

## Policy Schedule for the Everest Insurance Police Travel Policy

Produced on Friday, 05 April 2024

**Client Name:** Kent Police Federation

**Policy Number:** 458368/01/2024

### New /Renewal Policy Schedule

This **policy schedule** forms part of the Everest Insurance Police Travel 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

#### 1. Medical Emergencies

If the event is a medical emergency, seek immediate care for from the nearest emergency medical provider or facility and contact **our** Emergency Assistance Provider via the details below as soon as possible afterwards.

Where it is reasonable and practical to do so, **you** must make arrangements for inpatient treatment and/or day surgery only with the involvement and/or agreement of **our** Emergency Assistance Provider using the following contact information:

Emergency Assistance Provider:	Healix Assistance
Telephone:	+44 (0)20 8049 8301
Email:	EverestRe@healix.com

Alternatively, Healix Assistance can be contacted via the Healix Travel Oracle Mobile App which can be downloaded onto **your** smart phone from the Apple App store or Google Play store using access code EVE2204221. Further details of the app can be found in the Guide attached to this Policy.

#### 2. All Other Claim Situations

In all other circumstances, the following may be used to promptly report a claim, event or circumstance which might result in a claim under this Policy:

Online :	<a href="https://intake.sedgwick.com/u/EverestRE/EverestTravelClaims">https://intake.sedgwick.com/u/EverestRE/EverestTravelClaims</a>
Telephone:	
Ireland claims number:	+353 (0)1 261 2122
UK claims number:	+44 (0)14 1240 1912
Email:	everestre@ie.sedgwick.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.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.

## 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:	Kent Police Federation
Policyholder Address:	Federation Office, 66 & 67 Queen Elizabeth Square, Sutton Road, Maidstone, Kent, ME15 9DA
Business Description:	Police Federation

## Policy Details

Reference Number:	458368/01/2024
Policy period:	Inception: 1 <sup>st</sup> April 2024 Expiry: 31 <sup>st</sup> March 2025 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 of Insured Person	Maximum Age Whilst on a Trip
Serving officers	<i>Under 70 years of age</i>
Retired officers	<i>Under 70 years of age</i>
Partners of the above	<i>Under 85 years of age</i>
Dependants of the above	<i>Under 18 years of age or 23 years of age if enrolled for full-time study in a recognised institution of learning or higher learning</i>

If an **insured person** has a birthday during an insured **trip** which means that they breach the age limitations above, this Policy will cover them until they return to their **country of residence** at the end of such a **trip**.

Geographical Area: Worldwide

Maximum Length of a Trip: 31 days

Operative Time: Whilst undertaking a holiday trip outside the Insured Person’s Country of residence. Any holiday trip undertaken within the United Kingdom or Insured Person’s Country of residence (if different), cover will apply if the trip involves at least one overnight stay away from home in pre booked accommodation and/or an aerial flight as a fare paying passenger.

