

**INJURY & ILLNESS INSURANCE SCHEME  
FOR FREELANCE INTERPRETERS AND TRANSLATORS WHO ARE MEMBERS OF  
THE INTERNATIONAL ASSOCIATION OF CONFERENCE INTERPRETERS (AIIC),  
THE INTERNATIONAL ASSOCIATION OF CONFERENCE TRANSLATORS (AITC) OR  
INDIVIDUALS ACCREDITED BY THE EUROPEAN UNION OR THE UNITED  
NATIONS**

Effected with certain Underwriters at Lloyd's, 1 Lime Street, London EC3M 7HA  
through Willis Limited, One Camomile Street, London EC3A 7LA

**THIS IS TO CERTIFY** that in accordance with the limited authorisation granted under Contract (the number of which is MK10000) to Willis Limited, London (hereinafter referred to as the "Intermediary") by certain Underwriters at Lloyd's, London (hereinafter referred to as the "Insurer") whose identities and proportions can be ascertained from the office of the said Intermediary, and

**WHEREAS** the person or persons, firm or company named in the Schedule hereto (hereinafter referred to as the "Group Policyholder") have made to the Insurer particulars and statements which it is hereby agreed are the basis of this contract and are to be considered as incorporated herein.

**THIS MASTER POLICY WITNESSES** that the Insurer will provide the insurance in the manner and to the extent provided in the event of Injury or Illness to those Members who have applied for insurance and have been accepted by the Insurer.

**IN WITNESS WHEREOF**, this Master Policy has been signed on the date specified by the lead Insurer

**IDENTIFICATION OF INSURERS / ACTION AGAINST THE INSURER**

In any action to enforce the obligations of the Insurers liable hereunder they can be designated or named as "AIIC Scheme Insurers" and such designation shall be binding on the Insurers liable hereunder as if they had each been individually named.

**NOTICE**

Any notice to the Insurers may be validly given to the Intermediary.

**In witness whereof** this Master Policy has been signed by a representative of the lead Insurer who is duly authorized to sign for, and on behalf of, all Insurers.

Signed.....

Date.....

The Group Policyholder is requested to read this Master Policy, and if incorrect, return it immediately for alteration.

**THIS MASTER POLICY CONTAINS CLAUSES WHICH MAY LIMIT AMOUNTS  
PAYABLE.**

**LLOYD'S**

## **INJURY AND ILLNESS INSURANCE SCHEME**

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<b>Master Policy Schedule</b>		
<b>Master Policy Number</b>	TBA	
<b>Intermediary Name</b>	Willis Limited International Organisations Division	
<b>Intermediary Address</b>	One Camomile Street London EC3A 7LA United Kingdom	
<b>Group Policyholder</b>	The Committee for the time being of International Association of Conference Interpreters	
<b>Scheme Name(s)</b>	The AIIC 2005 Loss of Salary Scheme	
<b>Address</b>	10 Avenue de Secheron, 1202 Geneva Switzerland	
<b>Description of activities</b>	Trade Association for persons providing Interpreting, Proof Reading, Translation, Precis Writing and Editing services	
<b>Period of Agreement</b>	<p>From 1<sup>st</sup> December 2005 to 30<sup>th</sup> November 2006 both dates inclusive Local Standard Time at the Group Policyholder's Address</p> <p>Insurers will accept enrolment requests from Members during the Period of Agreement and offer insurance at the premiums, terms and conditions summarised in this Master Policy.</p>	

## Consumer Protection Information

This Master Policy should be read carefully to ensure that it has been prepared in accordance with requirements. If there are any queries, these should, in the first instance, be directed to the Intermediary who arranged this cover or directly to Insurers

## Financial Services Authority

The Intermediary is authorised and regulated by the Financial Services Authority (FSA). The Registration Number is 310186

The Insurers are authorised and regulated by the Financial Services authority (FSA). The Registration Numbers of the Insurers are contained elsewhere in this Master Policy

Full details can be found on the FSA's Register by visiting <http://www.fsa.gov.uk/register> or by contacting the FSA on 0845 606 1234

## Data Protection

Insurers will use information given together with other information for the administration of this policy, the handling of claims and the provision of customer services. The information may also be disclosed to Insurers' service providers and agents for these purposes. It may also be disclosed to the Insured's agents, where appointed. The Group Policyholder has a right to request a copy of the information (for which Insurers may charge a small fee) and to correct any inaccuracies. To make sure instructions are followed correctly and to improve Insurers' service through staff training, telephone calls may be recorded.

