

COBRA Corporate Solutions Ltd

Approved by The Football Association

Hertfordshire Football Association - Personal Accident Insurance

Adult Teams

11-a-side, 7-a-side and 5-a-side teams are eligible for the following cover:

Summary of Benefits

Scale of Cover	A	B	C	D	E	F
Accidental Death	£20,000	£20,000	£20,000	£20,000	£20,000	£50,000
Permanent Total Disablement	£20,000	£20,000	£20,000	£20,000	£20,000	£50,000
Loss of use of:						
a. one eye and/or one limb	£20,000	£20,000	£20,000	£20,000	£20,000	£50,000
b. both eyes and/or two limbs	£20,000	£20,000	£20,000	£20,000	£20,000	£50,000
Emergency Dental Expenses (up to)	£100	£100	£100	£100	£100	£100
Weekly Benefit (up to a maximum of 104 weeks)	£12.50	£25	£50	£75	£100	£100
Fracture Benefit (lump sum payment)	£150	£150	£150	£150	£150	£150
Hospitalisation Benefit – per night (up to a maximum of 28 nights)	£25	£25	£25	£25	£25	£25

Premiums – per team:

Scale of Cover	A	B	C	D	E	F
11-a-side – including IPT	£77.00	£140.00	£198.00	£248.00	£501.00	£550.00
7-a-side – including IPT	£57.00	£101.00	£143.00	£177.00	£356.00	£390.00
5-a-side – including IPT	£52.00	£92.00	£129.00	£160.00	£320.00	£350.00

All premiums include a documentation fee of £10.00 and Insurance Premium Tax at 5%.

Key Features:

- Officials (Manager, Secretary, Physio, etc) are included for each declared team
- Any player registered by the Club included within the cover for each declared team
- Cover includes all games, organised training and direct travel to and from games
- Players: 16–55 years and Officials: 16–75 years
- Payment of the weekly benefit is subject to a 14-day excess/deferment period

Key Exclusions:

- Professional footballers
- Pre-existing medical conditions

For further details of the cover please refer to the Summary of Cover (page 3). Alternatively, if you require a copy of the policy please contact COBRA Corporate Solutions Ltd.

To apply for cover, please complete the Application Form (pages 5 and 6).

Underwritten by



Approved by the Football Association



Address: Schemes & Affinities, COBRA Corporate Solutions Ltd, Quadrant House, Croydon Road, Caterham, Surrey, CR3 6TR
Telephone: 01883 346346 **Fax:** 01883 330222 **Email:** clubcover@cobraco.co.uk
www.cobrainurance.co.uk

This insurance is underwritten by Tokio Marine Europe Insurance Limited.
Tokio Marine Europe Insurance Limited Registered in England no 989421 Registered Office 150 Leadenhall Street, London EC3V 4TE
Member of the Association of British Insurers. Member of the Millea Group
Tokio Marine Europe Insurance Limited is authorised and regulated by the Financial Services Authority Firm registration number 202574
COBRA Corporate Solutions Limited is authorised and regulated by the Financial Services Authority under registration number 460003.

COBRA Corporate Solutions Ltd

Approved by the Football Association

Hertfordshire Football Association - Personal Accident Insurance

Youth Teams

11-a-side and Mini Soccer teams are eligible for the following cover:

Summary of Benefits

<i>Benefit type</i>	<i>11-a-side</i>	<i>Mini Soccer</i>
Accidental Death	£5,000	£5,000
Permanent Total Disablement	£25,000	£25,000
Loss of sight of both eyes	£25,000	£25,000
Loss of sight of one eye	£12,500	£12,500
Loss of use of two limbs	£25,000	£25,000
Loss of use of one limb	£12,500	£12,500
Loss of hearing in both ears	£25,000	£25,000
Loss of speech	£25,000	£25,000
Emergency Dental Expenses (up to)	£100	£100
Emergency Medical Expenses (up to)	£100	£100
Fracture benefit (limbs, skull and collarbone only)	£200	£200
Fracture benefit (fingers and toes)	£50	£50
Hospitalisation Benefit – per day (up to a maximum of 28 nights)	£15	£15
Temporary Total Disablement for up to seven named Club Officials – per week (subject to 14-day deferment period and maximum benefit period of 52 weeks)	£50	£50

Premiums – per team:

<i>Benefit type</i>	<i>11-a-side</i>	<i>Mini Soccer</i>
	£33.00	£24.00

All premiums include a documentation fee of £5.00 and Insurance Premium Tax at 5%.

