3,000.00	£ 2,250.00	£ 1,500.00
18. Reimbursement of the cost of supply and fitting of artificial limbs for a loss paid under this Certificate. Up to	£ 15,000.00	£ 11,250.00	£ 7,500.00
19. Reimbursement of the cost of specialised transport - Ambulance, Helicopter etc., for a loss paid under this Certificate. Up to	£ 6,000.00	£ 4,500.00	£ 3,000.00
20. Reimbursement of the cost of micro-surgery to replace a limb, hand, foot, finger, thumb or toe. Up to	£ 15,000.00	£ 11,250.00	£ 7,500.00

In the event more than one Benefit (items 1-17) applies to any one accident, only one benefit, that bearing the highest sum insured shall apply.

Fracture Benefit

In addition to the payments under the Schedule of Benefits one payment per category below will be paid to an Insured Person for bones fractured or broken as a result of an accident.

	Special Benefits A	Special Benefits B & C & D & E	Minimum SUM INSURED
Single or multiple fracture to the:			
i) Skull i.e. Cranium (excluding nose, jaw, cheekbone, teeth)	£2,000.00	£1,500.00	£1,000.00
ii) Pelvis–Sternum–Shoulder blade–Vertebrae (excluding ribs, clavicle, coccyx)	£1,000.00	£ 750.00	£ 500.00
iii) Arm–Wrist–Hand (excluding thumbs/fingers)	£ 400.00	£ 300.00	£ 200.00
iv) Thigh–Leg–Ankle–Foot (excluding toes)–Nose–Jaw–Cheekbone	£ 200.00	£ 150.00	£ 100.00

Special Benefits

- A. In the event such loss or fracture occurs whilst riding as a fare-paying passenger in or on any scheduled aircraft, bus, tram, ship, hovercraft or train which is licensed to carry passengers for hire, the amount payable will be Double (200% of) the Minimum Sum Insured as shown under Special Benefits A. The operating staff of the conveyance aforementioned are eligible for the Minimum Sum Insured.
- B. In the event such loss or fracture is sustained on a Bank Holiday, as defined in the United Kingdom, or the equivalent anywhere in the world, the amount payable will be one and a half times (150% of) the Minimum Sum Insured as shown under Special Benefits B.
- C. In the event such loss or fracture is sustained whilst riding as a passenger or driver on a Motorway, as defined in the United Kingdom, or the equivalent anywhere in the world, the amount payable will be one and a half times (150% of) the Minimum Sum Insured as shown under Special Benefits C.
- D. In the event such loss or fracture is sustained as a direct result of an unprovoked malicious assault/battery by another person(s) other than members of the Insured Person's family or household, the amount payable will be one and a half times (150% of) the Minimum Sum Insured as shown under Special Benefits D.
- E. In the event such loss or fracture is sustained as a direct result of a Terrorist Act, the amount payable will be one and a half times (150% of) the Minimum Sum Insured as shown under Special Benefits E. Terrorist Act shall mean an act causing damage, injury, harm or disruption to human life or property and directed against any individual, property or government with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests.

In the event more than one Special Benefit (items A–E) applies to any one accident, only one benefit, that bearing the highest multiple, shall apply.

Conditions

1. Persons Covered

The Insured Persons in respect of whom benefits are payable under this Certificate are as named in the Schedule overleaf.

2. Exclusions

The Company will not be liable for losses or fractures directly or indirectly due to:

- 1) war, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power. War shall mean armed hostilities between two or more countries, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends
- 2) suicide, attempted suicide or intentional self-inflicted injury
- 3) flying or any form of airborne aerial activity except whilst travelling on a scheduled aircraft or the charter flight part of a travel package
- 4) an illness, disease, any naturally occurring medical condition, degenerative process or surgical procedure (or complication thereof)
- 5) an accident proven to have occurred whilst the Insured Person was under the influence of excessive alcohol or of any drug not prescribed by a Registered Medical Practitioner.

3. Age Restrictions

The benefits payable in respect of an Insured Person under the age of 18 years shall be one-half of the sums shown. The benefits payable in respect of an Insured Person who has attained the age of 65 years shall be two-thirds of the sums shown and shall be limited to an overall maximum of £150,000.00.