## Complaints Procedures

The Intermediary and the Insurers are dedicated to providing a high quality service and want to maintain this at all times. If it is felt that a first class service has not been offered or a complaint must be made regarding this insurance please contact

- a) The Compliance Officer,  
Willis Limited,  
Ten Trinity Square,  
London EC3P 3AX  
+ 44 (0) 207 488 8111
- b) Lloyd's Complaints Department,  
Lloyd's,  
One Lime Street,  
London EC3M 7HA  
+ 44 (0) 207 327 5693  
e-mail: [complaints@lloyds.com](mailto:complaints@lloyds.com)
- c) Insurers are members of the Financial Ombudsman Service (FOS), which may be approached for assistance in limited circumstances if there is still dissatisfaction with Insurers' response. Those limited circumstances include a Policy taken out by an individual, or a business with an annual group turnover of less than GBP 1 million. The FOS's contact details are given below. Leaflets explaining the procedure are available on request.

Financial Ombudsman Service  
South Quay Plaza  
183 Marsh Wall  
London E14 9SR

Tel 0845 080 1800. Fax 0207 964 1001  
e-mail: [enquiries@financial-ombudsman.org.uk](mailto:enquiries@financial-ombudsman.org.uk)  
website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

## Benefit Table for the AIIC 2005 Loss of Salary Scheme

The AIIC Loss of Salary 2005 Scheme is closed to new Members

Benefits are fixed with certain benefit amounts automatically reducing according to the age of the Member. Benefits and benefit amounts accepted by Insurers will be evidenced by a contract of insurance made between the Member and Insurers. Premiums shown below do not include insurance premium tax.

Benefits	Benefit Amounts	Limitations
Sick Leave Injury & Illness	50% of the Daily Rate for the first 13 weeks of disablement	
	75% of the Daily Rate for the next 13 weeks of disablement	Benefit Period 26 weeks Deferred Period 1 week
Permanent Total Disablement Injury & Illness	2 times Annual Remuneration	Reduced to 1 times Annual Remuneration for Members aged 65 to 69
Permanent Disablement per scale benefits Injury Only	2 times Annual Remuneration	Reduced to 1 times Annual Remuneration for Members aged 65 to 69
Accidental Death	2 times Annual Remuneration	Reduced to 1 times Annual Remuneration for Members aged 65 to 69
Medical Expenses Extension	Up to 10% of benefit paid for death or permanent disablement or 15% of the benefit paid for sick leave up to a maximum of €7,500	

### Premium Table

The premium will vary according to the age of the Member and the level of renewal discount as shown below; As the scheme is closed to new Members the premiums shown in the Enrolment Form will be after the application of the renewal discount.

	2005/2006 Rating Table	
Age Band	Premium per € of Daily Rate	Renewal Discount
22-29	4.14	0%
30-39	4.50	0%
40-44	4.86	0%
45-49	5.22	0%
50-54	5.58	5%
55-59	5.94	10%
60-64	7.19	25%
65-69	6.08	25%

**Sick Leave Rebate:** A premium rebate of 0.008/day will be given, to make allowance for days worked with organisations that provide compulsory insurance, at the end of any period of insurance upon receipt of a signed declaration by the Member.

## Administration and Claims Procedures

1. Members' Renewal:

A renewal invitation pack shall be sent to the Member at least 30 days prior to the expiry of their cover.

The renewal invitation pack shall contain the following:-

  - A renewal quotation based on the Member's existing level of benefits and details of any changes to the policy cover effective from renewal
  - Renewal application form for acceptance of the renewal quotation or to request alternative quotations
  - Policy Document
  - Policy Summary
  - Disclosure Statements
  - Initial Mailpack for the AIIC 2006 Loss of Salary Scheme

The Member will be required to complete the renewal application form and return it to the Intermediary. The member may also request a quotation under the AIIC 2006 Loss of Salary Scheme. The Intermediary will calculate the renewal premium plus a quotation under the AIIC 2006 Loss of Salary Scheme if requested and notify it to the Member, with a request for payment of the renewal premium prior to expiry of their cover if they wish to renew their present cover.
2. Cover confirmation:

Upon receipt of payment the Intermediary will send a revised Policy Schedule to the Member.
3. Cooling off period:

If, for any reason, the Member is not satisfied with their Policy they may return it to the Intermediary within 14 days of the commencement date and Insurers will cancel it. If this happens Insurers will have provided no cover and will refund the premium paid by the Member. However, Insurers reserve the right to charge the Member a premium commensurate with the cover that has been in force.
4. Master Agreement Renewal:

The renewal of the Master Agreement will commence three months prior to the expiry of the agreement. The Intermediary will review the scheme with the Group Policyholder and identify any desirable changes in the cover.

The Intermediary will then review the performance of the scheme with the Insurer and request the provision of renewal terms sixty-five days prior to the expiry of the current agreement.