Section	Benefit with Limitations to Apply	Limit Per Insured Person Per Claim (Unless Stated Otherwise)		Excess or Waiting Period
<b>A</b>	<p data-bbox="337 489 570 516"><b>Accident &amp; Illness</b></p> <p data-bbox="337 533 776 560"><b>Benefits payable for accident only</b></p> <ol style="list-style-type: none"> <li data-bbox="345 730 467 758">1. Death</li> <li data-bbox="345 777 837 856">2. Total and irrecoverable <b>loss of sight</b> of both eyes</li> <li data-bbox="345 875 837 955">3. Total and irrecoverable <b>loss of sight</b> of one (1) eye</li> <li data-bbox="345 974 659 1001">4. <b>Loss of two (2) limbs</b></li> <li data-bbox="345 1020 646 1047">5. <b>Loss of one (1) limb</b></li> <li data-bbox="345 1066 837 1188">6. Total and irrecoverable <b>loss of sight</b> of one (1) eye and <b>loss of one (1) limb</b></li> <li data-bbox="345 1207 740 1234">7. <b>Loss of hearing</b> in both ears</li> <li data-bbox="345 1253 581 1281">8. <b>Loss of speech</b></li> <li data-bbox="345 1299 846 1379">9. <b>Permanent total disablement</b> (other than the above)</li> <li data-bbox="345 1398 800 1520">10. <b>Permanent partial disablement:</b> The <b>permanent</b> severance or <b>permanent</b> total loss of use of:               <ol style="list-style-type: none"> <li data-bbox="345 1539 570 1566">a) One (1) thumb</li> <li data-bbox="345 1585 613 1612">b) One (1) forefinger</li> <li data-bbox="345 1631 797 1659">c) Any finger other than a forefinger</li> <li data-bbox="345 1677 578 1705">d) One (1) big toe</li> <li data-bbox="345 1724 732 1751">e) Any toe other than a big toe</li> <li data-bbox="345 1770 711 1797">f) One (1) shoulder or elbow</li> <li data-bbox="345 1816 776 1843">g) One (1) wrist, hip, knee or ankle</li> </ol> </li> </ol>	<p data-bbox="878 489 976 516"><b>Insured Persons</b></p> <p data-bbox="878 533 1016 655">Aged Over 16</p> <p data-bbox="878 730 967 758">25,000</p> <p data-bbox="878 777 967 804">25,000</p> <p data-bbox="878 875 967 903">12,500</p> <p data-bbox="878 974 967 1001">25,000</p> <p data-bbox="878 1020 967 1047">12,500</p> <p data-bbox="878 1066 967 1094">25,000</p> <p data-bbox="878 1207 967 1234">25,000</p> <p data-bbox="878 1253 967 1281">25,000</p> <p data-bbox="878 1299 967 1327">25,000</p> <p data-bbox="878 1398 967 1425">25,000</p> <p data-bbox="878 1539 935 1566">30%</p> <p data-bbox="878 1585 935 1612">20%</p> <p data-bbox="878 1631 935 1659">10%</p> <p data-bbox="878 1677 935 1705">15%</p> <p data-bbox="878 1724 919 1751">5%</p> <p data-bbox="878 1770 935 1797">25%</p> <p data-bbox="878 1816 935 1843">20%</p>	<p data-bbox="1057 489 1154 516"><b>Insured Persons</b></p> <p data-bbox="1057 533 1179 655">Aged Under 16</p> <p data-bbox="1057 730 1146 758">25,000</p> <p data-bbox="1057 777 1146 804">25,000</p> <p data-bbox="1057 875 1146 903">12,500</p> <p data-bbox="1057 974 1146 1001">25,000</p> <p data-bbox="1057 1020 1146 1047">12,500</p> <p data-bbox="1057 1066 1146 1094">25,000</p> <p data-bbox="1057 1207 1146 1234">25,000</p> <p data-bbox="1057 1253 1146 1281">25,000</p> <p data-bbox="1057 1299 1146 1327">25,000</p> <p data-bbox="1057 1398 1146 1425">25,000</p> <p data-bbox="1057 1539 1114 1566">30%</p> <p data-bbox="1057 1585 1114 1612">20%</p> <p data-bbox="1057 1631 1114 1659">10%</p> <p data-bbox="1057 1677 1114 1705">15%</p> <p data-bbox="1057 1724 1097 1751">5%</p> <p data-bbox="1057 1770 1114 1797">25%</p> <p data-bbox="1057 1816 1114 1843">20%</p>	<p data-bbox="1239 730 1279 758">NIL</p> <p data-bbox="1239 777 1279 804">NIL</p> <p data-bbox="1239 875 1279 903">NIL</p> <p data-bbox="1239 974 1279 1001">NIL</p> <p data-bbox="1239 1020 1279 1047">NIL</p> <p data-bbox="1239 1066 1279 1094">NIL</p> <p data-bbox="1239 1207 1279 1234">NIL</p> <p data-bbox="1239 1253 1279 1281">NIL</p> <p data-bbox="1239 1299 1279 1327">NIL</p> <p data-bbox="1239 1398 1279 1425">NIL</p> <p data-bbox="1239 1539 1279 1566">NIL</p> <p data-bbox="1239 1585 1279 1612">NIL</p> <p data-bbox="1239 1631 1279 1659">NIL</p> <p data-bbox="1239 1724 1279 1751">NIL</p> <p data-bbox="1239 1770 1279 1797">NIL</p> <p data-bbox="1239 1816 1279 1843">NIL</p>

