

Perkins Slade Ltd
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30 September 2013

Ref: UPSSQUASECT

Dear Mr Edwards

The Ups Club Squash Section

Hiscox Sports Liability - Policy No. 1887226/HSLBD000285

We thank you for your kind instructions, and now have pleasure in enclosing your schedule of cover for the current period of insurance for your safekeeping. A full copy of the Hiscox sports, recreation and leisure policy wordings are available on the Perkins Slade website <http://www.perkins-slade.com/hiscox-wording>. If you are unable to access the website or would prefer a hard copy we will provide a copy of the document on request. Please check the details carefully, and advise us immediately if there are any errors.

Declaration

Cover has been offered and the enclosed documents have been issued on the basis that other than those details already disclosed by you, there are no known incidents or circumstances that might give rise to a claim and there are no material facts that should be disclosed to Insurers.

You:

- have been advised of the requirement to disclose all material facts and claims incidents,
- have received details of Perkins Slade's regulatory status,
- have been advised of our complaints procedures should you require to use these
- have seen a copy of Perkins Slade Terms of Business, either by means of accessing the Perkins Slade website or in hard copy and appreciate that the insurance is subject to these Terms of Business.

You must contact Perkins Slade immediately if the above is not a true declaration, as this policy may not protect you in the event of a claim and cover may be voided.

If you have any queries regarding this or any other insurance matter, please do not hesitate to contact us.

Once again, thank you for placing your insurance with Perkins Slade, and may we take this opportunity of wishing you a successful year ahead.

Yours sincerely



Nicola Tiernan
Sports Team Internal
Direct Email: N.Tiernan@Perkins-slade.com
Encl:



CLAIMS ADVICE

Should you have need to make a claim under the policy, please contact Perkins Slade claims department immediately on 0121 698 8000. We will advise you of the necessary course of action. You are required to report ANY incident that may give rise to an insurance claim, particularly in cases involving personal injury, please refer to the following incident Notification & Recording Guidelines.

INCIDENT NOTIFICATION GUIDELINES

It is important that all incidents that may give rise to a claim are reported to us as soon as possible after the event. This will enable Insurers to carry out investigations at an early stage whilst information relating to the claim remains fresh in the mind. This will also ensure that you are complying fully with your policy terms and conditions.

Additionally you are also required to comply with the amendments to the Ministry of Justice procedures which came into effect on 31st July 2013. These require disclosure of insurance details within 24 hours of contact by Third Party solicitors following an injury where you may be liable. Failure to comply with the revised procedures will result in a sharp increase in costs.

In order to achieve this, we ask that you notify Perkins Slade immediately of any incident that involves:

- a fatal accident.
- an injury involving either referral to or actual hospital treatment.
- any allegations of libel/slander.
- any allegations of Professional Negligence i.e. arising out of tuition, coaching or advice given.
- any investigation under any child protection legislation.
- any circumstance involving damage to third party property.

An injury is defined as:

- any head injury that requires medical treatment [Doctor or Hospital].
- any fracture other than to fingers, thumbs or toes.
- any amputation, dislocation of the shoulder, hip, knee or spine.
- loss of sight [whether temporary or permanent].
- any injury resulting from electrical shock or burn, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- any other injury leading to hypothermia, heat induced illness or to unconsciousness which requires resuscitation or admittance to hospital for more than 24 hours.
- loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.

Please note the above list is not exhaustive and if you are unsure as to whether an incident should be reported, then please do not hesitate to contact Perkins Slade Claims Department for further advice.

We would remind you that in NO circumstances should you admit liability or agree to pay for any damage caused as this may prejudice the position of Insurers and COULD result in the withdrawal of any indemnity.

Finally, please note that this is a Liability Policy where Insurers decide if negligence attaches to you. Therefore any payments you make to any third parties will not necessarily be reimbursed.

INCIDENT RECORDING GUIDELINES

We would recommend that a designated person within your organisation is made responsible to record any reportable accident. Records must be kept for at least 3 years. Names and addresses of any possible witnesses should also be recorded.

Current legislation does not specify the format of an accident register but the Accident Book BI 510 obtainable from HMSO is frequently used and is approved by the Information Commissioner for D&A Compliance.

The register must contain the following information relating to all reportable accidents or dangerous occurrences:

- date and time of accident
- as regards a person at work - full name; occupation; nature of injury; age
- as regards a person not at work - full name; status [e.g. customer]; nature of injury; age
- place where accident occurred
- a brief description of the circumstances
- method by which the event was reported.