The Intermediary will present the renewal terms to the Group Policyholder sixty days prior to the expiry of the current agreement and request their renewal instructions 40 days prior to the expiry of the current agreement.
5. Claims notifications:

If a Member needs to make claim they must contact the Intermediary within 30 days of the Injury or Illness. The Intermediary will then dispatch a claim form to the Member or a personal representative of the Member.

The Member or their personal representative will then complete the claim form and send it together with any supporting documents to the loss adjuster who will deal with the claim. Their contact information is;

Roger Rich & Co  
Essex House  
Cromwell Park  
Chipping Norton  
Oxfordshire OX7 5SR  
United Kingdom

Tel +44 (0) 1608 641351 Fax +44 (0) 1608 641176  
e-mail [un@rogerrich.co.uk](mailto:un@rogerrich.co.uk)

10. Claims Provisos:

The Member will need to send any medical certificates or other documents requested by the loss adjuster. The loss adjuster may request a medical examination .

The loss adjuster may insist upon a post-mortem examination if the law allows this.

If any claim under a Member's Policy shall be in any respect fraudulent or if any fraudulent means or devices are used by the Member or anyone acting on behalf of the Member to obtain benefit under Member's Policy Insurers shall be under no liability in respect of such claim.

11. Claims statistics:

Claims statistics including details of the type frequency and value of claims for up to the last five Agreement Periods, shall be prepared by Insurers 3 months prior to expiry of the agreement.

## Definitions

1. Accident: A sudden, unexpected, unusual, specific event which occurs at an identifiable time and place and the word accidental shall be construed accordingly.
2. Annual Remuneration: 180 times the Daily Rate
3. Benefit Period: The maximum (but not necessarily consecutive) period for which the Sick Leave benefit is payable due to any one period of Injury or Illness. The Benefit Period commences at the end of the Deferment Period.
4. Daily Rate: Gross rate less statutory and other deductions and subject to a maximum of €400
5. Deferred Period: A period at the beginning of a period of Sick Leave during which benefit is not payable.
6. Enrolment Form: The document completed and signed by the Member as the application for insurance and containing their benefit selections and options
7. Illness: An illness diagnosed and treated by a qualified medical practitioner which solely and independently of any other cause within twelve calendar months of manifesting itself or being contracted results directly in disablement or the incurring of Medical Expenses.
8. Injury: An Injury which is caused solely by accidental means and which independently of any other cause, except Illness directly resulting from or medical or surgical treatment rendered necessary by such Injury, occasions death or disablement or the incurring of Medical Expenses within twelve calendar months from the date of the Accident.
9. Medical Expenses: All reasonable costs necessarily incurred for Hospital, nursing home, ambulance, surgical or other diagnostic or remedial treatment given or prescribed by a qualified medical practitioner.
10. Medical Expenses Extension: Provided there is a valid claim for other benefits Medical Expenses will be paid in addition up to 10% of the benefit for death, Permanent Total Disablement or permanent disabling injuries or 15% of the total amount for Sick Leave up to a maximum of EURO 7,500.
11. Member: A person affiliated with AIIC or AITC or accredited by the European Union or the United Nations and resident in a country where insurers are licensed.
12. Permanent Disablement: A percentage of the Annual Remuneration relative to the degree of disability as shown in the Scale which prescribes the maximum percentage payable for a range of permanent disabling injuries.
13. Permanent Total Disablement: Disablement which has lasted for at least twelve months and which in the opinion of Insurers is beyond hope of recovery and shall in all probability continue for the remainder of the Member's life and result in their inability to perform or give attention to any business or occupation for which they are reasonably suited by training, education or experience.



MK10011 – Cover Confirmation

- |                        |  |
|------------------------|--|
| 14. Sick Leave:        | Temporary disablement which entirely prevents the Member from engaging in their usual occupation.        |
| 15. Sick Leave Rebate: | A premium rebate to make allowance for days worked with organisations that provide compulsory insurance. |

## Exclusions

The insurance, as a whole, will be subject to the undernoted exclusions

- |                                 |   |
|---------------------------------|---|
| 1. Other Insurance:             | Sick Leave as a result of Injury or Illness occurring or first manifesting itself whilst working for an organisation providing compulsory insurance.  |
| 2. Alcohol & Drugs:             | any addictive disorder or drug, substance or alcohol abuse.   |
| 3. Air Travel:                  | The Member engaging in flying of any kind other than as a passenger   |
| 4. Wilful misconduct or intent: | The wilful misconduct of a Member, or a Member's wilful intent to bring about Injury or Illness on himself or on another or the Member's own criminal act.  |
| 5. Military Service:            | The Member being a full time member of the armed forces of any nation or international authority or a member of any Reserve Forces called out for Permanent Service.  |
| 6. War:                         | War or any act of War whilst in country of residence.   |
| 7. Terrorism:                   | Terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.<br><br>If Insurers allege that by reason of this exclusion any claim is not covered by this insurance the burden of proving the contrary shall be upon the Member |
| 8. Radioactive Contamination:   | Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or the radioactive toxic explosive or other hazardous properties of any nuclear assembly or nuclear components thereof.                                |