	h) The lower jaw by surgical operation	30%	30%	
	i) <b>Loss of hearing</b> in one (1) ear	25%	25%	
	j) Loss of one (1) internal organ	25%	25%	
	k) <b>Permanent partial disablement</b> (other than the above)	100%	100%	
	11. <b>Temporary total disablement</b> - Weekly benefit - <b>Benefit period</b>	Not Insured	Not Insured	
	12. <b>Temporary partial disablement</b> - Weekly benefit - <b>Benefit period</b>	Not Insured	Not Insured	
<b>B</b>	<b>Medical and Associated Expenses</b>			
1.1	<b>Overseas medical expenses</b>	10,000,000		40
1.2	Emergency medical evacuation	10,000,000		NIL
1.3	Repatriation	10,000,000		NIL
1.4	Compassionate visit and emergency travel expenses	5,000		NIL
1.5	Continuing <b>medical expenses</b>	5,000		NIL
1.6	In-Hospital cash			NIL
	- Maximum days per claim	30		
	- Maximum per <b>insured person</b> per day	50		
1.7	Funeral expenses	2,000		NIL
1.8	Overseas coma benefit			NIL
	- Maximum days per claim	730		
	- Maximum per <b>insured person</b> per day	50		
1.9	<b>Country of residence</b> transportation expenses			NIL
	- Maximum consecutive weeks	26		
	- Maximum per <b>insured person</b> per day	50		
	- Maximum per <b>insured person</b> per claim	5,000		
1.10	Search and rescue expenses	25,000		NIL

<b>C</b>	<b>Trip Interruption</b>		
1.1	Cancellation, curtailment and amendment - Amendment due to catastrophe sublimit	5,000	40
1.2a	Delay - Reimbursement	120	
1.2b	Delay - Monetary benefit - Maximum per 12 hour period - Maximum per <b>insured person</b> per claim	60 120 120	
1.3	Missed departure	1,000	
1.4	Hijack and kidnap - Maximum per 24 hour period - Maximum per <b>insured person</b> per claim	1,000 500 15,000	
<b>D</b>	<b>Personal Baggage</b>	2,000	40
	a) Repair or reimbursement - Sublimit for 1 item, pair or set - Sublimit for valuables	500 500	
	b) Essential items	250	
	c) Keys to home or vehicle	200	
<b>E</b>	<b>Money</b>	1,000	40
	a) Loss or theft of <b>money</b>	500	
	b) Financial payment card loss	1,000	40
	c) Replacement travel documents	250	
	d) Rental vehicle excess or deductible	1,500	
<b>F</b>	<b>Personal Liability</b>	2,000,000	NIL
<b>G</b>	<b>Legal Expenses</b>	50,000 per single original event or circumstance	NIL
<b>H</b>	<b>Winter Sports</b>		
1.1	Winter sports equipment		
	a) Owned by <b>you</b>	500	40
	b) Hired by <b>you</b>	300	NIL
	c) Replacement hire - Maximum per 24 hour period	50 350	NIL

1.2	<ul style="list-style-type: none"> <li>- Maximum per <b>insured person</b> per claim</li> </ul>	200	NIL
	d) Lift pass		
	<b>Bodily injury and illness</b>	400	NIL
	a) Non-refundable costs reimbursement		NIL
	b) Compensatory daily benefit	100	
	<ul style="list-style-type: none"> <li>- Maximum per 24 hour period</li> </ul>	700	
	<ul style="list-style-type: none"> <li>- Maximum per <b>insured person</b> per claim</li> </ul>	500	NIL
1.3	Interruption		
	a) Avalanche	500 or	
	b) Resort closure	50 per 24 hour period up	
	<ul style="list-style-type: none"> <li>- i. reimbursement, or</li> </ul>	to 500 per claim	
	<ul style="list-style-type: none"> <li>- ii. daily amount</li> </ul>		