4. Effective Date

Cover under this Certificate shall commence at noon on the day upon which it is issued. Subject to payment of the appropriate premium, cover will continue unless either the Certificate Holder or the Company give notice in writing to the last known address of the other party of their intention to cancel cover under this Certificate. Such notice is to be given at least thirty days prior to the next premium on which it is to take effect. The Company can only do this after this Certificate has been in force for five years.

5. Cooling-off Period and Cancellation

If this cover does not meet the Certificate Holder's requirements, the Certificate Holder may return this Certificate to Hospital Plan Insurance Services within 15 days of receiving this Certificate or within 15 days of the effective date shown on the Schedule, whichever is the later. The Company will give the Certificate Holder a full refund of any premiums paid within 30 days from the date Hospital Plan Insurance Services receives the notification from the Certificate Holder. However, if a claim is made within the 15 day cooling-off period, a refund will not be made. Following the Cooling-off Period, the Certificate Holder can cancel this Certificate by writing to Hospital Plan Insurance Services. No refund of premiums will be given.

6. Payment of Premiums

Premiums are payable monthly in advance by Direct Debit. Should the premium not be received the cover under this Certificate shall cease from the date upon which such premium payment was due. Benefits under this Certificate are paid in addition to any others that may be received, but no person may claim benefits under more than one Disabling Injuries Protection Plan with Hospital Plan Insurance Services.

7. Changes of Premium and Terms & Conditions

We can change premiums and terms & conditions of this Certificate by giving the Certificate Holder at least 30 days written notice to their last known address.

8. Fraud

Any fraud, mis-statement or concealment in relation to any matter affecting the Insurance hereunder or in connection with the making of any claim hereunder shall render this Certificate null and void and all claims thereunder shall be forfeited.

9. Law & Jurisdiction

This policy shall be governed by the law which applies in the country of the United Kingdom where the Certificate Holder usually resides.

10. Residency in the UK Only

Cover under this Certificate cannot continue if any Insured Person resides outside of the United Kingdom (England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands) for more than 180 consecutive days. Please advise Hospital Plan Insurance Services as soon as this happens so that premiums are not collected. The policy will be cancelled from the 181st day of residing outside the United Kingdom.

11. Compensation

The Financial Services Compensation Scheme covers your insurer, AIG UK Limited, if your insurer is unable to meet its financial obligations under the terms and conditions of the Plan. You may be entitled to compensation from the scheme if AIG UK Limited cannot meet its obligations. The first £2,000 of an insurance claim is covered in full and then 90% of the remainder of the claim.

Claims Procedure

Written notice of claims should be given to Hospital Plan Insurance Services at 96 George Street, Croydon, CR9 1BU or by telephoning 020 8662 8184 within 60 days of the occurrence giving rise to the claims or as soon thereafter as is reasonably possible.

On receipt of notice of claim, the Company will send to the Certificate Holder such form(s) as are usually required by them for filing a claim. The claim form(s), duly completed, must be returned to Hospital Plan Insurance Services within one month.

All benefits will be paid in the UK to the Insured Person except that any benefits which are unpaid at the Insured Person's death will be paid to his or her Executors or Administrators upon production to the Company of the relevant Grant of Probate or Letters of Administration as the case may be.

The Insurers shall be allowed, at their own expense and upon reasonable notice, the opportunity of examination of the Insured Person to whom a claim refers.

Sometimes the full effects of an accident are not immediately apparent. Because of this we will pay all due benefits for a loss no earlier than thirteen weeks after the date of the accident and if the Insured Person has not in the meantime died as a result of the accident.

Complaints Procedure

If there is any enquiry or complaint, this will be dealt with fairly and promptly. In the first instance, simply advise Hospital Plan Insurance Services in writing or by telephoning 020 8662 8184. If still not satisfied, the Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR, telephone 0845 080 1800, will review the case free of charge and without affecting any legal rights.

In witness whereof this Certificate has been signed at London on behalf of AIG UK Limited.



John Hoyle
Authorised Signature