REPORTING INCIDENT TO HEALTH & SAFETY EXECUTIVE

You may also have obligations under the RIDDOR regulations to report incidents to the HSE. For further information log onto the HSE website www.hse.gov.uk/riddor

INSURANCE DETAILS

Period of insurance : From 06 October 2013 to 05 October 2014 (both days inclusive)
Date issued to insured: 30 September 2013
Underwritten by : Hiscox Underwriting Ltd on behalf of the insurers listed for each section of the policy
Payment method : Payment by Broker's Account

INSURED DETAILS

Insured : The Committee for the time being of The Ups Club Squash Section
Address :

Additional insured's : There are no Additional Insured's on this policy
Business description and activities : Sports club undertaking setting club rules, ensuring adherence to club rules disciplining members who fail to adhere to club rules, arranging suitable times and locations for club activities, promotion of club activities, arranging club events for members and fund raising purposes and the provision of instruction, coaching, training, tuition, supervision, advice and assessment in respect of Squash and participation in Squash
General terms and conditions wording : 11422 WD-HSP-UK-PSS-GTC(7)
The General terms and conditions apply to this policy in conjunction with the specific wording detailed in each section below

PREMIUM DETAILS

Annual premium : £415.09 Annual Tax : £24.91 Total : £440.00

SPORTS AND RECREATION INSURANCE

PUBLIC AND PRODUCTS LIABILITY

Section wording 11420 WD-HSP-UK-PSS-GL(7a)
Insurer Hiscox Insurance Company Limited
Limit of indemnity £5,000,000
Limit applies to Each and every occurrence, defence costs in addition, other than for pollution or for products to which a single aggregate policy limit including defence costs applies.
Geographical limits Worldwide
Applicable courts European Union

Special Limits (included within and not in addition to the overall limit above)

Criminal defence costs £100,000 in the aggregate
Pollution defence costs £100,000 in the aggregate

What is not covered

Claims first brought in the USA are not covered

Endorsements

6167.0 Public and products liability : retroactive date
6166.0 Addition of cover: abuse or molestation



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6168.0

Public and products liability: specific abuse or molestation retroactive date

PROFESSIONAL INDEMNITY

Section wording	11421 WD-HSP-UK-PSS-SP(3a)
Insurer	Hiscox Insurance Company Limited
Limit of indemnity	£5,000,000
Limit applies to	any one claim excluding defence costs
Geographical limits	Worldwide
Applicable courts	European Union

Endorsements

400.1

Retroactive date: Business performed in the past

MANAGEMENT LIABILITY: TRUSTEES, DIRECTORS AND OFFICERS LIABILITY

Section wording	11417 WD-HSP-UK-PSS-DOT(8a)
Insurer	Hiscox Insurance Company Limited
Policy limit	£5,000,000
Limit applies to	in the aggregate including costs
Geographical limits	Worldwide excluding USA and Canada
Applicable courts	European Union

Endorsements

705.4

Prior & pending litigation date

827.1

Directors & Officers retroactive date

EMPLOYERS' LIABILITY

Section wording	11412 WD-HSP-UK-PSS-EL(6a)
Insurer	Hiscox Insurance Company Limited
Limit of indemnity	£10,000,000
Limit applies to	All claims and their defence costs which arise from the same accident or event
Geographical limits	Worldwide
Applicable courts	England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands.

Endorsements

3121.0

Employers liability insurance – mandatory information required

The General Terms of this policy and the terms, conditions and exclusions of the relevant sections all apply to this endorsement except as modified below:

Public Liability clauses in full

6166.0 Addition of cover: abuse or molestation

What is covered, Claims against you is amended to read:

If, as a result of your business, any party first brings a claim against you during the **period of insurance** for:

bodily injury or **property damage** occurring within the **geographical limits**; or **personal injury** or **denial of access** committed within the **geographical limits**;
we will indemnify you against the sums **you** have to pay as compensation.

This includes a claim against any employee, volunteer worker or member of **yours** when they are acting on **your** behalf in whatever capacity.

If during the **period of insurance**, and as a result of **your business**, any party brings a claim against **you** for **bodily injury** or **personal injury** arising from **abuse** or **molestation**, we will indemnify you against the sums you have to pay as compensation. This includes a claim against any employee or volunteer worker of yours when they are acting on **your** behalf in whatever capacity, although **we** will not in any event provide cover to any party who actually commits, condones or ignores any **abuse** or **molestation**.

We will also pay **defence costs** but **we** will not pay costs for any part of a claim not covered by this section.

The following is deleted from **What is not covered**:

15. **abuse or molestation.**

The following is added to **How much we will pay, special limits**:

Abuse or molestation For claims arising directly or indirectly from **abuse** or **molestation**, the most **we** will pay is £2,500,000 for the total of all such claims and their **defence costs** during the **period of insurance**.