Injury cover will be subject to the undernoted additional exclusion;

- |         |   |
|---------|---|
| 1. RSI: | Repetitive Stress (Strain) Injury or Syndrome or any gradually operating cause. |
|---------|---|

Illness cover will be subject to the undernoted additional exclusions;

- |                          |  |
|--------------------------|--|
| 1. HIV/AIDS              | Human Immunodeficiency Virus (HIV) or other forms of the virus, Acquired Immune Deficiency Syndrome (AIDS) and AIDS-Related Complex (ARC) other than if contracted as a result of a blood transfusion given by a qualified medical practitioner; |
| 2. Pregnancy/Childbirth: | Illness which in any way arises from or is attributable to pregnancy or childbirth.  |
| 3. Stress:               | Illness caused or contributed to by neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or mental or emotional diseases or disorders of any type.   |

## Termination

Cancellation  
by the Member:

If the Member subsequently gives notice in writing to Insurers to cancel the insurance such cancellation shall become effective on the date the notice is received or on the date specified in such notice whichever is the later

Cancellation  
by the Group  
Policyholder:

If the Group Policyholder subsequently gives notice in writing to the insurance such cancellation shall become effective on the date the notice is received or on the date specified in such notice whichever is the later

Upon expiration coverage in respect of Policies in force at expiry shall continue until their next renewal date.

In the event of cancellation, termination, or non-renewal, Insurers agree to accept all risks quoted or bound during the Period of Agreement hereon with inception dates up to 30 days after such cancellation, termination or non-renewal or as may be bound by local legislation.

Cancellation by  
Insurers:

Insurers may give notice of cancellation by registered letter to the Group Policyholder at their last known address. Such cancellation shall become effective sixty days following the date of such notice.

Upon expiration coverage in respect of Policies in force at expiry shall continue until their next renewal date.

In the event of cancellation, termination, or non-renewal, Insurers agree to accept all risks quoted or bound during the Period of Agreement hereon with inception dates up to 60 days after such cancellation, termination or non-renewal or as may be bound by local legislation

Automatic Cancellation:

A Members' eligibility for insurance shall terminate at the next renewal date after attainment of;

- (i) age 65 for Members not insured under the Group Policyholders' Master Agreement in force as at the 29<sup>th</sup> February 2004
- (ii) age 70 for Members insured under the Group Policyholders' Master Agreement in force as at the 29<sup>th</sup> February 2004 and who have renewed their policy since then

## General Conditions

1. Common Understanding. This Master Policy, the Enrolment Form and the Members' Policy shall be read together as one contract and any word or expression to which specific meaning has been attached shall unless the context otherwise requires bear such meaning wherever it may appear.
2. Consideration: Any Policy issued will be in consideration of the Members' agreement to pay premium and will be based on the statements made by the Member and those contained in the Enrolment Form
3. Geographical Limits: The insurance provided shall apply 24 hours a day anywhere in the world
4. Obligation to act: Where the Group Policyholder or a Member or their personal representatives do not comply with any obligation to act in a certain way specified in this policy Insurers reserve the right not to pay a claim.
5. Assignment: The benefits under the Policy may not be assigned. Insurers shall not be bound to accept or be affected by any notice or any trust, charge, lien, purported assignment or other dealing with or relating to the Policy.
6. Representation & Disclosure: This Policy will be voidable in the event of misrepresentation, misdescription or non-disclosure of any material particular by or on behalf of the Member.
7. Interpretation and Governing Law: This Master Policy represents a commercial contract entered into between certain Underwriters at Lloyd's, London and the Group Policyholder. In case of any litigation, the Underwriters shall accept the jurisdiction of the court at their Seat of Administration for the entire Swiss business, Seefeldstrasse 7, 8008 Zurich, or at the Swiss domicile of the Group Policyholder. Lloyd's Underwriters' Mandataire General for Switzerland shall be authorised to represent the Underwriters in any litigation with the right for substitution in legal proceedings.  
  
Policies issued to Members will be retail contracts entered into between certain Underwriters at Lloyd's, London and the Member. In case of any litigation, the Underwriters shall accept the jurisdiction of the court at their Seat of Administration for the entire Swiss business, Seefeldstrasse 7, 8008 Zurich. Lloyd's Underwriters' Mandataire General for Switzerland shall be authorised to represent the Underwriters in any litigation with the right for substitution in legal proceedings.
8. Communication Procedure: Any communication between the Group Policyholder or the Member and Insurers shall be made, in English, through the Intermediary who negotiated this Insurance
9. Interpretation of Gender In the interpretation of these contracts words in the masculine gender shall include the feminine.

