

## Policy Schedule for the Everest Insurance Police Travel Policy

Produced on Monday, 31 March 2025

**Client Name:** West Midlands Police Federation

**Policy Number:** 458366/01/2025

### 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:         | West Midlands Police Federation                          |
| Policyholder Address: | Guardians House, 2111 Coventry Road, Birmingham, B26 3EA |
| Business Description: | Police Federation  |

## Policy Details

|                   |  |
|-------------------|--|
| Reference Number: | 458366/01/25   |
| Policy period:    | Inception: 1 <sup>st</sup> April 2025<br>Expiry: 31 <sup>st</sup> March 2026<br>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 75 years of age</i>   |
| Retired officers           | <i>Under 75 years of age</i>   |
| Partners of the above      | <i>Under 85 years of age</i>   |
| Police Staff               | <i>Under 65 years of age</i>   |
| Dependents of the above    | <i>Under the age of eighteen (18) years, or twenty-three (23) years 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<br>Per Claim (Unless Stated<br>Otherwise) |                            | Excess or<br>Waiting<br>Period |
|----------|--|--|----------------------------|--------------------------------|
| <b>A</b> | <b>Accident &amp; Illness</b>  | <b>Insured<br/>Persons</b>   | <b>Insured<br/>Persons</b> |                                |
|          | <b>Benefits payable for accident only</b>  | Aged Over<br>16  | Aged<br>Under 16           |                                |
|          | 1. Death   | 25,000   | 25,000                     | NIL                            |
|          | 2. Total and irrecoverable <b>loss of sight</b><br>of both eyes  | 25,000   | 25,000                     | NIL                            |
|          | 3. Total and irrecoverable <b>loss of sight</b><br>of one (1) eye  | 12,500   | 12,500                     | NIL                            |
|          | 4. <b>Loss of two (2) limbs</b>  | 25,000   | 25,000                     | NIL                            |
|          | 5. <b>Loss of one (1) limb</b>   | 12,500   | 12,500                     | NIL                            |
|          | 6. Total and irrecoverable <b>loss of sight</b><br>of one (1) eye and <b>loss of one (1)</b><br><b>limb</b>              | 25,000   | 25,000                     | NIL                            |
|          | 7. <b>Loss of hearing</b> in both ears   | 25,000   | 25,000                     | NIL                            |
|          | 8. <b>Loss of speech</b>   | 25,000   | 25,000                     | NIL                            |
|          | 9. <b>Permanent total disablement</b> (other<br>than the above)  | 25,000   | 25,000                     | NIL                            |
|          | 10. <b>Permanent partial disablement:</b><br>The <b>permanent</b> severance or<br><b>permanent</b> total loss of use of: | 25,000   | 25,000                     | NIL                            |
|          | a) One (1) thumb   | 30%  | 30%                        |                                |
|          | b) One (1) forefinger  | 20%  | 20%                        |                                |
|          | c) Any finger other than a forefinger  | 10%  | 10%                        |                                |
|          | d) One (1) big toe   | 15%  | 15%                        |                                |
|          | e) Any toe other than a big toe  | 5%   | 5%                         |                                |
|          | f) One (1) shoulder or elbow   | 25%  | 25%                        |                                |
|          | g) One (1) wrist, hip, knee or ankle   | 20%  | 20%                        |                                |

|          |  |                   |             |    |
|----------|--|-------------------|-------------|----|
|          | 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><br>(other than the above)  | 100%              | 100%        |    |
|          | 11. <b>Temporary total disablement</b><br>- Weekly benefit<br>- <b>Benefit period</b>  | Not Insured       | Not Insured |    |
|          | 12. <b>Temporary partial disablement</b><br>- Weekly benefit<br>- <b>Benefit period</b>  |                   |             |    |
| <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        |             |    |
| 1.3      | Repatriation   | 10,000,000        |             |    |
| 1.4      | Compassionate visit and emergency travel expenses  | 5,000             |             |    |
| 1.5      | Continuing <b>medical expenses</b>   | 5,000             |             |    |
| 1.6      | In-Hospital cash<br>- Maximum days per claim<br>- Maximum per <b>insured person</b> per day  | 30<br>50          |             |    |
| 1.7      | Funeral expenses   | 2,000             |             |    |
| 1.8      | Overseas coma benefit<br>- Maximum days per claim<br>- Maximum per <b>insured person</b> per day   | 730<br>50         |             |    |
| 1.9      | <b>Country of residence</b> transportation expenses<br>- Maximum consecutive weeks<br>- Maximum per <b>insured person</b> per day<br>- Maximum per <b>insured person</b> per claim | 26<br>50<br>5,000 |             |    |
| 1.10     | Search and rescue expenses   | 25,000            |             |    |

|          |   |  |     |
|----------|---|--|-----|
| <b>C</b> | <b>Trip Interruption</b>                      |  |     |
| 1.1      | Cancellation, curtailment and amendment       | 5,000  | 40  |
|          | - Amendment due to catastrophe sublimit       | 5,000  |     |
| 1.2a     | Delay - Reimbursement                         | 100  |     |
| 1.2b     | Delay - Monetary benefit                      | 100  |     |
|          | - Maximum per 12 hour period                  | 100  |     |
|          | - Maximum per <b>insured person</b> per claim | 100  |     |
| 1.3      | Missed departure                              | 1,000  |     |
| 1.4      | Hijack and kidnap                             |  |     |
|          | - Maximum per 24 hour period                  | 500  |     |
|          | - Maximum per <b>insured person</b> per claim | 15,000   |     |
| <b>D</b> | <b>Personal Baggage</b>                       | 2,000  | 40  |
|          | a) Repair or reimbursement                    |  |     |
|          | - Sublimit for 1 item, pair or set            | 500  |     |
|          | - Sublimit for valuables                      | 500  |     |
|          | b) Essential items                            | 250  |     |
|          | c) Keys to home or vehicle                    | 250  |     |
| <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                       |  | 40  |
|          | a) Owned by <b>you</b>                        | 500  |     |
|          | b) Hired by <b>you</b>                        | 300  |     |
|          | c) Replacement hire                           |  |     |
|          | - Maximum per 24 hour period                  | 50   |     |
|          |   | 350  |     |

|     |   |                          |  |
|-----|---|--------------------------|--|
| 1.2 | <ul style="list-style-type: none"> <li>- Maximum per <b>insured person</b> per claim</li> </ul> | 200                      |  |
|     | d) Lift pass  |                          |  |
|     | <b>Bodily injury and illness</b>  | 400                      |  |
|     | a) Non-refundable costs reimbursement   |                          |  |
|     | 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                      |  |
| 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>                            |                          |  |