Key Features:

- Officials (Manager, Secretary, Physio, etc.) are included for each declared team
- Any player registered by the Club included within the cover for each declared team
- Cover includes all games, organised training and direct travel to and from games

Key Exclusions:

- Professional footballers are not covered
- Pre-existing medical conditions

Additional Benefit available:

Temporary Total Disablement	£50 per week
<i>For 16 to 18 year olds that are employed for at least 16 hours a week</i>	<i>Benefit period 8 weeks, subject to a 14 day deferment period</i>
Premium per team	£21.00

For further details of the cover please refer to the Summary of Cover (page 4). Alternatively, if you require a copy of the policy please contact COBRA Corporate Solutions Ltd.

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Statement of demands and needs

This product meets the demands and needs of those who wish to ensure that they are protected against the consequence of accidents resulting in accidental death, permanent disabilities, temporary total disablement, hospitalisation, fractures or the need for emergency dental expenses.

This statement does not constitute advice or a personal recommendation of the Personal Accident insurance products. Should you require personal advice or recommendations, you should contact COBRA Corporate Solutions on 01883 346346.

Policy information

Policy summary:

This section contains key information about the insurance which you must read. The policy summary does not contain the full terms and conditions of the contract, which can be found in the policy document.

Tokio Marine Europe Insurance Limited is a general insurance company, authorised and regulated by the Financial Services Authority (FSA number 202574), and registered at Companies House, registration number 989421. The company's registered address is 150 Leadenhall Street London EC3V 4TE

This policy is a Personal Accident insurance for any full or associate member of the Insured Team or Club between the ages of 16-55 (for playing members) and 16-75 (for officials). This insurance provides a range of financial benefits including accidental death, loss of or loss of use of limbs, permanent total disablement, emergency dental expenses and temporary total disablement if during the period of insurance and in the operative time,

If an Insured Person sustains accidental bodily injury caused solely and directly by violent, accidental, external and visible means which independently of any other cause results in a claim under any of the benefits as described in the schedule within two years from the date of such bodily injury. The maximum we will pay is the benefit shown on the policy schedule.

Conditions

- This policy is not transferable to any other person. Payment of any benefit will be made only to the Insured Person in full and final settlement
- This policy shall be operative in respect of bodily injury for an Insured Person whilst playing, during organised training and whilst travelling directly to and from games when representing the Insured Football Club only

The significant features and benefits of this policy are cover for:

- Accidental death and permanent total disablement
- Temporary total disablement
- Total loss of sight (in one or both eyes)
- Total loss of or use of two limbs
- Fracture or fractures to the collar bone or the skull, or of one or more bones of the hip, leg (femur, patella, tibia and fibula) ankle, arm (humerus, radius and ulna) or wrist
- Emergency Dental expenses
- Hospitalisation

The significant exclusions and limitations to the policy are:

Injury arising from, resulting from, consisting solely of or sustained by:

- The taking of drugs, unless those drugs were prescribed by a qualified doctor or dentist
- Illness, disease or disorder
- Any gradually developing bodily deterioration
- Any existing medical disease, disorder or condition whether diagnosed or not, which was known of at the start of this insurance or which has been suffered within the 12 months up to the start of this insurance
- War, civil war, rebellion, terrorism or civil commotion
- Alcohol or substance abuse
- Playing football contrary to medical instruction or in contravention of published safety guidelines
- If the injury is sustained whilst working or training as a professional sports person

The duration of the contract

This is an annually renewable policy.

Your rights of cancellation

If having purchased this insurance you decide that it does not meet your requirements please return all documentation within 30 days of the date of issue to COBRA Corporate Solutions, Schemes & Affinities, Quadrant House, Croydon Road, Caterham, Surrey, CR3 6TR or telephone on 01883 346346 and provided that no claim has been made the premium will be refunded in full. Cancellation by you at any other time will mean you are not entitled to a refund of premium.



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COBRA Corporate Solutions Limited is authorised and regulated by the Financial Services Authority under registration number 460003.