**APPENDIX A**

**THE AIIC 2005 LOSS OF SALARY SCHEME**

**INSURANCE POLICY DOCUMENT**



The AHC 2005  
Loss of Salary Scheme

Insurance Policy Document

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PLEASE NOTE: Terms in bold have the meanings given to them in the Definitions Section of the Policy.

## Introduction

Thank you for choosing the AIIC 2005 Loss of Salary Scheme. This has been arranged by the insurance intermediary Willis Limited and is underwritten by certain Underwriters at Lloyd's, London

Please check the Policy Document and Policy Schedule carefully to be sure the cover meets **your** needs. If **you** have any questions please contact Willis Limited, Global Markets, Accident & Health Department, One Camomile Street, London EC3A 7LA. Telephone +44 (0) 207 488 2503

**You** should keep this Policy in a safe place as it will be needed for reference if **you** have a claim.

If **your** needs change, or if any information **you** gave us changes, please tell Willis Limited because **we** may need to change the Policy. **We** will update the Policy and send **you** a new Policy Schedule each time we agree a change with **you**.

## Insurance Agreement

The AIIC 2005 Scheme, consisting of this Policy Document, a Policy Schedule and the information provided by **you**, is a contract between **you** and **us**. The information **you** gave **us** when **you** took out **your** Policy, either on **your** **Enrolment Form** or other documents or over the telephone, is part of **your** contract with **us**. The Policy Schedule shows the cover **you** have chosen and the maximum **Benefit Amount** we will pay. The Policy Document and the Policy Schedule must be read together.

**You and we agree that:**

1. **You** will pay the **Premium** as agreed.
2. **We** will, subject to the terms, Conditions, Provisions and Exclusions of this Policy, provide the Insurance in the manner and to the extent provided in this Policy.

One of **our** authorised representatives must sign the Policy Schedule for **your** cover to be valid.

## Definitions

The following words and phrases will always have the same special meaning wherever they appear in the Policy in bold type.

**Accident/Accidental** means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place and the word accidental shall be construed accordingly or unavoidable exposure to severe weather.

**Annual Remuneration** means 180 times the **Daily Rate**.

**Benefit Amount** means the maximum amount we can pay based on the level of cover you have chosen as shown in the Policy Schedule.

**Benefit Period** means the maximum (but not necessarily consecutive) period for which the Sick Leave benefit is payable due to any one period of Injury or Illness. The Benefit Period commences at the end of the Deferment Period.

**Daily Rate** means **your** gross rate less statutory and other deductions and subject to a maximum of €400

**Deferred Period** means a period at the beginning of a period of **Sick Leave** during which benefit is not payable.

**Enrolment Form** means the document completed and signed by **you** as the application for insurance and containing **your** benefit selections and options.

**Hospital** means any establishment which is registered or licensed as a medical or surgical hospital in the country in which it is located and where you are under the constant supervision of a **Qualified Medical Practitioner**.

**Illness** means an illness diagnosed and treated by a **Qualified Medical Practitioner** which solely and independently of any other cause within twelve calendar months of manifesting itself or being contracted results directly in **your** disablement or **you** incurring **Medical Expenses**.

**Injury** means an injury which is caused solely by **Accidental** means and which independently of any other cause, except **Illness** directly resulting from or medical or surgical treatment rendered necessary by such injury, occasions **your** death or disablement or **you** incurring **Medical Expenses** within twelve calendar months from the date of the **Accident**.

**Medical Expenses** means all reasonable costs necessarily incurred by **you** for Hospital, nursing home, ambulance, surgical or other diagnostic or remedial treatment given or prescribed by a **Qualified Medical Practitioner**.

**Permanent Disablement** means a disability which has lasted for at least twelve months and from which we believe you will never recover.

**Permanent Total Disablement** means disablement which has lasted for at least twelve months and which in **our** opinion is beyond hope of recovery and shall in all probability continue for the remainder of **your** life and result in your inability to perform or give attention to any business or occupation for which **you** are reasonably suited by training, education or experience.

**Premium** means the amount shown on the Policy Schedule or any amount which subsequently becomes payable by **you** as a result of alteration, adjustment or renewal of the Policy.

**Qualified Medical Practitioner** means a doctor or specialist who is registered or licensed to practice medicine under the laws of the country in which they practice.

**Sick Leave** means temporary disablement which entirely prevents **you** from engaging in **your** usual occupation.

**Sick Leave Rebate** means the premium rebate we will give to make allowance for days **you** worked with organisations that provide compulsory insurance.

**Terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

**War** means armed conflict between nations, invasion, act of foreign enemy, civil war, and military or usurped power.

**We, our, us** means certain Underwriters at Lloyd's, London.

**You, your** means the person named in the Policy Schedule who has taken out the Policy.

3. The benefits under this Policy may not be assigned. If **you** sell or transfer **your** Policy, or use it as security for a loan or for any kind of business, **we** will not recognise it or be bound to accept or be affected by this. At all times, **our** contract is with **you** and **we** will only deal with you and/or **your** legal representatives.
4. **You** and **we** agree that:
  - a) this Policy shall be governed and construed in accordance with the Law of Switzerland and that Swiss Courts alone shall have jurisdiction in any dispute; and
  - b) communication of and in connection with this Policy shall be made with Willis, in the first instance, in the English language
5. **You** must take ordinary and reasonable care to safeguard against **Injury** or **Illness** as though not insured.
6. It is **your** responsibility to provide complete and accurate information to **us** when **you** take out **your** Policy and throughout the life of **your** Policy. It is important that **you** ensure all statements **you** make on your **Enrolment Form**, over the telephone, on claim forms and other documents are full and accurate. Please note that if **you** fail to disclose, describe incorrectly or misrepresent any material information to **us** it could invalidate the insurance cover under this Policy. This could mean that all or a part of a claim may not be paid

#### Beginning ending or changing your cover

Once we have received **your** Enrolment Form **we** may make certain enquiries. Upon completion, **we** will issue you with a quotation together with a Policy Summary and a Policy Insurance Document. The quotation will be valid 30 days from the date of issue. If **you** wish to accept **our** quotation **you** will need to send written instructions together with **your** payment for the agreed premium.

Upon receipt of **your** instructions and premium **we** will then confirm your date of cover and issue **your** Policy Schedule. **You** should keep this with **your** Policy in a safe place.

#### Your right to return this policy

If, for any reason, **you** are not satisfied with **your** Policy **you** may return it to **us** within 14 days of the commencement date and **we** will cancel it. If this happens **we** will have provided no cover and **we** will refund the premium **you** have paid. However **we** reserve the right to charge **you** a premium commensurate with the cover that has been in force.

#### Interpretation

1. This Policy Document and the Policy Schedule must be read together as one contract and any word or expression to which specific meaning has been attached shall unless the context otherwise requires bear such meaning wherever it may appear.
2. Where **you** (or **your** personal representatives) do not comply with any obligation to act in a certain way specified in this Policy, we reserve the right not to pay a claim.



## If you want to cancel

If **you** write and tell us to cancel the Policy **we** will do so from the date **we** receive your letter or any later date **you** give us. The minimum duration of your Policy is 30 days.

## If we want to cancel

If **we** want to cancel **your** Policy **we** will write to **you** at the latest address we have for **you**. **We** will then cancel the Policy 30 days after the date of **our** letter.

## If you want to change your cover

**You** can do this at anytime by instructing **us** in writing or over the telephone. **We** will issue a revised quotation based on **your** instructions. The quotation will be valid 30 days from the date of issue. If **you** wish to accept **our** quotation **you** will need to send written instructions together with **your** payment for any additional premium. **We** will then send an amended Policy Schedule.

## The cover we provide

### Pre-requirement for cover to apply

**You** must be affiliated with AIIC or AITC or accredited by the European Union or the United Nations and resident in a country where we are licensed to insure **you**.

### When and where cover applies

The cover applies 24 hours a day anywhere in the world

### 1. Sick Leave

If, whilst the policy is in force, you suffer an Injury or Illness which results in a period of Sick Leave we will pay the Benefit Amount as follows

- a) 50% of **your Daily Rate** payable for the first 13 weeks of disablement increasing to
- b) 75% of **your Daily Rate** payable for the next 13 weeks if still disabled

beginning after the **Deferred Period** and provided that the **Injury** or **Illness** did not occur or first manifest itself whilst working for an organisation providing compulsory insurance.

### 2. Permanent Disablement

If, whilst the policy is in force, you suffer an Injury or Illness which results in a your Permanent Total Disablement or, you suffer an Injury which results in your Permanent Disablement we will pay the Benefit Amount, which will be a multiple of your Annual Remuneration, for either;

#### (a) Permanent Total Disablement or,

#### (b) Permanent Disablement

we will assess the disability against the undernoted scale and pay a percentage of the Benefit Amount;