6167.0 Public and products liability: retroactive date

We will not make any payment for any claim or loss, other than any claim for abuse or molestation, arising from **your business** performed before 06 October 2008

6168.0 Public and products liability: specific abuse or molestation retroactive date

We will not make any payment for any claim for **abuse** or **molestation** arising from **your business** performed before 06 October 2013

Professional indemnity clauses in full

400.1 Retroactive Date: Business Performed in the Past

We will not make any payment for any claim or loss which arises from any **business activity** performed or any dishonesty committed, or if applicable any document, information or data lost, damaged or destroyed, before: 06 October 2008



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Directors and Officers liability clauses in full

705.4 Prior & Pending Litigation Date

Prior & Pending Litigation Date 06 October 2013

827.1 Directors' and officers' retroactive date endorsement

We will not make any payment for any **claim, loss or investigation** based upon, attributable to or arising out of any **wrongful act or employment practice wrongful act** committed or attempted or alleged to have been committed or attempted before 06 October 2008

Employers' liability clauses in full

3121.0 Employers liability insurance – mandatory information required

You must provide us with the following information for each entity insured under this section of the **policy**:

1. Employer name; and
2. Full address of employer including postcode; and
3. HMRC Employer Reference Number (ERN).

If any insured entity does not have an ERN, you must provide us with one of the following reasons:

- a. The entity has no employees; or
- b. All staff employed earn below the current Pay As You Earn (PAYE) threshold; or
- c. The entity is not registered in England, Wales, Scotland or Northern Ireland.

You must inform us immediately of any changes to the above information. This information is required by us to enable compliance with mandatory regulatory requirements for Employers' liability insurance.

Endorsements- applicable to the whole policy

603.1 Commercial assistance and legal advice helpline

This policy gives you access to a legal advice helpline to assist in the day-to-day running of your business.

This helpline is available 24 hours a day, 7 days a week and will ensure you have the best advice when your business is facing legal issues at home or abroad on issues such as:

- Employment
- Prosecutions
- Discrimination in the workplace
- Health & safety
- European law

Helpline number: +44 (0)845 2703298

Helpline hours: 24 hours a day, 7 days a week

This helpline is provided by DAS Legal Expenses Insurance Company Ltd. as a service for eligible Hiscox policyholders.

INFORMATION ABOUT US

This policy is underwritten by Hiscox Underwriting Limited on behalf of the insurers listed below.

Name	Hiscox Underwriting Limited
Registered address	1 Great St. Helens London EC3A 6HX United Kingdom
Company registration	Registered in England number 02372789
Status	Authorised and regulated by the Financial Conduct Authority

Insurers

These insurers provide cover as specified in each section of the schedule.

Name	Hiscox Insurance Company Limited
Registered address	1 Great St. Helens London EC3A 6HX United Kingdom
Company registration	Registered in England number 00070234
Status	Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority

Name	DAS Legal Expenses Insurance Company Limited
Registered address	DAS House, Quay Side, Temple Back Bristol BS1 6NH United Kingdom
Company registration	Registered in England number 00103274
Status	Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

Claim Provisions

In the event of a claim under this Policy contact Perkins Slade as soon as reasonably possible after the date of the occurrence
Postal Address: Perkins Slade Ltd, 3 Broadway, Broad Street, Birmingham, B15 1BQ

Telephone: +44 (0) 121 698 8000
Fax: +44 (0)121 625 9000
e-mail: sports@perkins-slade.com.



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CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE

Policy: 1887226/HSLBD000285

CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE (a)


(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 (the Regulations), one or more copies of this certificate must be displayed at each place of business at which the policy holder employs persons covered by the policy)

Policy number	1887226/HSLBD000285
1. Name of policyholder	The Ups Club Squash Section
2. Date of commencement of insurance policy	06 October 2013
3. Date of expiry of insurance policy	05 October 2014
	Both days inclusive

We hereby certify that subject to paragraph 2:

- 1 The policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
- 2 the minimum amount of cover provided by this policy is no less than £5 million (c).

Signed on behalf of Hiscox Insurance Company Ltd



Notes:

- (a) Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- (b) Specify applicable law as provided for in regulation 4(6) of the Regulations.
- (c) See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

About the insurer

Insurer	Hiscox Insurance Company Limited
Registered address	1 Great St Helens, London, EC3A 6HX United Kingdom
Company registration	Registered in England number 00070234
Status	Authorised and regulated by the Financial Conduct Authority



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Employers' Liability Tracing Office (ELTO)

Hiscox is a member of ELTO and must collect certain information about the entities insured for UK Employers' liability insurance under your policy.

Information we hold for your policy

Policy number: 1887226/HSLBD000285
Insured: The Ups Club Squash Section

We hold the following information for your policy. Please check it and notify us (or your insurance intermediary if you have one) if anything is incorrect.

Employer/registered company name	Main/registered address	Postcode	HMRC Employer Reference Number (ERN)	ERN not applicable reason
The Ups Club Squash Section				Business does not have any paid employees

Please refer to your policy schedule for details of our obligations, your rights and how your information may be used.

Mandatory information - what is required?

Below is a summary of the information we must collect from you to help you provide the correct information.

For the main policyholder and each additional employer or subsidiary company in the UK insured under the policy, the following is required:

1. Employer name
2. Full address of employer including postcode
3. HMRC Employer Reference Number (ERN)

Entities which do not have an HMRC ERN

If any entity insured does not have an ERN, a reason must be supplied to us from the following:

- All employees below PAYE threshold
- Business registered outside England, Scotland, Wales or NI
- The business does not have any employees