Claims notification and handling

Notification must be made to COBRA Corporate Solutions, Claims Dept., Quadrant House, Croydon Road, Caterham, Surrey CR3 6TR in writing of any injury which may give rise to a claim under this policy (together with full details of both the accident and the injury) as soon as practicable but in any case within 30 days of the occurrence.

Complaints procedure

We aim to provide the best possible products and services. However, we are aware that despite our commitment, things may not always go as planned. We take complaints very seriously at Tokio Marine Europe and aim to deal with them in a quick and efficient manner, and to your satisfaction.

If you wish to complain, you may do so in writing to the insurance advisor from whom you purchased this policy, or

The Complaints Manager, Tokio Marine Europe, 150 Leadenhall Street, London EC3V 4TE

You may also complain via email to travel@tokiomarine.co.uk

Please state the nature of your complaint, the policy and/or claim number, the name of any claim handling organization with whom you have been dealing and their reference number.

We will aim to answer your complaint as quickly as possible, and hope to resolve your issue by the close of the working day following your complaint. If this cannot be done, we will follow the procedure laid out below: We will acknowledge your complaint within five working days, and hope to include in this letter a resolution to your complaint. If a more detailed investigation is required, we will aim to return to you within four weeks of your initial complaint with our resolution. If this is not possible, we will write to you within four weeks and explain why the issue has not yet been resolved, and give you a likely timescale of when our investigation will be concluded. If your complaint requires a particularly complex investigation, we may need eight weeks to conclude our investigation. If we have not completed our investigation within eight weeks, we will write to you again with an explanation. If you are unhappy with the outcome of your complaint or the way we have handled it, or if our investigation has taken more than eight weeks, you may be able to refer the matter to the Financial Ombudsman Service. The contact details for the Financial Ombudsman Service are:

The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR, Telephone: 0845 080 1800

Website: www.financial-ombudsman.org.uk

Email: complaint.info@financial-ombudsman.org.uk

The Financial Ombudsman Service offers a free and independent service to you, to help settle disputes between businesses providing financial services and their customers. Tokio Marine Europe is a member of the Financial Ombudsman Service, and we will fully co-operate with their investigation to help reach a resolution. The existence of this complaints procedure does not affect any right of legal action you may have against Tokio Marine Europe Insurance Limited.

FINANCIAL SERVICES COMPENSATION SCHEME

Tokio Marine Europe Insurance Limited is covered by the Financial Services Compensation Scheme (FSCS). In the unlikely event that the Company is unable to meet its liabilities, the Insured may be entitled to compensation from the scheme. A claim under this contract of general insurance is covered for 100% of the first £2,000 and 90% of the remainder of the claim without any upper limit.

Further information can be obtained from the FSCS whose contact details are as follows: Financial Services Compensation Scheme

7th Floor, Lloyds Chambers, 1 Portsoken Street, London E1 8BN

Telephone: 0207 892 7300; Fax: 0207 892 7301; Website: <http://www.fscs.org.uk>

Statement of price

The premium is determined by the level of cover chosen and the options are shown on the attached quotation and benefit schedules. Insurance Premium Tax is payable at the rate set by the Government and this is included within the quotation and/or Schedule.

The current rate is 5%.

Additional information

- The policy shall be governed by and construed in accordance with the Law of England and Wales.
- All communications and documents shall be in English.

Underwritten by



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EUROPE

Statement of demands and needs

This product meets the demands and needs of those who wish to ensure that they are protected against the consequence of accidents resulting in accidental death, permanent disabilities, hospitalisation, fractures or the need for emergency dental expenses.

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This policy is Personal Accident insurance for any full or associate member of the Insured Club between the ages of 5 – 18 (for playing members) and 16 – 75 (for officials).

This insurance provides a range of financial benefits including accident death, loss of or loss of use of limbs, permanent total disablement, emergency dental expenses, fracture benefit and for the Team Officials only temporary total disablement, if during the period of insurance and in the operative time, if an Insured Person sustains accidental bodily injury caused solely and directly by violent, accidental, external and visible means which independently of any other cause results in a claim under any of the benefits as described in the schedule within two years from the date of such bodily injury. The maximum amount we will pay is the benefit shown on the policy schedule.