**You** will only be able to claim under one of these benefits following an **Injury** and not both.

### Scale of Permanent Disablement

Disability	Percentage	
A.		
Total loss of both eyes	100	
Total loss of both arms	100	
Total loss of both hands	100	
Total loss of both legs	100	
Total loss of both feet	100	
Total loss of one arm and one leg	100	
Total loss of one hand and one foot	100	
Total paralysis	100	
Mental incapacity as a result of Injury, making <b>you</b> incapable of carrying on any kind of work	100	
Total loss of one eye or impaired vision (sight reduced by half)	100	
Total deafness in one ear or impaired hearing (hearing reduced by half)		
	Right	Left
Total loss of one arm or one hand	60	50
Total loss of movement of one shoulder	25	20
Total loss of movement of one elbow	20	15
Total loss of movement of one wrist	20	15
Total loss of three fingers (including the thumb and the index finger)	30	25
Total loss of three fingers (other than the thumb and the index finger)	25	20
Total loss of one thumb and one finger (other than the index finger)	20	15
Total loss of one thumb	20	15
Total loss of the third and fourth fingers	15	12
Total loss of one index finger	15	10
Total loss of one finger (other than the thumb or the index finger)	10	8
Total loss of one leg or one foot	50	
Unhealed fracture of one leg or one foot	35	
Partial amputation of one foot including the toes	30	
Unhealed fracture of one kneecap	30	
Total loss of movement of one hip or one knee	20	
Shortening of a lower limb by at least 5 centimetres	15	
Total loss of one big toe	10	
Total loss of one toe other than the big toe	2	
B.		
For a Permanent Disability not listed above, the benefit will be based on our medical assessment of the degree of disability taking into account, where relevant, your occupation.		

### Note that the Permanent Disablement Benefit 2 (b);

1. Applies as a result of **Injury** only.
2. The maximum **you** can receive following any one **Injury** is the **Benefit Amount**.
3. If **your** claim is for loss of a limb then **you** cannot also claim for parts of that limb.

4. Total loss may be the result of amputation or excision or the permanent loss of use.
5. For a left-handed person the percentages applicable in respect of the right upper limb shall be applied to the left upper limb and vice versa.
6. If **you** were already disabled before the **Injury** or already had a condition which was gradually getting worse, **we** will reduce our payment. The reduced payment will be based on **our** medical assessment of the difference between;
  - a) the **Permanent Disablement** after the **Injury**; and
  - b) the extent to which the **Permanent Disablement** is affected by the disability or condition before the **Injury**

### 3. Accidental Death

If, whilst the policy is in force, **you** suffer an **Injury** which results in death **we** will pay the **Benefit Amount**, which will be a multiple of **your Annual Remuneration**.

In the event of **your** disappearance, and after a suitable period of time it is reasonable for the Police or registration authorities to believe that you have died as a result of **Injury**, **we** will pay the **Benefit Amount**. But before **we** do this **we** will ask **your** personal representative to sign an undertaking to refund the **Benefit Amount** if the belief is subsequently found to be wrong.

### Automatic Medical Expenses Extension

Provided there is a valid claim **we** will also pay for **Medical Expenses**, up to 10% of the benefit for Permanent Disablement or Accidental Death, or 15% of the total amount for Sick Leave, whichever is the greater, subject to a maximum of EURO 7,500.

### What we do not cover

1. We will not pay any claim arising anywhere under this Policy which is caused by or results from:
  - a) **Sick Leave** as a result of **Injury** or **Illness** occurring or first manifesting itself whilst working for an organisation providing compulsory insurance.
  - b) any addictive disorder or drug, substance or alcohol abuse.
  - c) flying of any kind other than as a fare-paying passenger in an aircraft which is provided and operated by a properly licensed airline or air charter company.
  - d) **your** wilful misconduct or wilful intent to bring about **Injury** or **Illness** upon yourself or upon another.
  - e) **you** being a full time member of the armed forces of any nation or international authority or a member of any reserve forces called out for permanent service.
  - f) **War** or any act of **War** whilst **you** are in **your** country of residence
  - g) **Terrorism** involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.
  - h) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or the radioactive toxic explosive or other hazardous properties of any nuclear assembly or nuclear components thereof
2. **We** will not pay any **Injury** claim which is results from:
  - a) **you** suffering from repetitive stress (strain) or syndrome or any gradually operating cause
3. **We** will not pay any **Illness** claim which results from:
  - a) **your** pregnancy or childbirth
  - b) **you** suffering from stress, neuroses, psychoneuroses, psychopathies or psychoses, anxiety, fatigue or mental or emotional diseases or disorders of any type
  - c) **you** suffering from human immunodeficiency virus (HIV) or other forms of the virus, acquired immune deficiency syndrome (AIDS) and AIDS-related complex (ARC) other than if contracted as a result of a blood transfusion given by a Qualified Medical Practitioner

### Making a Claim

1. If your **Injury** or **Illness** occurs or first manifests itself whilst working for an organisation providing compulsory insurance your claim should be sent to them.
2. If a claim needs to be made on this Policy **we** must be notified within 30 days of the **Injury** or **Illness**. **We** will then ask for a claim form to be completed to register your claim. If you cannot do this yourself, a personal representative can do this for you.
3. In the first instance, **you** should notify;

Willis Limited  
Global Markets, A & H Department  
One Camomile Street  
London EC3A 7LA  
+44 (0) 207 975 2503

They will send you a claim form.

**You** should then send the claim form and supporting documents to our loss adjuster who will deal with **your** claim.

Roger Rich & Co  
Essex House  
Cromwell Park  
Chipping Norton  
Oxfordshire OX7 5SR  
United Kingdom  
Tel +44 (0) 1608 641351  
Fax +44 (0) 1608 641176  
e-mail [un@rogerrich.co.uk](mailto:un@rogerrich.co.uk)

4. **We** will need to be sent any medical certificates or other documents **we** ask for. **We** will not pay for these. **You** must agree to a medical examination if **we** ask for it. **We** will pay for this.
5. **We** may insist on a post-mortem examination if the law allows **us** to ask for one. **We** will pay for this.
6. If any claim under this Policy shall be in any respect fraudulent or if any fraudulent means or devices shall be used by **you** or anyone acting on **your** behalf to obtain benefit under this Policy **we** shall be under no liability in respect of such claim.
7. No sum payable by us under this Policy shall carry interest unless payment has been unreasonably delayed by **us** following receipt of all the required certificates, information and evidence necessary to support **your** claim. Where interest becomes payable it will be calculated only from the date of final receipt of such certificates, information or evidence.

## Complaints Procedures

We are dedicated to providing a high quality service and want to maintain this at all times. If it is felt that a first class service has not been offered or a complaint must be made regarding this insurance please contact

- a) The Compliance Officer  
Willis Limited  
Ten Trinity Square  
London EC3P 3AX first, then
- b) Lloyd's Complaints Department,  
Lloyd's,  
One Lime Street,  
London EC3M 7HA  
+ 44 (0) 207 327 5693  
e-mail: [complaints@lloyds.com](mailto:complaints@lloyds.com)
- c) The Financial Ombudsman Service may be approached for assistance if you are not satisfied with our response. Leaflets explaining the procedure are available on request.

Financial Ombudsman Service  
South Quay Plaza  
183 Marsh Wall  
London E14 9SR

Tel 0845 080 1800. Fax 0207 964 1001  
e-mail: [enquiries@financial-ombudsman.org.uk](mailto:enquiries@financial-ombudsman.org.uk)  
website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

The existence of these Complaints Procedures does not affect any right of legal action **you** may have against **us**.

## Financial Services Compensation Scheme

In the unlikely event that **we** are unable to meet **our** liabilities, **you** may be entitled to compensation under the Financial Services Compensation Scheme. Its contact details are:  
Financial Services Compensation Scheme,  
7th Floor Lloyds Chambers,  
Portoken Street,  
London,  
E1 8BN Fax: 020 7892 7301.

## Data Protection/Privacy

### The Information you provide

- **We** will use the information about **you** for the purpose of providing **you** with insurance services and additional products and services. **We** accept fully **our** responsibility to protect the privacy of customers and the confidentiality and security of information entrusted to **us**.
- The information **you** provided when **you** took out **your** Policy, together with other information, will be used by **us** and **our** group companies. It will be used for administration, marketing, customer service and profiling **your** purchase preferences. **We** may disclose information to **our** service providers and agents for these purposes.
- It may also be used for the purpose of fraud prevention including passing details to other insurers and regulatory bodies.
- Unless **you** have informed **us** otherwise, **we** may contact you by mail or telephone to let **you** know about any goods services or promotions that may be of interest to **you** and/or share **your** information with organisations that are **our** business partners.
- **You** have the right to withdraw **your** consent at any time and have **your** details removed from future marketing programmes. In addition, if **you** ask **us**, we will tell **you** what information **we** hold about **you** and provide it to **you** in accordance with applicable law. Any information which is found to be incorrect will be corrected promptly.
- **We** may monitor and/or record **your** communication with **us** either ourselves or by reputable organisations selected by **us**, to ensure consistent servicing levels and account operation.
- **We** will keep information about **you** only for so long as it is appropriate.

## Regulatory Information

**Arranged by  
Willis Limited.**

Main Business – Insurance Intermediary

Registered in England No. 181116

Head Office: Ten Trinity Square, London

EC3P 3AX

Authorised and regulated by the Financial  
Services Authority (FSA). Registration number  
FRN310186

Full details can be found on the FSA's Register  
by visiting <http://www.fsa.gov.uk/register> or by  
contacting the FSA on 0845 606 1234

This Policy is underwritten by certain Underwriters at Lloyd's, London. The subscribing insurers' obligations are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

The identities of the insurance providers, their regulatory information and the proportion of cover provided by these insurers can be obtained from Willis.

**LLOYD'S**

One Lime Street, London EC3M 7HA