Conditions

- This policy is not transferable to any other person. Payment of any benefit will be made only to the Insured Person in full and final settlement
- This policy shall be operative in respect of bodily injury for an Insured Person whilst playing, during organised training and whilst travelling directly to and from games when representing the Insured Football Club only

The significant features and benefits of this policy are cover for:

- Accidental death and permanent total disablement
- Total loss of sight (in one or both eyes)
- Total loss of or use of two limbs
- Emergency Medical and Dental expenses
- Fracture or fractures to the collar bone or the skull, or of one or more bones of the hip, leg (femur, patella, tibia and fibula), ankle, arm (humerus, radius and ulna), wrist, fingers and toes
- Hospitalisation

The significant exclusions and limitations to the policy are:

Injury arising from, resulting from, consisting solely of or sustained by:

- The taking of drugs, unless those drugs were prescribed by a qualified doctor or dentist
- Illness, disease or disorder
- Any gradually developing bodily deterioration
- Any existing medical disease, disorder or condition whether diagnosed or not, which was known of at the start of this insurance or which has been suffered within the 12 months up to the start of this insurance
- War, civil war, rebellion, terrorism or civil commotion
- Alcohol or substance abuse
- Playing football contrary to medical instruction or in contravention of published safety guidelines
- If the injury is sustained whilst working or training as a professional sportsperson

The duration of the contract

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Your rights of cancellation

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Club Details

Name of club:	<input type="text"/>		
County Football Association affiliated to:	Hertfordshire		
Contact name at club:	<input type="text"/>		
Position in club:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
	<i>Postcode</i>		
Contact telephone number:	<input type="text"/>		
Email address:	<input type="text"/>		
Cover:	to start	<input type="text" value="1 July 2009"/>	to end on <input type="text" value="30 June 2010"/>

The Scheme operates from 1 July 2009 to 30 June 2010. Cover will commence from 1 July 2009 or the date the Insurer authorises cover. Please note that the premium and the expiry date of 30 June 2010 will remain the same, unless agreed otherwise.

Adult Teams

Please enter the premium for each team requiring cover in the premium column

	<i>Team name</i>	<i>Premium</i>		<i>Team name</i>	<i>Premium</i>
Team 1	<input type="text"/>	£	Team 6	<input type="text"/>	£
Team 2	<input type="text"/>	£	Team 7	<input type="text"/>	£
Team 3	<input type="text"/>	£	Team 8	<input type="text"/>	£
Team 4	<input type="text"/>	£	Team 9	<input type="text"/>	£
Team 5	<input type="text"/>	£	Sub total	<input type="text"/>	£

Youth Teams

Please enter the premium for each team requiring cover in the premium column

	<i>Team name</i>	<i>Premium</i>		<i>Team name</i>	<i>Premium</i>
Team 1	<input type="text"/>	£	Team 6	<input type="text"/>	£
Team 2	<input type="text"/>	£	Team 7	<input type="text"/>	£
Team 3	<input type="text"/>	£	Team 8	<input type="text"/>	£
Team 4	<input type="text"/>	£	Team 9	<input type="text"/>	£
Team 5	<input type="text"/>	£	Sub total	<input type="text"/>	£

Premium Calculation

Please add the premiums from the sub total(s) from Adult and Youth sections:

Payment Options

The following payment options are available:

1. By cheque for the full amount payable to COBRA Corporate Solutions Limited
2. By credit* or debit* card for the full amount. *The following cards are acceptable – Mastercard, Switch/Maestro, and Visa

If you are paying by credit or debit card, please complete the following details in full:

Name of cardholder:

Full address of cardholder:

Postcode

Card type:

Mastercard, Switch/Maestro, Visa or Solo

Card number:

Issue number:

Solo or Switch/Maestro

Security number:

Visa or Mastercard

Card valid:

from

to

Amount to be debited:

£

Date:

Claims Declaration

Please provide details of any claims within the last three years:

Instructions

In order for cover to commence, please:

- Complete the application form (pages 5 and 6) in full
- Enclose your cheque/remittance by credit or debit card
- Send the completed application form (pages 5 and 6) and your payment to:

Schemes & Affinities, COBRA Corporate Solutions, Quadrant House, Croydon Road, Caterham, Surrey CR3 6TR

Telephone: 01883 346346 Fax: 01883 330222 Email clubcover@cobracs.co.uk

Please note that receipt of payment is not confirmation of cover. Cover will only commence once your application has been approved by the Insurer.

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